# County Durham and Darlington NHS Foundation Trust

## Inspection report

Darlington Memorial Hospital
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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** |
| Are resources used productively? | **Good** |

# Summary of findings

## Combined quality and resource rating

**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.

## Background to the trust

A list of the acute hospitals at County Durham and Darlington NHS Foundation Trust is below.

County Durham and Darlington NHS Foundation Trust (CDDFT) is a member of a collaboration of Cumbria and North East NHS bodies working towards Integrated Care System status, and, at sub-regional level, a key member of the Integrated Care Partnerships for the Centre (Sunderland, South Tyneside, North Durham) and the South (rest of Durham, Darlington, Tees Valley, Hambleton and Richmondshire) of the trust's geography.

Trust services are organised into, and operations managed through five care groups: Integrated Medical Specialties (medical, emergency and urgent care including elderly care and stroke); County Durham Community Health Services (community services); Surgery (including critical care and anaesthetics); Family Health (acute obstetrics, gynaecology and paediatrics and community paediatrics); clinical specialist services (including pathology, radiology and other diagnostics, pharmacy and therapies).

The trust provides acute services at Darlington Memorial Hospital (DMH) and University Hospital North Durham (UHND), and elective inpatient and day case surgery at Bishop Auckland Hospital (BAH).

There are some smaller contracts with Public Health England for bowel screening, diabetic retinopathy, ante-natal and new-born (ANNB) and cervical screening and dental care; with specialist commissioners (mainly for drugs, intensive care and neonatal care) and Youth Justice.

*(Source: Routine Provider Information Request (RPIR) – Sites tab / Acute context tab)*

## Overall summary

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

## What this trust does

The trust runs services at University Hospital North Durham, Darlington Memorial Hospital, and a range of community services.

It provides the following acute core services:

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

# Summary of findings

- Children and young people
- End of life care
- Outpatients and diagnostics.

The trust also provides the following community health services;

- Community Health inpatient services
- Community health services for adults
- Community health services for children, young people and families (school nursing and health visiting are provided by Harrogate and District NHS Foundation Trust).
- End of life care
- Community dental services
- Community urgent care services

The trust has a network of six community hospitals. Community services are delivered from a wide range of clinics and operating bases across the area.

We inspected only the two main hospital sites during this inspection.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Where necessary, we take action against 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 2 and 4 July 2019 we inspected urgent and emergency care, surgery and end of life care services provided by this trust at its two main hospitals because at our last inspection we rated the trust overall as requires improvement.

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:

# Summary of findings

- We rated safe as requires improvement and effective, caring, responsive and well led as good.
- We rated both University Hospital of North Durham and Darlington Memorial hospital as good.
- We rated well led at trust level as good. This was not an aggregation of the core service ratings for well led.
- In rating the trust, we took in to account the current ratings of the services that we did not inspect during this inspection but that we had rated in our previous inspection.
- Our full inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website.

## Are services safe?

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

- We were concerned about staff safety in the reception area in the ED at University Hospital of North Durham as it was very accessible to the public. Staff voiced concerns over lone working and security, particularly at night.
- The service was not meeting elements of the Royal College of Paediatrics and Child Health (RCPCH) standards in the ED at University Hospital of North Durham.
- There were challenges in meeting the Royal College of Emergency Medicine (RCEM) workforce recommendations due to consultant vacancies in the ED at University Hospital of North Durham.
- There wasn't a dedicated paediatric trained nurse in the recovery area which is best practice where children are being nursed at University Hospital of North Durham.
- On the day surgery unit at University Hospital of North Durham, the dirty utility room were unlocked with hazardous substances on display which should have been locked away in a cupboard. This was escalated to the senior nurse and resolved at the time of the inspection.
- Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication').
- Mandatory training for nursing and medical staff failed to meet the trust target in some core services.
- Process for prescribing oxygen post-surgery was not robust. The trust policy was to follow the British Thoracic Societies (BTS) guidance for the administration of oxygen. We observed during the inspection that oxygen was not prescribed or recorded in line with BTS guidance on all wards that we inspected.

However,

- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- Improvements had been made to ensure the room for patients with Mental health needs met the required standards in ED. There were also plans to improve the environment for children attending the department.
- The concerns identified at the last inspection in relation to medicines had been addressed. We found systems and processes in place to safely prescribe, administer, record and store medicines.
- The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

# Summary of findings

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

## Are services effective?

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment through clinical audit. Information from re-audit showed improvement, this suggested action plans were effective in improving care and treatment in the department.
- Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff of different kinds worked together as a team to benefit patients. They used these meetings to discuss any issues relating to patients and beds. Additionally, these meetings were used to relay information from senior management.
- Patient leaflets were available and displayed on the wards including preventing falls and alcohol awareness. There was also a poster labelled 'End PJ Paralysis' encouraging patients to get dressed and out of bed as evidence showed that such patients recovered quicker and felt better. All patients were asked about smoking and alcohol consumption as part of their pre-assessment.

However,

- Training compliance for Mental Capacity Act and Deprivation of Liberty training was significantly below the trust target for medical and nursing staff in some core services. However, we were provided with assurance this was being addressed.
- Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff. However, pain assessments were inconsistently documented. The service was aware of inconsistency and non-compliance and had a plan in place to address this within the digital platform.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients at the end of life said they knew the plan for their care and where appropriate, had spoken with staff about their preferred place of death. All patients said their care had been good.
- Porters told us they had received moving and handling training on how to sensitively transport a deceased patient to the mortuary.
- Feedback from people who used the service, those who were close to them, and stakeholders, was continually positive about the way staff treated people. People told us that staff went the extra mile and their care and support exceeded their expectations.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.

# Summary of findings

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

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

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Seven specialties were above the England average for referral to treatment (RTT) rates (percentage within 18 weeks) for admitted pathways within surgery.
- Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Patients with carers were allowed to bring their carer on to the wards to stay with the patient and offer the required support.
- The trust had developed integration of the community and acute palliative care teams to ensure a seamless flow between settings with trust systems identifying palliative patients newly admitted to the acute setting.
- Palliative care discharge coordinators had developed rapid palliative discharge guidance which enabled same day discharge. Staff were able to use this guidance for discharge even when the coordinators were not on duty.
- The trust was working with the local clinical commissioning group (CCG) to improve the creation and delivery of emergency health care plans as well as exploring the use of treatment escalation plans to support individualised care plans.
- There had been an increase in the involvement of end of life and palliative care from for dying patients. The trust now provided the highest level of end of life and palliative care involvement to dying patients in the region.
- The number of avoidable cardio pulmonary resuscitation (CPR) attempts had decreased through collaborative working between the cardiac arrest prevention (CAP) team and the palliative care consultant.
- Patients for end of life and palliative care were identified through a multidisciplinary discussion involving those involved in a patient's care on the ward, either directly with the specialist palliative care team or through the trust's electronic record system.

However,

- Whilst improvement had been made in terms of access and flow, challenges still remained which impacted on wait times in the department for patients.
- Whilst no patients waited more than 12 hours from the decision to admit until being admitted between May 2018 to April 2019; there were large number of patients waiting between four and 12 hours.

## Are services well-led?

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

# Summary of findings

- On our last inspection we found that there had been no formal attention to talent management or succession planning at a senior level. On this inspection we found that this had been strengthened and there was a focused talent management strategy in place. This was supported by an annual appraisal system and a more robust approach to succession planning.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- On our last inspection not all executives described the vision and strategy in the same way, at this inspection the senior team gave a unified view of plans for the trust.
- On our last inspection we were told that there was a lack of engagement from the trust with external stakeholders. On this inspection we saw evidence that the trust had worked alongside partners to plan strategy together.
- Staff felt respected and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- As we saw at our last inspection, culture had been a challenge particularly in theatres and maternity. Staff told us that culture was improving, we heard examples where unacceptable behaviour had been addressed and working environments and plans had been improved based upon staff feedback. In theatres interventions had been put in place to address culture and safety such as Local Safety Standards for Invasive Procedures (LocSSIPs). Communication had improved between management and clinicians and this had led to less concerns being raised.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The Integrated Quality Assurance Committee (IQAC) had robust oversight of quality within the trust. It received assurance reports monthly on audits of all wards and teams against quality standards. The reports were generated from the electronic track and trigger system and were also used on the wards to drive improvement. These were triangulated with patient stories and discussions with ward or team leaders, who attended by invitation. Directors maintained regular interaction with wards and teams.
- Leaders and teams used systems to manage performance effectively. Teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- On our last inspection there had been several never events in theatres which the trust was addressing but processes to prevent and learn from issues were not embedded. On this inspection we saw an improvement in processes of monitoring issues and performance, and the sharing of learning within the organisation.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- On our last inspection we were told by external stakeholders that the trust could do more to engage with them and be more proactive. This was reiterated by external audit of the trust and the trust had worked to improve their routes of engagement with commissioners and partners across the region. Stakeholders told us that the trust engagement was improving and that concerns were taken on at board level

# Summary of findings

- Staff were committed to continually learning and improving services. They had a growing understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- On our last inspection, role specific training compliance was at 55% which was below the target set by the trust. On this inspection the trust gave us broken down figures for role specific training. Out of 44 training modules across the trust, 31 met the target set by the trust. The trust also provided information on their decision making around trajectories and target setting and had an awareness of where they needed to improve.
- The trust had implemented its own continuous improvement methodology ('IMPS') and planned to have trained 400 staff in the 'novice' level by the end of November 2019. The trust reported strong engagement with this initiative, with non-executive directors (NEDs) and executive directors all acting as ambassadors.

However,

- The trust's employment checks for executive and non-executive board members were inconsistent in line with the Fit and Proper Persons Requirement (Regulation 5 of the Health and Social Care Act (Regulated Activities) regulations 2014).
- Not all senior leaders had a good in-depth knowledge of risks to the organisation and at times deputies were relied upon to give detail which did not hold board members to account.
- We heard mixed views from staff on how well embedded the vision and strategy were and how it translated to frontline staff. Some care group leadership teams were more focused upon immediate operational issues than long term strategy.
- We heard concerns from areas of the trust around workload demands, lack of support for staff to take breaks and staffing shortages and that in some cases managers were unsympathetic to concerns and did not take action to improve staff experience. Some staff did feel supported when things went wrong and felt reprimanded by managers.
- On our last inspection we raised concerns about the capacity of the Freedom to Speak Up Guardian (FTSUG). While two champions had been recruited and working hours increased there was still work to do to increase capacity and raise the profile of the role within the trust.
- We saw limited evidence the trust communicates its financial plan and position throughout the organisation. Staff were not aware of the challenging financial position of the trust at ground level and the need to use resources wisely.
- The judgment of risk within the BAF was not always robust. We saw risks such as those related to staffing which were scored on tolerance despite ongoing staffing issues across the trust. Senior leaders could not give adequate explanation to us how the scores they arrived at, were robust and there was a risk that scores were too low and were not therefore reviewed at appropriate levels within the trust.
- The patient experience strategy was in the early stages and required more time to embed and develop to spread initiatives across more clinical services.
- Despite training compliance for mental capacity act (MCA) and deprivation of liberty safeguards (DoLs) training being within the trust's trajectory, compliance rates were low, at 34.29%.
- We saw evidence that improvement projects had begun to spread across the trust, the quality improvement (QI) approach was still at an early stage of implementation and needed embedding throughout the organisation. Not all senior leaders understood their sponsorship role and the need to support initiatives.

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in End of Life care, Surgery and Urgent and Emergency care.

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

## Areas for improvement

We found areas for improvement including 11 breaches of legal requirements that the trust must put right. We found 25 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.

## Action we have taken

We issued 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 trust wide breaches and breaches of legal requirements in End of Life care, Surgery and Urgent and Emergency care.

For more information on action we have taken, see the sections on Areas for improvement in this report.

## What happens next

We will check 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

**End of life care**

- The trust had developed integration of the community and acute palliative care teams to ensure a seamless flow between settings with trust systems identifying palliative patients newly admitted to the acute setting.
- The mortuary management team had developed a multi-agency mortuary group including representatives of coroner's officers, funeral directors, the patient reference group, crematoria and the registry office.
- The trust had reduced the number and proportion of cardiac resuscitation attempts that could have been avoided.
- The trust provided the highest level of end of life and palliative care involvement to dying patients in the region.
- Patients for end of life and palliative care were identified either directly with the specialist palliative care team or through the trust's electronic record system.
- The specialist palliative care service had improved personalised care planning and supported preference for place of death for 95% of patients known to the service.

# Summary of findings

- The number of avoidable cardio pulmonary resuscitation (CPR) attempts had decreased through collaborative working between the cardiac arrest prevention (CAP) team and the palliative care consultant.
- The trust had developed a specific dashboard for recording end of life and palliative care patient information and the content reflected preferred place of care (PPC) and preferred place of death (PPD).
- The trust had used the national VOICES postal questionnaire of bereaved relatives to understand about people's experience of end of life care and had conducted a local survey to provide more specific results.
- The acute intervention team is an innovative service providing assessment and input to critically ill patients in acute hospitals with the recognition that many of these patients will have palliative care needs

**Surgery**

- The surgical care group had instigated a bespoke surgical nursing preceptorship support programme. This was developed to be a national leader in support and preceptorship to help sustain and improve recruitment, retention and staff satisfaction.
- The trust had commenced roll out of a waste management system for offensive waste to reduce the cost and impact of waste on the environment, following a review of the use of the clinical waste streams. This was a key part of the trust's response to the collapse of healthcare environmental services, primarily because it enabled the trust to be more resilient by using companies outside of the clinical waste industry and because it had the potential to reduce the greatly escalating costs. Currently, the orange bags (clinical waste) were still being transported up to 250 miles for disposal whereas the offensive waste (tiger bags) were going to an energy incinerator in Stockton. Since March this had eliminated around 25 clinical waste truck journeys, which had saved around £50,000 and prevented around 20 tonnes of waste and carbon dioxide emissions.
- The Trust had a comprehensive LocSSIP development programme; this had been running for the last two years and was now supported by a programme of audit that was currently being rolled out.
- Getting it right first time (GIRFT) visits had commended elective orthopaedics and some aspects of the ophthalmology service. The national emergency laparotomy audit (NELA) results were ahead of average on a number of indicators and the Durham multi-disciplinary team functional bowel service was an award winning nationally recognised service
- The Trust was among the very best performers nationally for the NELA audit with respect to elderly care review.

**Urgent and emergency care**

- For quarters one to four in 2018/2019 the department had consistently achieved 100% for sepsis screening. The percentage of patients given antibiotics within an hour had increased from 55% to 93%.
- The department had developed the 'Silver Survey' to provide a framework for the management of elderly patients. The framework identified patients at risk and aimed to avoid the development of delirium.
- Significant work had been to implement the 'treat as one' agenda for patients presenting with mental health related risks. This included changes to triage to include assessment of mental health risk factors through training and close working with the mental health team. This initiative also provided staff with training on having richer relationships with patients in emotional crisis and for staff to feel more confident about their skills in working with very distressed or confused patients.
- The department had worked hard to improve knowledge and understanding around safeguarding for staff. Processes for children attending the department had been strengthened. Safeguarding supervision and safety huddles were

well established. Links with safeguarding teams had been strengthened. Link roles had been developed and additional roles such as Independent Domestic Violence Advocates (IDVA). An IDVA was present in the department twice a week. They were a useful resource in identifying domestic abuse and assisting patients through the referral process.

- The department had an alcohol nurse specialist. Initially this role focused on auditing, but the role had extended, and the nurse also saw patients in the department. The "Positive Lives" resource was utilised by the department. This offered coaching and training workshops to improve creativity, confidence, and communication skills for individuals, groups and teams.

## Areas for improvement

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

**Trust wide**

- The trust must ensure that all board member appointment checks are in line with the Fit and Proper Persons Requirement (FPPR). **Regulation 5**
- The trust must ensure that adequate numbers of staff receive training for MCA and DoLs. **Regulation 12**

**End of life care**

- The service must ensure syringe driver safety checks are completed in accordance with trust policy and national guidance. **Regulation 12 (1)(2)**
- The service must ensure systems and processes to safely prescribe, administer, record and store medicines are consistently used. **Regulation 12 (1)(2)**
- The service must ensure pain care assessments and plans are completed consistently in all patient records. **Regulation 12 (1)(2)**

**Urgent and Emergency care**

- The department must ensure processes are put in place to ensure there are clinicians available with paediatric competencies to assess children who are streamed away from the emergency care setting. **Regulation 12**
- The department must work to improve medical staffing and paediatric nurse staffing. **Regulation 18**

**Surgery**

- The service must ensure that mandatory training compliance, including safeguarding training, Mental Capacity Act and Deprivation of Liberty Safeguards training, meets the trust's target. Safe Care and Treatment **Regulation 12 (1)(2)(c**)
- The service must ensure oxygen for patients is prescribed, in line with national guidance. Safe Care and Treatment **Regulation 12 (1)(2)(g)**

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

**Trustwide:**

- Continue to develop the board's knowledge and oversight of risk to the organisation.
- Continue to improve compliance with role specific training targets and closely monitor this.

# Summary of findings

- Work with care groups to embed the vision and strategy and make this meaningful for staff in frontline roles across the trust.
- Engage with staff to understand and resolve issues relating to demands wherever possible.
- Develop the capacity and visibility of the FTSUG further across the trust.
- Communicate the financial position more clearly with staff to aid understanding of pressures.
- Review the process of risk grading and consider if risks below and at tolerance are robustly scored.
- Continue to embed the patient experience strategy to more services in the trust and to wider patient groups.
- Continue to embed the QI approach and develop senior sponsorship and oversight mechanisms.

**End of life:**

- The trust should ensure syringe driver training and competence is monitored at ward level.
- The trust should review the completion of fluid balance records, specifically in relation to patients receiving IV fluids.

**Surgery**

- The service should continue to monitor and improve the data quality process and management surrounding medicines reconciliation and critical missed dose medications.
- The service should continue to monitor and improve the data quality surrounding the average length of stay for elective and non-elective patients, to improve performance standards measured against the England national average.
- The service should continue to monitor and improve the data quality surrounding referral to treatment times for ophthalmology patients.
- The service should ensure that the process surrounding obtaining patient consent for the storage of contemporaneous records at the patient's bedside is robust.
- The service should ensure pain care assessments and plans are completed consistently in all patient records as per the trust policy.
- The service should ensure that there are dedicated paediatric trained nurses in the recovery area which is best practice where children are being nursed.

**Urgent and Emergency Care**

- The department should review signage for patient's attending the 'see and treat' area.
- The department should consider a more robust system for evidencing daily checks of resuscitation equipment.
- The department should ensure that plans to improve the experience for children attending the department are implemented.
- The department should ensure MCA training is attended to improve training compliance for nursing and medical staff.
- The department should continue to work to reduce the number of patients waiting more than four hours from the decision to admit until being admitted.
- The department should ensure regular governance meetings are taking place.

# Summary of findings

## 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.

•Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

•On our last inspection we found that there had been no formal attention to talent management or succession planning at a senior level. On this inspection we found that this had been strengthened and there was a focused talent management strategy in place. This was supported by an annual appraisal system and a more robust approach to succession planning.

•The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

•On our last inspection not all executives described the vision and strategy in the same way, at this inspection the senior team gave a unified view of plans for the trust.

•On our last inspection we were told that there was a lack of engagement from the trust with external stakeholders. On this inspection we saw evidence that the trust had worked alongside partners to plan strategy together.

•Staff felt respected and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

•As we saw at our last inspection, culture had been a challenge particularly in theatres and maternity. Staff told us that culture was improving, we heard examples where unacceptable behaviour had been addressed and working environments and plans had been improved based upon staff feedback. In theatres interventions had been put in place to address culture and safety such as Local Safety Standards for Invasive Procedures (LocSSIPs). Communication had improved between management and clinicians and this had led to less concerns being raised.

•Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

•The Integrated Quality Assurance Committee (IQAC) had robust oversight of quality within the trust. It received assurance reports monthly on audits of all wards and teams against quality standards. The reports were generated from the electronic track and trigger system and were also used on the wards to drive improvement. These were triangulated with patient stories and discussions with ward or team leaders, who attended by invitation. Directors maintained regular interaction with wards and teams.

•Leaders and teams used systems to manage performance effectively. Teams identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Summary of findings

•On our last inspection there had been several never events in theatres which the trust was addressing but processes to prevent and learn from issues were not embedded. On this inspection we saw an improvement in processes of monitoring issues and performance, and the sharing of learning within the organisation.

•The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

•Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

•On our last inspection we were told by external stakeholders that the trust could do more to engage with them and be more proactive. This was reiterated by external audit of the trust and the trust had worked to improve their routes of engagement with commissioners and partners across the region. Stakeholders told us that the trust engagement was improving and that concerns were taken on at board level

•Staff were committed to continually learning and improving services. They had a growing understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

•On our last inspection, role specific training compliance was at 55% which was below the target set by the trust. On this inspection the trust gave us broken down figures for role specific training. Out of 44 training modules across the trust, 31 met the target set by the trust. The trust also provided information on their decision making around trajectories and target setting and had an awareness of where they needed to improve.

•The trust had implemented its own continuous improvement methodology ('IMPS') and planned to have trained 400 staff in the 'novice' level by the end of November 2019. The trust reported strong engagement with this initiative, with non-executive directors (NEDs) and executive directors all acting as ambassadors.

However,

•The trust's employment checks for executive and non-executive board members were inconsistent in line with the Fit and Proper Persons Requirement (Regulation 5 of the Health and Social Care Act (Regulated Activities) regulations 2014).

•Not all senior leaders had a good in-depth knowledge of risks to the organisation and at times deputies were relied upon to give detail which did not hold board members to account.

•We heard mixed views from staff on how well embedded the vision and strategy were and how it translated to frontline staff. Some care group leadership teams were more focused upon immediate operational issues than long term strategy.

•We heard concerns from areas of the trust around workload demands, lack of support for staff to take breaks and staffing shortages and that in some cases managers were unsympathetic to concerns and did not take action to improve staff experience. Some staff did feel supported when things went wrong and felt reprimanded by managers.

•On our last inspection we raised concerns about the capacity of the Freedom to Speak Up Guardian (FTSUG). While two champions had been recruited and working hours increased there was still work to do to increase capacity and raise the profile of the role within the trust.

•We saw limited evidence the trust communicates its financial plan and position throughout the organisation. Staff were not aware of the challenging financial position of the trust at ground level and the need to use resources wisely.

•The judgment of risk within the BAF was not always robust. We saw risks such as those related to staffing which were scored on tolerance despite ongoing staffing issues across the trust. Senior leaders could not give adequate explanation to us how the scores they arrived at, were robust and there was a risk that scores were too low and were not therefore reviewed at appropriate levels within the trust.

# Summary of findings

•The patient experience strategy was in the early stages and required more time to embed and develop to spread initiatives across more clinical services.

•Despite training compliance for mental capacity act (MCA) and deprivation of liberty safeguards (DoLs) training being within the trust's trajectory, compliance rates were low, at 34.29%.

•We saw evidence that improvement projects had begun to spread across the trust, the quality improvement (QI) approach was still at an early stage of implementation and needed embedding throughout the organisation. Not all senior leaders understood their sponsorship role and the need to support initiatives.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RXP/Reports

## 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 ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ↑ Oct 2019 |

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.

### Rating for acute services/acute trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| University Hospital of North Durham | Requires improvement ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 |
| Darlington Memorial Hospital | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 |
| **Overall trust** | Requires improvement ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 |

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

## Ratings for a combined trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Acute | Requires improvement ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ↑ Oct 2019 |
| **Community** | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for University Hospital of North Durham

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Requires improvement ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Requires improvement ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Requires improvement ➔➔ Oct 2019 |
| Medical care (including older people's care) | Good Mar 2018 | Requires improvement Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 |
| Surgery | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Good ➔➔ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 |
| Critical care | Requires improvement Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| Maternity | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 |
| Services for children and young people | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| End of life care | Good ↑ Oct 2019 | Good ↑ Oct 2019 | Good ➔➔ Oct 2019 | Outstanding ↑ Oct 2019 | Outstanding ↑↑ Oct 2019 | Outstanding ↑↑ Oct 2019 |
| **Outpatients and Diagnostic Imaging** | Good Sept 2015 | N/A | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |

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

## Ratings for Darlington Memorial Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Good ↑ Oct 2019 | Good →← Oct 2019 | Good →← Oct 2019 | Requires improvement →← Oct 2019 | Good →← Oct 2019 | Good ↑ Oct 2019 |
| Medical care (including older people's care) | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 |
| Surgery | Good ↑ Oct 2019 | Good →← Oct 2019 | Good →← Oct 2019 | Good →← Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 |
| Critical care | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| Maternity | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 |
| Services for children and young people | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| End of life care | Good ↑ Oct 2019 | Good ↑ Oct 2019 | Good →← Oct 2019 | Outstanding ↑ Oct 2019 | Outstanding ↑↑ Oct 2019 | Outstanding ↑↑ Oct 2019 |
| Outpatients and Diagnostic Imaging | Good Sept 2015 | N/A | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| **Overall*** | | | | | | |

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

## Ratings for community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Community health services for adults | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| Community health services for children and young people | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| Community health inpatient services | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| Community end of life care | Good Sept 2015 | Good Sept | Good Sept 2015 | Good Sept 2015 | Requires improvement Sept 2015 | Good Sept 2015 |
| Community urgent care service | Requires improvement Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |
| **Overall*** | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 | Good Sept 2015 |

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

# University Hospital North Durham

North Road
Durham
County Durham
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Tel: 01325380100
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## Key facts and figures

University Hospital North Durham is an acute hospital site which is one of two forming the County Durham and Darlington NHS Foundation Trust.

Services provided at Durham are:

- urgent and emergency care
- medical care (including older peoples care)
- surgical care
- critical care
- maternity services (Midwifery led and consultant led)
- children's and young people's services;
- end of life care
- outpatient services and diagnostic imaging.

On this inspection, we inspected urgent and emergency care, surgery and end of life care.

## Summary of services at University Hospital North Durham

**Good** ↑

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

- We rated effective, caring, responsive and well led as good and safe as requires improvement.
- Urgent and emergency care services remained the same at requires improvement. Surgery improved by one rating to good and end of life care improved by two ratings to outstanding.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

# Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service had suitable premises and equipment and looked after them well. Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection.
- The service provided care and treatment based on national guidance and evidence of its effectiveness such as that issued by National Institute for Health and Care Excellence (NICE). Managers checked to make sure staff followed guidance.
- End of life care had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- End of life care had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- End of life care managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

However,

- There were challenges in meeting the Royal College of Emergency Medicine (RCEM) workforce recommendations in relation to consultant staffing in the emergency department.
- There were challenges in meeting guidelines relating to the care of children in the department in terms of appropriately trained staff being available in the emergency department.
- Medical training compliance in Mental Capacity were below trust targets.
- There were some concerns over the general environment in terms of staff safety as areas had unrestricted access in the emergency department.
- Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication'). We were not assured training in the specific syringe devices used throughout the trust was followed up or monitored at ward level.

# Urgent and emergency services

**Requires improvement** 

## Key facts and figures

The University Hospital of North Durham (UHND) is one of two emergency departments at County Durham and Darlington NHS Foundation Trust (CDDFT), the other is at Darlington Memorial Hospital (DMH). Both sites also had urgent treatment centres (UTC). UTC were also located at Bishop Auckland and Peterlee and Shotley Bridge.

The service provides emergency treatment for patients 24 hours a day, seven days a week. From February 2018 to January 2019 there were 222,185 attendances at the trust's urgent and emergency care services. Between July 2018 and June 2019 there were 12,364 paediatric attendances.

At the last inspection in September 2017, the domains of safe and responsive were rated as requires improvement. The other domains were rated good.

Our inspection in July 2019 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 previously requested from the trust. We re-inspected all five key questions during this inspection.

During this inspection we visited the department on three separate occasions. We spoke with 12 patients and relatives and 54 members of staff. We observed staff delivering care, looked at 18 patient records and 18 prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

•There were challenges in meeting the Royal College of Emergency Medicine (RCEM) workforce recommendations in relation to consultant staffing.

•There were challenges in meeting guidelines relating to the care of children in the department in terms of appropriately trained staff being available.

•Medical training compliance in Mental Capacity were below trust targets.

•There were some concerns over the general environment in terms of staff safety as areas had unrestricted access.

•Concerns identified at the previous inspection regarding access and flow through the department remained a challenge.

•Whilst improvements had been seen there were still large number of patients staying in the department for longer than the recommended standard.

However;

•Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Urgent and emergency services

•Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

•Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

•The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

•Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Requires improvement** 

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

•There was also unrestricted access to all areas within the department. We requested a risk assessment, but this was not provided. We were particularly concerned about staff safety in the reception area as it was very accessible to the public. Staff voiced concerns over lone working and security, particularly at night.

•The service was not meeting elements of the Royal College of Paediatrics and Child Health (RCPCH) standards. Namely; the service did not always have staff with paediatric competencies available to see children who were streamed away from the emergency department. There was also no system in place for the prioritisation of children in the department if triage times exceeded 15 minutes.

•Two registered sick children's nurses were not available on each shift as per RCPCH guidelines.

•There were challenges in meeting the Royal College of Emergency Medicine (RCEM) workforce recommendations due to consultant vacancies. Sixteen hours of consultant presence was not achieved which is considered best practice.

•The service did not have a dedicated paediatric emergency medicine (PEM) consultant as per RCPCH standards, however mitigating actions were in place.

However:

•Improvements had been made to ensure the room for patients with Mental health needs met the required standards. There were also plans to improve the environment for children attending the department.

•The concerns identified at the last inspection in relation to medicines had been addressed. We found systems and processes in place to safely prescribe, administer, record and store medicines.

•The service provided mandatory training in key skills including the highest level of life support training to all staff and had plans in place to meet end of years trajectory targets.

# Urgent and emergency services

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were robust safeguarding processes in place for children and adults. Staff had training on how to recognise and report abuse, and they knew how to apply it.

•The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

•Triage and streaming processes supported early identification of any risks and staff quickly acted upon patients at risk of deterioration. Information was clearly and accurately recorded in patient records.

•The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Processes were in place to share learning from incidents.

## 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-based practice. Managers checked to make sure staff followed guidance.

•Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

•Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

•Staff monitored the effectiveness of care and treatment through clinical audit. Information from re-audit showed improvement, this suggested action plans were effective in improving care and treatment in the department.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

•Key services were available seven days a week to support timely patient care.

•Staff gave patients practical support and advice to lead healthier lives.

•Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

•Training compliance for Mental Capacity Act and Deprivation of Liberty training was significantly below the trust target for medical and nursing staff. However, we were provided with assurance this was being addressed.

## Is the service caring?

**Good** 

# Urgent and emergency services

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

•Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

•Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement**  

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

•Whilst improvement had been made in terms of access and flow, challenges still remained which impacted on wait times in the department for patients.

•The previous inspection highlighted the need for patients to be seen and transferred or discharged within four hours. From May 2018 to April 2019, the trust failed to meet the standard related to this, however, this was in line with the England average.

•From May 2018 to April 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average. January 2019 saw the highest number of patients (1,177).

•Whilst no patients waited more than 12 hours from the decision to admit until being admitted between May 2018 to April 2019; there were large number of patients waiting between four and 12 hours.

However;

•The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good**  

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

•Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

# Urgent and emergency services

•The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

•Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

•Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

•Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

•Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

•Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

•All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However;

•In 2019 governance meetings had only occurred twice.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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

# Surgery

Good

## Key facts and figures

The service operated at three main sites, with elective and emergency surgery being undertaken at two main sites, Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND), and elective (general surgery, orthopaedics, chronic pain, ophthalmology, dental, endoscopy, ear nose and throat/ head and neck, and dermatology) is undertaken at Bishop Auckland Hospital (BAH). In addition, day surgery, plastic surgery, general surgery and orthopaedics are undertaken at Shotley Bridge Hospital (SBH).

Surgery and ophthalmology services have close working relationships with other NHS Trusts within the North East.

The trust no longer provided a urology service and as of May 2019, there had been a disinvestment in the vascular service.

Our inspection was unannounced; that is, staff didn't know we were coming, until an hour prior to the inspection. We visited the surgical wards of North Durham University Hospital on 3 and 4 July 2019. During the inspection we spoke with 13 staff including nurses, medical staff, support workers and directors. We spoke with five patients and looked at 10 records. The inspection team consisted of two CQC inspectors who were supported by two specialist advisers who were experts in their field.

## Summary of this service

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

•The service provided mandatory training for staff and managers ensured staff completed this training. This ensured that the service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

•Staff maintained appropriate records of care and treatment both electronically and on paper.

•The service had suitable premises and equipment and looked after them well. Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection.

•The service provided care and treatment based on national guidance and evidence of its effectiveness such as that issued by National Institute for Health and Care Excellence (NICE). Managers checked to make sure staff followed guidance.

•Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff interacting with patients in a professional manner during the inspection.

•Staff involved patients and those close to them in decisions about their care and treatment. This ensured that patients were able to make informed decisions about their care. The trust planned and provided services in a way that met the needs of local people.

•Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. They were visible and approachable for patients and staff.

•The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

# Surgery

•The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

•For nursing staff eligible for infection prevention and control training, only 52% had completed this training against the trust's completion target rate of 85%.

•Medical staff had not met the trust's target completion rates for six of the mandatory training courses.

•Nursing and medical staff had not met the trust's target completion rate for safeguarding children level 2.

•The management of obtaining patient consent for the storage of patient records at the patients' bedside was not robust.

## Is the service safe?

**Good**  

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

•The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment. This was an improvement since the last inspection.

•The service had suitable premises and equipment and looked after them well. We saw that corridors were visibly clean and free from clutter. We found the hospital was accessible to wheelchair users, with clear signage.

•The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. There was an open culture around incident reporting. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

•The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

•There were dementia and learning disability link nurses in place. These link nurses supported patients living with dementia or having a learning disability.

•Nursing and therapy records were written in black ink and were legible. Each entry was signed and dated. This was an improvement from the previous inspection when the service was told they should ensure that patient records are complete and staff signatures legible.

•The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

•The service provided care and treatment based on national guidance and according to best practice. We observed staff in theatres and wards adhering to NICE guidance on infection control and preventing surgical site infections.

# Surgery

•The trust participated in the 'Getting It Right First Time' (GIRFT) project, commissioned by the Department of Health. This is a national programme designed to improve the quality of care within the National Health Service by reduction of unwanted variations and or divergence from the best evidence. Senior leaders within surgery told us about GIRFT quality improvement projects in orthopaedics and general surgery.

However

•Patient's nursing and therapy records were stored at the end of each patient's bed. The service told us that patients' consent was taken prior to storing their records at the end of their beds. However, we did not see this consent in all of the records we examined.

•Oxygen was not prescribed or recorded in line with national guidance on all wards that we inspected. The service had an ongoing programme of improvement work within the digital platform with respect to oxygen therapy, being overseen by the clinical effectiveness committee.

•There wasn't a dedicated paediatric trained nurse in the recovery area which is best practice where children are being nursed.

•On the day surgery unit, the dirty utility rooms were unlocked with hazardous substances on display which should have been locked away in a cupboard. This was escalated to the senior nurse and resolved at the time of the inspection.

•For safeguarding training, both medical and nursing staff did not meet the trust's target for safeguarding children level 2.

•Overall mandatory training compliance for medical staff, did not meet the trust's target. Medical staff did not meet six of the 11 mandatory training compliance targets.

•There was no evidence to support that the anaesthetic machines were being checked daily; that is, the anaesthetic log book was not signed every day. The log book should be completed on a daily basis and recorded in the manufacturer's log as per the Association of Anaesthetists of Great Britain and Ireland (AAGBI 2012) recommendations. This was policy at other sites.

## Is the service effective?

**Good**  

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

•The service participated in all relevant national clinical audits. The service performed well in national clinical outcome audits and managers use the results to improve services further. The trust participated in a variety of audits; for example, bowel cancer. This audit showed that the risk-adjusted 90-day post-operative mortality rate was within the expected range when compared to other trusts. The trust had action plans in place to address issues identified in audits; for example, audit of fractured neck of femur resulted in pain scores being assessed within 15 minutes of patients arriving at the hospital.

•The service followed Venous Thromboembolism (VTE) procedures for patients at risk of developing blood clots and conducted risk assessments for such patients.

•Protected meal times were in place and during our inspection we observed that patients were provided with their meals on time. Staff completed a malnutrition screening tool to identity patients at risk of malnutrition. Patients had access to a dietician where required.

# Surgery

•Staff assessed and monitored patients regularly to see if they were in pain. Patients we spoke with were satisfied with the way staff responded quickly in dealing with their pain. Patients could be referred to the pain management team if needed as there was a pain link nurse on the wards.

•Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff of different kinds worked together as a team to benefit patients. They used these meetings to discuss any issues relating to patients and beds. Additionally, these meetings were used to relay information from senior management.

•Patient leaflets were available and displayed on the wards including preventing falls and alcohol awareness. There was also a poster labelled 'End PJ Paralysis' encouraging patients to get dressed and out of bed as evidence showed that such patients recovered quicker and felt better. All patients were asked about smoking and alcohol consumption as part of their pre-assessment.

•Staff clearly recorded consent in the patients' records. We examined eight care records and these showed that consent for treatment was clearly recorded, with the signature of the healthcare professional seeking consent clearly written in the records.

However;

•The service had a higher than expected risk of readmission for elective admissions in general surgery and a higher than expected risk of readmission for non-elective admissions in plastic surgery compared to the England average. The surgery care group recognised the inflated figures were due to a data quality cleansing issue rather than a practice issue and had agreed to address this moving forward.

•For medical staff, only 12% had completed Mental Capacity Act training against a trust completion target of 33%

•Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff. However, pain assessments were inconsistently documented. The service was aware of inconsistency and non-compliance and had a plan in place to address this within the digital platform.

## Is the service caring?

**Good**  

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

•Staff cared for patients with compassion. We observed staff treating patients with care and respect. Feedback from patients confirmed that staff treated them well and with kindness. They said their privacy and dignity was respected and maintained; for example, staff used the bed curtains when conducting medical examinations.

•Staff also involved patients in the planning of their care. Patients told us they knew what was happening with their surgery and what their treatment plans were and how long they were expected to stay in hospital.

•Staff took in to account people's social, cultural, religious and personal needs when delivering care; for example, patients could access the multi-faith chaplaincy team and the service provided halal and Kosher meals.

•A high proportion of patients gave positive feedback about the service in the Friends and Family Test survey. For the 12 months ending March 2019, the percentage of people who would recommend the ward for treatment was at least 93% and for some wards during some months it was 100%.

•Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw a leaflet 'how to raise compliments, concerns, comments, complaints' displayed in corridors on the wards.

# Surgery

## Is the service responsive?

**Good** ↑

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

•Seven specialties were above the England average for referral to treatment (RTT) rates (percentage within 18 weeks) for admitted pathways within surgery.

•The service met people's individual needs by planning and designing care to meet the individual needs of patients.

•The service ensured that there were sufficient staff on duty during each shift. We saw this on display boards which showed the planned and actual number of different grades of staff on each shift.

•Staff ensured that separate bays were allocated for patients of different sex. Staff we spoke with explained that they never allowed mix sex accommodation.

•Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Patients with carers were allowed to bring their carer on to the wards to stay with the patient and offer the required support.

•Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us that interpreters could be booked through the hospital switchboard and they either attended the hospital or could provide interpretation through the telephone.

•The service treated concerns and complaints seriously, investigated them and lessons learned were shared with staff. The service involved patients in the investigation of their complaint.

However,

•The average length of stay for patients having elective general surgery at University Hospital North Durham was 5.4 days which was higher than the England average of 3.9 days.

•The average length of stay for patients having elective trauma and orthopaedics surgery at University Hospital North Durham was 5.4 days which was higher than the England average of 3.7 days.

## Is the service well-led?

**Good** ↑

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

•Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Staff we spoke with felt supported by colleagues, managers, matrons and divisional managers.

•The service had a strategy in place which had been developed in consultation with staff. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

•Managers at service level promoted a positive culture through targeted intervention and action planning that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns. This was an improvement since the last inspection which had been an area of concern.

# Surgery

•The trust had a governance handbook in place which described the governance structures, responsibilities, standards, behaviours and reporting requirements. This handbook described the different types of governance; for example, corporate, clinical and information. On a day to day basis, management of operations took place within care groups and corporate directorates.

•The service used the Board Assurance Framework (BAF) to capture and monitor action plans for board or executive-level risks. In addition, each directorate or care group had its own operational risk register. The trust did not maintain a separate 'corporate risk register'. All risks were managed by care groups and directorates on the electronic risk management system.

•We reviewed the risk register and saw that risks had mitigating factors with scores, risk owner, risk assessor and the next review date. The mitigating actions were appropriate, sufficient and effective.

•The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively. People using the service were encouraged to give their opinion on the quality of services they received. On the patient information board, we saw a leaflet 'how to raise compliments, concerns, comments, complaints' on the corridor in the wards. This leaflet explained how patients could make comments, complaints, concerns or compliments.

•The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The hospital encouraged staff to find innovative solutions to problems they encountered at work. To assist staff to bring their ideas to fruition, the trust had an innovation team.

However,

- The service was not meeting training targets for Mental capacity Act and Deprivation of Liberty Safeguards. Senior leadership were aware of this training non-compliance. We were provided with assurance of how the service would improve upon this.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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

# End of life care

**Outstanding** ☆ ↑↑

## Key facts and figures

The trust provides end of life care at two sites, Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND). End of life (EOL) care encompasses all care given to patients who are approaching the end of their life and following death.

Ward staff were supported by the acute specialist palliative care team and acute intervention team across both hospital sites. Both teams also provided support to patients with a life limiting/progressive illness, not limited to those with cancer. Ward staff were able to refer to both teams using the electronic patient database or by telephone.

The trust had 2,032 deaths from February 2018 to January 2019.

This report focuses on the inspection of end of life and palliative care services (medical, nursing, mortuary, chaplaincy and bereavement).

We observed daily practice and viewed patient records and 'do not attempt cardiopulmonary resuscitation' (DNACPR) records and prescription charts. During the inspection we visited surgical, medical and care of the elderly wards, and also visited the mortuary and the hospital chapel. We spoke to patients who were receiving end of life care and patients' relatives.

We spoke with members of staff, which included medical and nursing staff, the specialist palliative care team, the leadership team for end of life care, chaplaincy, mortuary and bereavement staff.

## Summary of this service

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

•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 enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

•The service provided care and treatment based on national guidance and evidence of its effectiveness.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

•The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

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

•The service had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.

•Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

# End of life care

•The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

•Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication'). We were not assured training in the specific syringe devices used throughout the trust was followed up or monitored at ward level.

•The service did not consistently use systems and processes to safely prescribe, administer, record and store medicines. Pain care plans were not completed in all patient records.

•The results of the first round of the 'National Audit of Care at the End of Life' (2019) showed the trust scored lower when compared nationally for documented assessments of nutrition between recognition and time of death and hydration.

•Pain assessments were inconsistently documented for palliative and end of life care patients across wards visited. We saw documentation specific to pain assessments were used on some wards and on others we saw no evidence of pain assessment.

## Is the service safe?

**Good** ↑

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

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

•Staff used infection control measures when visiting patients on wards and transporting patients after death.

•Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.

•Staff kept detailed records of patients' care and treatment. Records were clear and easily available to all staff providing care.

•The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

However:

•Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication').

•We were not assured training in the specific syringe devices used throughout the trust was followed up or monitored at ward level.

•The service did not consistently use systems and processes to safely prescribe, administer, record and store medicines. Pain care plans were not completed in all patient records.

## Is the service effective?

**Good** ↑

# End of life care

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

•The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.

•Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

•Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

•Managers used information from audits to improve care and treatment. The palliative care annual report used the results of the national audit of Care at the End of Life (2019) to develop a robust action plan.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance; 100% of end of life staff at the hospital received an appraisal.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

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

However:

•The results of the first round of the 'National Audit of Care at the End of Life' (2019) showed the trust scored lower when compared nationally for documented assessments of nutrition between recognition and time of death and hydration.

•Pain assessments were inconsistently documented for palliative and end of life care patients across wards visited. We saw documentation specific to pain assessments were used on some wards and on others we saw no evidence of pain assessment.

## Is the service caring?

**Good** 

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

•Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Patients said they knew the plan for their care and where appropriate, had spoken with staff about their preferred place of death. All patients said their care had been good.

•Porters told us they had received moving and handling training on how to sensitively transport a deceased patient to the mortuary.

•Bereavement services gave advice on obtaining a death certificate, funeral services, mortuary services and administration procedures.

•Staff always provided emotional support to patients, families and carers to minimise their distress. They always understand patient's personal, cultural and religious needs.

# End of life care

•Renovation work in the mortuary resulted in sensitively decorated rooms and the room for the presentation of the deceased transformed into a welcoming and calming environment.

•Results from the bereaved relatives survey showed families felt that dignity and respect was always provided, they were supported after death and they had received support regarding feelings about illness and death.

However:

•Porters told us that they had not received specific end of life care to support bereaved relatives and carers.

## Is the service responsive?

**Outstanding** ☆ ↑

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

•The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

•The trust had developed integration of the community and acute palliative care teams to ensure a seamless flow between settings with trust systems identifying palliative patients newly admitted to the acute setting.

•Increased capacity through the appointment of training fellows had contributed to involvement of end of life and palliative care from below 20% (2015) to above 40% (2018) for dying patients.

•Palliative care discharge coordinators had developed rapid palliative discharge guidance which enabled same day discharge. Staff were able to use this guidance for discharge even when the coordinators were not on duty.

•The palliative care team was available five days a week and their role complemented by the acute intervention team in the evenings and at night. At weekends and out of hours a telephone service was available to provide consultant advice and support from a local hospice. Staff were aware of this service and we saw information leaflets on the wards we visited.

•The mortuary management team was accountable for securing services for the deceased throughout the trust and across agency boundaries and had developed a multi-agency mortuary group.

•The trust was working with the local clinical commissioning group (CCG) to improve the creation and delivery of emergency health care plans as well as exploring the use of treatment escalation plans to support individualised care plans.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers

•The trust was continuing to reduce the number and proportion of cardiac resuscitation attempts that could have been avoided with better assessment and care planning.

•Palliative care training fellows were in post providing increased capacity in end of life and palliative medicine and developing future consultants in palliative care.

•There had been an increase in the involvement of end of life and palliative care from for dying patients. The trust now provided the highest level of end of life and palliative care involvement to dying patients in the region.

•The trust improved on 'death in usual place of residence' (DIUPR); each year fewer patients were dying in the hospital and better than the England average.

# End of life care

•Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.

•Palliative care discharge co-ordinators had developed rapid palliative discharge guidance which enabled staff to use available resources for discharge even when the co-ordinators were not on duty.

•The trust had worked with CCGs to adopt and fund the 'six steps' programme for palliative care in care homes to facilitate discharge.

•Chaplaincy staff supported people's spiritual needs regardless of faith, including the needs of staff.

•The chapel had facilities for many faiths including, amongst others, Christian, Islam (Wuḍūʾ and ablution) and identified the Qibla (the direction that should be faced when a Muslim prays during ṣalāh).

•Patients for end of life and palliative care were identified through a multidisciplinary discussion involving those involved in a patient's care on the ward, either directly with the specialist palliative care team or through the trust's electronic record system.

•The trust 'Audit of Documentation of Care in the Last Hours and Days of Life for Expected Deaths in CDDFT' showed there were high levels of achievement of preferred place of death (PPD).

•The specialist palliative care service had improved personalised care planning and supported preference for place of death for 95% of patients known to the service.

•The number of avoidable cardio pulmonary resuscitation (CPR) attempts had decreased through collaborative working between the cardiac arrest prevention (CAP) team and the palliative care consultant.

•The trust took an average of 23.3 working days to investigate and close complaints in line with the trust complaints policy.

## Is the service well-led?

**Outstanding** ☆ ↑↑

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

•Leaders had the skills, knowledge, experience and integrity to run a service providing high-quality sustainable care.

•The palliative and end of life care team spoke positively about the impetus and motivation the restructuring of end of life care services within the trust had received since our last inspection.

•Staff were well supported in their roles and had a clear understanding of their responsibilities and told us leaders were visible and approachable. Ward staff told us that the specialist end of life and palliative care team were well known, accessible and provided expertise and advice when needed.

•Clinical leadership in the specialist palliative care service had been strengthened by the appointment of new consultants.

•Senior clinicians had engaged with other non-palliative teams (within and outside the organisation) to enhance the understanding of end of life and palliative care and supported improvements in the service for patients and families.

•The end of life steering and palliative care group had delivered improvements and continued to provide direction and vision for end of life and palliative care improvement.

# End of life care

•The service had a strategy in place for providing end of life care which aimed to implement improvements identified by national audit and recommendations from regulators to improve care for patients and families. The trust vision, strategy and work plan were based upon the national 'Palliative and End of Life Partnership' framework.

•All staff in palliative and end of life care services were positive about the leadership, strategy and organization of end of life and palliative care services at the hospital and throughout the trust. There was recognition that the trust had made improvements to end of life and palliative care since our previous inspection.

•Staff working in the mortuary and bereavement services had positive attitudes to their role and respected the service they gave to families and carers at a sensitive time.

•Porters had received training in moving and handling deceased patients and had developed good relationships with ward and mortuary staff to ensure the deceased patient was moved with respect and dignity.

•There was a governance structure in place with processes and systems of accountability to support a sustainable service.

•The trust had developed a specific dashboard for recording end of life and palliative care patient information and the content reflected preferred place of care (PPC) and preferred place of death (PPD).

•Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

•The trust had used the national VOICES postal questionnaire of bereaved relatives to understand about people's experience of end of life care and had conducted a local survey to provide more specific results.

•The palliative care service had made changes in response to patient and relatives' feedback.

•Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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

# Darlington Memorial Hospital

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County Durham
DL3 6HX
Tel: 01325380100
www.cddft.nhs.uk

## Key facts and figures

Darlington Memorial Hospital is an acute hospital site which is one of two forming the County Durham and Darlington NHS Foundation Trust.

Services provided at Darlington are:

- urgent and emergency care
- medical care (including older peoples care)
- surgical care
- critical care
- maternity services (Midwifery led and consultant led)
- children's and young people's services;
- end of life care
- outpatient services and diagnostic imaging.

On this inspection, we inspected urgent and emergency care, surgery and end of life care.

## Summary of services at Darlington Memorial Hospital

**Good** ↑

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

- We rated safe, effective, caring, responsive and well led as good.
- Urgent and emergency care and surgery core service ratings improved by one rating to good and end of life care improved by two ratings to outstanding.

# Summary of findings

- At the previous inspection we found that the service did not have enough staff. At this inspection we saw that the service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Operating theatres were fully established against the 'Association for Perioperative Practice' (AfPP staffing recommendations). This was an improvement since the last inspection.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Improvements in practice were effectively embedded with continuous development to support continued awareness and learning surrounding serious incidents and never events.
- End of life care had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However,

- Whilst improvement had been made in terms of access and flow, challenges still remained which impacted on wait times in the department for patients.
- In surgery, mandatory training for nursing and medical staff failed to meet the trust target. In surgery, the targets were met for three of the nine mandatory training modules for which qualified nursing staff were eligible and three of the eleven mandatory training modules were met for which medical staff were eligible.
- In Surgery, medical and nursing staff failed to meet the trust target for safeguarding children training (level 2).
- In Surgery, medical staff failed to meet the trust target for Mental Capacity Act and Deprivation of Liberty Safeguards (level 2).
- Oxygen was not always prescribed or administered in line with national guidance.
- Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication'). We were not assured training in the specific syringe devices used throughout the trust was followed up or monitored at ward level.

# Urgent and emergency services

**Good** ↑

## Key facts and figures

At County Durham and Darlington NHS Foundation Trust (CDDFT), there are Emergency Departments at Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND).

CDDFT manages five Urgent Treatment Centres (UTC):

- Darlington Memorial Hospital operate a 24/7 GP-led UTC, with GP provision at all times.
- Bishop Auckland and Peterlee UTC operate as a practitioner-led minor injuries unit 08:00-20:00 Monday to Friday and GP-led UTC at all other times.
- Shotley Bridge operates as a practitioner-led UTC service Monday to Friday 08:00-18:00 treating both minor injury and illness and revert to GP-led UTC at all other times.
- North Durham UTC operate 18:00-08:00 Monday to Friday as a GP-led UTC and 24/7 weekends and Bank Holidays.

(Source: Routine Provider Information Request (RPIR) – AC1 Context acute)

There are facilities for bariatric and dementia patients and internal decontamination facilities.

There are separate paediatric and adult waiting areas, and a chair-centric care area. X-ray facilities and a plaster room are within the department.

There is an out-of-hours GP service located in outpatients adjacent to the emergency department

Following inspection in September 2018 urgent and emergency care at Darlington Memorial hospital received an overall rating of requires improvement, with the key domains of safe and well led as requires improvement with ratings of good in effective, caring and responsive.

Following our inspection in 2018, the following issues were highlighted:

- The department was having difficulty meeting the four hour target. Between October 2016 and September 2017 the department had only met the monthly 95% four hour target once.
- The room used to assess patients with mental health needs, did not fully conform to the Psychiatric Liaison Accreditation Network (PLAN) standards.
- The service did not always have enough staff of the right level to keep patients safe from avoidable harm.
- The service did not always manage medicines well.
- Clinicians did not update or review care pathways regularly.
- The access was blocked to the major incident store cupboard.
- The children's resuscitation room doors were not closed or locked allowing easy access from the main corridor, which could be a potential security risk.
- The layout of the main reception desk did not provide privacy as patients booked in.
- Staff did not always record patients' blood sugar levels when necessary
- Staff satisfaction was mixed according the staff survey. Staff did not always feel actively engaged or empowered.

# Urgent and emergency services

At our most recent unannounced inspection on 2 to 4 July 2019, we followed key lines of enquiry and rated all five key domains; safe, effective, caring, responsive and well led.

On this inspection we visited the emergency department at Darlington Memorial Hospital

We observed care and treatment, looked at 20 complete patient records, 20 medication prescription charts. We also interviewed key members of staff, medical staff, ambulance personnel and the senior management team who were responsible for leadership and oversight of the service. We spoke with 25 patients, five relatives and 42 members of staff.

We observed patient care, the environment within the department, handovers and safety briefings. We also reviewed the hospital's performance data in respect of the emergency department.

## Summary of this service

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

•At the previous inspection we found that the service did not have enough staff. At this inspection we saw that the service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

•Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

•Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

•The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

•Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

•Whilst improvement had been made in terms of access and flow, challenges still remained which impacted on wait times in the department for patients.

## Is the service safe?

**Good** ↑

# Urgent and emergency services

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

•At the previous inspection we found issues with security of the paediatric resuscitation room and accessibility of equipment. At this inspection we saw that all necessary security measures were taken and that all equipment was easily accessible.

•The service provided mandatory training in key skills including the highest level of life support training to all staff. Action plans had been introduced to ensure that all staff completed mandatory training.

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

•The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

•The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

•Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

•Following an incident prior to inspection we saw that there had been a robust response in the development and application of deteriorating patient pathways and with sepsis management. All staff were aware of their responsibilities and understood their roles.

•The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

•Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

•At the previous inspection we found that medicines were not managed appropriately. At this inspection the service used systems and processes to safely prescribe, administer, record and store medicines.

•The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

•The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

•Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

# Urgent and emergency services

•Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

•Key services were available seven days a week to support timely patient care.

•Staff gave patients practical support and advice to lead healthier lives.

•Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

•Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Good** 

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

•Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

•Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** 

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

•Whilst improvement had been made in terms of access and flow, challenges still remained which impacted on wait times in the department for patients. The previous inspection highlighted the need for patients to be seen and transferred or discharged within four hours. From May 2018 to April 2019 the trust failed to meet the national standard related to this.

•From May 2018 to April 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average.

•No patients waited in excess of 12 hours from the decision to admit until being admitted between May 2018 to April 2019, however, there were large numbers of patients waiting between four and 12 hours.

However:

# Urgent and emergency services

•The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good** 

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

•At the previous inspection staff reported a low level of management engagement and did not feel valued. At this inspection staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. We spoke with 42 members of staff and there was a universally positive response in staff engagement and the improving culture within the department. The service had promoted an open culture where patients, their families and staff could raise concerns without fear.

•Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

•The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

•Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

•Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

•The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

•Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

•All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Outstanding practice

See the outstanding practice section above.

# Urgent and emergency services

## Areas for improvement

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

# Surgery

**Good** ↑

## Key facts and figures

We inspected Darlington Memorial Hospital as part of the comprehensive inspection of Durham and Darlington NHS Foundation Trust which included this hospital and the University Hospital of North Durham. We inspected Darlington Memorial Hospital (DMH) between 2 and 4 July 2019.

At our last inspection, surgical services at Darlington Memorial Hospital received an overall rating of requires improvement, with the key domains rated as requires improvement in safe and well led and good in effective, caring and responsive.

Following our inspection of the service in 2017, requirement notices were issued for surgical services at Darlington Memorial Hospital.

Actions we said the trust MUST take to improve were;

- The trust must ensure that operating theatres are fully established against the 'Association for Perioperative Practice' (AfPP staffing recommendations). Staffing levels at night and on late shifts fell below recommended guidance.
- The trust must continue to embed the theatres culture review action plan.
- Following never events the trust must ensure that improvements in practice are effectively embedded and maintained.
- The trust must ensure that checks of the difficult intubation trolley in recovery at UHND take place as per trust policy.
- The trust must ensure there is compliance with safeguarding adults and children training where staff are required to have this training.

Actions we said the hospital SHOULD consider taking to improve, were:

- The trust should ensure that equipment is stored in designated areas and boxes of equipment are stored off the floor where appropriate.
- The trust should ensure patient records are complete and staff signatures legible.
- The trust should ensure that protected time is available for theatre staff to attend regular training.
- The trust should assure themselves that relevant staff have access to sepsis training.
- The trust should ensure that patient's discharge plans are completed.
- The trust should ensure increased visibility of the executive team at University Hospital North Durham as staff feedback identified limited visibility on this site in surgery.
- The trust should ensure ongoing engagement from senior management with theatre staff.
- The trust should improve engagement with staff particularly those with protected characteristics.

# Surgery

At this inspection we observed care and treatment, reviewed 16 complete patient records (and specific documentation in four others, including consent, mental capacity and deprivation of liberty safeguards documents). We also interviewed key members of staff, medical staff and the senior management team who were responsible for leadership and oversight of the service. We spoke with nine patients, six relatives and 38 members of staff.

## Summary of this service

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

- Several areas for improvement had been identified at our previous inspection in 2017. At this inspection we found these had been addressed in full or in part.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. This was an improvement since the last inspection.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Operating theatres were fully established against the 'Association for Perioperative Practice' (AfPP staffing recommendations). This was an improvement since the last inspection.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Improvements in practice were effectively embedded with continuous development to support continued awareness and learning surrounding serious incidents and never events.
- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Nurse staffing was managed using recognised tools and professional judgment. To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- The service had enough nursing staff with the right qualifications and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. The services were effective because processes were in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence (NICE).
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. Patients were offered support when required.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed kind and caring interactions on the day units between staff and patients.
- The service had stable management structures in place, with clear lines of responsibility and accountability. We saw evidence of learning, continuous improvement and innovation within surgical services at the location.
- Patients we spoke to felt involved in their care and had been provided with information to allow them to make informed decisions.

# Surgery

- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement of staff, patients, and key groups representing the local community.

However,

- Mandatory training for nursing and medical staff failed to meet the trust target. In surgery, the targets were met for three of the nine mandatory training modules for which qualified nursing staff were eligible and three of the eleven mandatory training modules were met for which medical staff were eligible.
- Medical and nursing staff failed to meet the trust target for safeguarding children training (level 2).
- Medical staff failed to meet the trust target for Mental Capacity Act and Deprivation of Liberty Safeguards (level 2).
- Oxygen was not prescribed or administered in line with national guidance.
- Pain assessments were inconsistently documented for medical patients across the wards we visited. We saw documentation specific to pain assessments were used on some wards and on others we saw evidence of pain recorded within the digital platform.
- The management of obtaining patient consent for the storage of contemporaneous records at the patient's bedside was not robust.
- The service had a higher than expected risk of readmission for elective admissions in general surgery and ear nose and throat and a higher than expected risk of readmission for non-elective admissions in ear nose and throat surgery compared to the England average.

## Is the service safe?

**Good**  

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

•The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment. This was an improvement since the last inspection.

•The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage.

•The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

•Staff completed and updated risk assessments for each patient and removed or minimised risks.

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

# Surgery

•The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

•The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

However;

•Overall, mandatory training compliance did not meet the trust target for both medical and nursing staff. Nursing staff met three of the nine mandatory training modules and medical staff met three of the eleven mandatory training modules for which staff were eligible.

•Nursing and medical staff did not meet the trust target for safeguarding children level 2. Nursing staff achieved 37.7% and medical staff achieved 51% against the trust target of 85%. Although safeguard training was below the trust's internal targets at the time of inspection, the trust told us they had implemented a three-year plan to roll out training to all staff. This was in line with intercollege guidance.

•The service used systems and processes to prescribe, administer, record and store medicines. However, oxygen was not prescribed or recorded in line with national guidance on all wards that we inspected. The service had an ongoing programme of improvement work within the digital platform with respect to oxygen therapy, being overseen by the clinical effectiveness committee.

•The service used systems and processes to manage the storage of patient records. However, the management of obtaining patient consent for the storage of contemporaneous records at the patient's bedside was not consistent.

## Is the service effective?

**Good** 

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

•Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental health problems. They used agreed personalised measures that limited patients' liberty.

•Staff of different grades and professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

•Key services were available seven days a week to support timely patient care.

•Staff gave patients practical support and advice to lead healthier lives.

•Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

•Staff monitored the effectiveness of care and treatment through clinical audit. They used the findings to inform practice and improve outcomes for patients.

However;

# Surgery

•The service had a higher than expected risk of readmission for elective admissions in general surgery and ear nose and throat and a higher than expected risk of readmission for non-elective admissions in ear nose and throat surgery compared to the England average. The surgery care group recognised the inflated figures were due to a data quality cleansing issue rather than a practice issue and had agreed to address this moving forward.

•Not all nursing staff received appraisals to assess their work performance and promote their professional development. Appraisal compliance for nursing staff did not meet the trust target of 95%. The service recognised that the appraisal rate for nursing staff within the theatre setting required further work; however, there was a detailed plan in place to ensure compliance within this area.

•Mental Capacity Act level 2 and Deprivation of Liberty Safeguards training compliance did not meet the trust target of 33% for medical staff where training compliance was 17%.

•Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff. Pain control was assessed and well managed and patients were referred to advanced nurse pain specialists if required. However, pain assessments were inconsistently documented. The service was aware of inconsistency and non-compliance and had a plan in place to address this within the digital platform.

## Is the service caring?

**Good** ➔➔

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

•People were treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.

•People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people. They supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

•Staff always empowered people who used the service to have a voice. They showed determination and creativity to overcome obstacles in delivering care. People's individual preferences and needs were reflected in how care was delivered.

•Feedback from people who used the service, those who were close to them, and stakeholders, was continually positive about the way staff treated people. People told us that staff went the extra mile and their care and support exceeded their expectations.

•Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.

•Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this.

## Is the service responsive?

**Good** ➔➔

# Surgery

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. Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care.

•We saw that information leaflets and advice posters were available on the units we visited. These included discharge information, specialist services and general advice about nutrition and hydration.

•People could access the service when they needed it and received the right care promptly. Arrangements to admit, treat and discharge patients were in line with national standards.

•The service took account of patient's individual needs. The services had mechanisms in place to manage access and flow using various methods, including redesigning pathways or carrying out audits, to improve patient flow and working closely with commissioners.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

•The average length of stay for elective and non-elective patients in surgery was lower than the England average.

•The percentage of cancelled operations at the trust showed a similar performance and trend to the England average.

However;

•One speciality was below the England average for admitted referral to treatment times within ophthalmology.

## Is the service well-led?

**Good**  

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

•Leaders had the skills and ability to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Staff spoke positively about their leaders and felt respected.

•The service had a vision for what it wanted to achieve and a strategy to turn it into action. This had been developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

•Managers at service level promoted a positive culture through targeted intervention and action planning that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns. This was an improvement since the last inspection which had been an area of concern.

•The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care, by creating an environment in which excellence in clinical care would flourish. The governance structure was clear, and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.

# Surgery

•The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

•The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Staff we spoke with felt valued by the service.

However;

•The service did not adhere to national guidance surrounding the prescribing of oxygen; however, the trust was aware of poor audit results and non-compliance and had a plan to address this.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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

# End of life care

**Outstanding** ☆ ↑↑

## Key facts and figures

The trust provides end of life care at two sites, Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND). End of life (EOL) care encompasses all care given to patients who are approaching the end of their life and following death.

Ward staff were supported by the acute specialist palliative care team and acute intervention team across both hospital sites. Both teams also provided support to patients with a life limiting/progressive illness, not limited to those with cancer. Ward staff were able to refer to both teams using the electronic patient database or by telephone.

The trust had 2,032 deaths from February 2018 to January 2019.

This report focuses on the inspection of end of life and palliative care services (medical, nursing, mortuary, chaplaincy and bereavement).

We observed daily practice and viewed patient records and 'do not attempt cardiopulmonary resuscitation' (DNACPR) records and prescription charts. During the inspection we visited surgical, medical and care of the elderly wards, and also visited the mortuary and the hospital chapel. We spoke to patients who were receiving end of life care and patients' relatives.

We spoke with members of staff, which included medical and nursing staff, the specialist palliative care team, the leadership team for end of life care, chaplaincy, mortuary and bereavement staff.

## Summary of this service

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

•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 enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

•The service provided care and treatment based on national guidance and evidence of its effectiveness.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

•The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

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

•The service had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.

•Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

# End of life care

•The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

•Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication'). We were not assured training in the specific syringe devices used throughout the trust was followed up or monitored at ward level.

•The service did not consistently use systems and processes to safely prescribe, administer, record and store medicines. Pain care plans were not completed in all patient records.

•The results of the first round of the 'National Audit of Care at the End of Life' (2019) showed the trust scored lower when compared nationally for documented assessments of nutrition between recognition and time of death and hydration.

•Pain assessments were inconsistently documented for palliative and end of life care patients across wards visited. We saw documentation specific to pain assessments were used on some wards and on others we saw no evidence of pain assessment.

•The end of life and palliative care team did not hold its own risk register, and risks were held on the wider Community Services Risk Register.

## Is the service safe?

**Good** ↑

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

•The service provided mandatory training in key skills and ensured all staff had completed it. Targets were met for four of the five mandatory training modules for which staff were eligible.

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

•Mental capacity and best interest assessments were completed appropriately.

•Staff used infection control measures when visiting patients on wards and transporting patients after death.

•Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.

•The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

However:

•Syringe driver safety checks were not completed in accordance with trust policy ('Policy for the administration of subcutaneous medication').

•We were not assured training in the specific syringe devices used throughout the trust was followed up or monitored at ward level.

•The service did not consistently use systems and processes to safely prescribe, administer, record and store medicines.

•Records were not consistently clear and up to date up-to-date or easily available to all staff providing care.

# End of life care

## Is the service effective?

**Good** ↑

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

•The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.

•Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

•Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

•Managers used information from audits to improve care and treatment. The palliative care annual report used the results of the national audit of Care at the End of Life (2019) to develop a robust action plan.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance; 100% of end of life staff at the hospital received an appraisal.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

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

However:

•The results of the first round of the 'National Audit of Care at the End of Life' (2019) showed the trust scored lower when compared nationally for documented assessments of nutrition between recognition and time of death and hydration.

•Pain assessments were inconsistently documented for palliative and end of life care patients across wards visited. We saw documentation specific to pain assessments were used on some wards and on others we saw no evidence of pain assessment.

•Fluid balance charts were not appropriately completed for patients receiving IV fluids.

## Is the service caring?

**Good** →←

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

•Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Patients said they knew the plan for their care and where appropriate, had spoken with staff about their preferred place of death. All patients said their care had been good.

•Porters told us they had received moving and handling training on how to sensitively transport a deceased patient to the mortuary.

# End of life care

•Bereavement services gave advice on obtaining a death certificate, funeral services, mortuary services and administration procedures.

•Staff always provided emotional support to patients, families and carers to minimise their distress. They always understand patient's personal, cultural and religious needs.

•Renovation work in the mortuary resulted in sensitively decorated rooms and the room for the presentation of the deceased transformed into a welcoming and calming environment.

•Results from the bereaved relatives survey showed families felt that dignity and respect was always provided, they were supported after death and they had received support regarding feelings about illness and death.

However:

•Porters told us that they had not received specific end of life care to support bereaved relatives and carers.

## Is the service responsive?

**Outstanding** ☆ ↑

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

•The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

•The trust had developed integration of the community and acute palliative care teams to ensure a seamless flow between settings with trust systems identifying palliative patients newly admitted to the acute setting.

•The palliative care team was available five days a week and their role complemented by the acute intervention team in the evenings and at night. At weekends and out of hours a telephone service was available to provide consultant advice and support from a local hospice. Staff were aware of this service and we saw information leaflets on the wards we visited.

•The mortuary management team was accountable for securing services for the deceased throughout the trust and across agency boundaries and had developed a multi-agency mortuary group.

•The trust was working with the local clinical commissioning group (CCG) to improve the creation and delivery of emergency health care plans as well as exploring the use of treatment escalation plans to support individualised care plans.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers

•The trust was continuing to reduce the number and proportion of cardiac resuscitation attempts that could have been avoided with better assessment and care planning.

•Palliative care training fellows were in post providing increased capacity in end of life and palliative medicine and developing future consultants in palliative care.

•There had been an increase in the involvement of end of life and palliative care from for dying patients. The trust now provided the highest level of end of life and palliative care involvement to dying patients in the region.

•The trust improved on 'death in usual place of residence' (DIUPR); each year fewer patients were dying in the hospital and better than the England average.

# End of life care

•Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.

•Palliative care discharge co-ordinators had developed rapid palliative discharge guidance which enabled staff to use available resources for discharge even when the co-ordinators were not on duty.

•The trust had worked with CCGs to adopt and fund the 'six steps' programme for palliative care in care homes to facilitate discharge.

•Chaplaincy staff supported people's spiritual needs regardless of faith, including the needs of staff.

•The chapel had facilities for many faiths including, amongst others, Christian, Islam (Wuḍūʾ and ablution) and identified the Qibla (the direction that should be faced when a Muslim prays during ṣalāh).

•Patients for end of life and palliative care were identified through a multidisciplinary discussion involving those involved in a patient's care on the ward, either directly with the specialist palliative care team or through the trust's electronic record system.

•The trust 'Audit of Documentation of Care in the Last Hours and Days of Life for Expected Deaths in CDDFT' showed there were high levels of achievement of preferred place of death (PPD).

•The specialist palliative care service had improved personalised care planning and supported preference for place of death for 95% of patients known to the service.

•The number of avoidable cardio pulmonary resuscitation (CPR) attempts had decreased through collaborative working between the cardiac arrest prevention (CAP) team and the palliative care consultant.

•The trust took an average of 23.3 working days to investigate and close complaints in line with the trust complaints policy.

## Is the service well-led?

**Outstanding** ☆ ↑↑

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

•Leaders had the skills, knowledge, experience and integrity to run a service providing high-quality sustainable care.

•The palliative and end of life care team spoke positively about the impetus and motivation the restructuring of end of life care services within the trust had received since our last inspection.

•Staff were well supported in their roles and had a clear understanding of their responsibilities and told us leaders were visible and approachable. Ward staff told us that the specialist end of life and palliative care team were well known, accessible and provided expertise and advice when needed.

•Clinical leadership in the specialist palliative care service had been strengthened by the appointment of new consultants.

•Senior clinicians had engaged with other non-palliative teams (within and outside the organisation) to enhance the understanding of end of life and palliative care and supported improvements in the service for patients and families.

•The end of life steering and palliative care group had delivered improvements and continued to provide direction and vision for end of life and palliative care improvement.

# End of life care

•The service had a strategy in place for providing end of life care which aimed to implement improvements identified by national audit and recommendations from regulators to improve care for patients and families. The trust vision, strategy and work plan were based upon the national 'Palliative and End of Life Partnership' framework.

•All staff in palliative and end of life care services were positive about the leadership, strategy and organization of end of life and palliative care services at the hospital and throughout the trust. There was recognition that the trust had made improvements to end of life and palliative care since our previous inspection.

•Staff working in the mortuary and bereavement services had positive attitudes to their role and respected the service they gave to families and carers at a sensitive time.

•Porters had received training in moving and handling deceased patients and had developed good relationships with ward and mortuary staff to ensure the deceased patient was moved with respect and dignity.

•There was a governance structure in place with processes and systems of accountability to support a sustainable service.

•The trust had developed a specific dashboard for recording end of life and palliative care patient information and the content reflected preferred place of care (PPC) and preferred place of death (PPD).

•Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

•The trust had used the national VOICES postal questionnaire of bereaved relatives to understand about people's experience of end of life care and had conducted a local survey to provide more specific results.

•The palliative care service had made changes in response to patient and relatives' feedback.

•Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

•The end of life and palliative care team did not hold its own risk register, and risks were held on the wider patient services register.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

We found 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 | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing |

# Our inspection team

Sarah Dronsfield, Head of Hospital Inspection chaired this inspection and Ruth Sadler, Inspection Manager led it. An executive reviewer, Rachel Charlton, supported our inspection of well-led for the trust overall.

The team included one further inspection manager, 10 inspectors, two assistant inspectors, one inspection planner and seven 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.