

Isle of Wight NHS Trust

Inspection report

St Mary's 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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

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

Summary of findings

Background to the trust

The Isle of Wight NHS Trust is an integrated trust that includes acute, ambulance, community and mental health services. Services are provided to a population of approximately 140,000 people living on the island. The population increases to over 230,000 during the summer holiday and festival seasons. St Mary's Hospital in Newport is the trust's main base for delivering acute services for the Island's population. The hospital has 246 beds and handles 22,685 admissions each year. Ambulance, community and mental health teams work from this base and at locations across the island. The trust also provides a GP out of hours service and NHS 111 services.

The trust was established in April 2012, following the separation of the provider and commissioner functions.

We undertook a comprehensive inspection of all services at the trust in June 2014, and the trust was rated requires improvement. Following inspection of trust wide leadership, and core services in November 2016, the trust was rated as inadequate. Immediately following that inspection, we used our powers to urgently impose conditions on the trust's registration in relation to mental health services. The trust was placed in special measures in April 2017.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Inadequate ● → ←

What this trust does

St Mary's Hospital in Newport is the trust's main base for delivering acute services for the Island's population. The hospital has 246 beds and handles 22,685 admissions each year. Services include urgent and emergency care, medicine, surgery, intensive care, maternity, gynaecology, services for children and young people, neonatal intensive care unit, diagnostic imaging and outpatient services.

Mental health inpatient services are provided on the St Mary's hospital site at the Sevenacres unit, and Shackleton ward in the main hospital mental health beds. Woodlands, a mental health rehabilitation unit, is located in Ryde.

Community health services and community mental health services are provided across the three island localities West and Central Wight, North and East Wight and South Wight. There are community bases at St Mary's Hospital and clinics and health centres across the island.

The ambulance service headquarters and emergency ambulance station are based on the site of St Mary's Hospital. The service responds to 999 calls, 24 hours a day, 365 days a year. The emergency operations centre (EOC) for the ambulance service is located on the site in a multidisciplinary hub office that contains desks for other trust services such as community health services, and 111 services. The trust also provides a patient transport service (PTS), seven days a week for outpatient appointments, admissions, discharge and transfer.

The trust also provides a GP out of hours service, located adjacent to the emergency department.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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.

The trust was placed in special measures following significant concerns found at trust wide inspection and core services across acute, community, mental health and ambulance services in November 2016. Although most services were inspected in November 2016, several acute services had not been inspected since June 2014, when they were rated as good. We therefore decided to undertake a comprehensive inspection of all core services at the trust, (acute, mental health, community, ambulance and primary care), at this inspection in 22-25 January 2018.

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 well led at trust level. The trust level well led inspection took place 20- 22 February and the findings are in the section headed 'is this organisation well led'.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as inadequate because:

- Overall trust wide we rated safe, and well-led as inadequate; effective and responsive required improvement. We rated seven of the trust's 23 services as inadequate, and 11 as requires improvement. The findings of focused inspection of safe and well led in gynaecology services, an additional core service are in a separate report and not included in the overall trust rating.
- We did not rate acute services in November 2016 as not all services were inspected at that time. The overall rating of acute services went down to inadequate since inspection in 2014. Five services were rated as requires improvement. Three services, emergency care, medical care and end of life care services, were rated as inadequate. Safe, effective and well led was rated as inadequate across acute services overall, with responsive as requires improvement.
- The overall rating for mental health services remained as inadequate overall. Three of the seven services inspected were rated as inadequate, one was rated requires improvement. Safe, responsive and well led was rated as inadequate across mental health services overall, with effective as requires improvement.
- Our rating of community services overall went down to inadequate. Community services for children, young people was rated inadequate overall with community services for adults requiring improvement. Safe and well led was rated as inadequate across community services overall, and effective as requires improvement.
- The rating of ambulance services was requires improvement overall, however well led was rated inadequate across two of the three ambulance services and the 111 service. Safe and effective was rated as requires improvement for the ambulance and 111 services.

Summary of findings

- The GP out of hours service was rated requires improvement overall, with well led inadequate and safe, effective and responsive requiring improvement.
- We rated well-led for the trust overall as inadequate

However:

- All services were rated good for caring, with one service rated outstanding for this domain.
- Two acute services, critical care and outpatients, were rated good overall.
- There were improvements in some mental health services. Acute adult wards and PICU, and specialist community mental health services improved to a rating of good overall. Community mental health services for people with a learning disability or autism remained good overall. Long stay rehabilitation wards, had improved from inadequate to requires improvement.
- The overall rating of ambulance services had improved, from inadequate in November 2016 to requires improvement

Are services safe?

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

- We rated eight of the trust's 23 services as inadequate for safe, and 11 as requires improvement. Acute, mental health and community services were rated inadequate overall for safe.
- Safety systems were not fit for purpose, or were not implemented sufficiently, across many services. In surgical services medical staff were not sufficiently engaged in the safety checks in surgery. Staff did not always assess and manage risks to patients appropriately, to keep them safe from avoidable harm.
- There was an overall low rate of compliance with mandatory training, with very low rates of completion for some courses. Not all staff had completed appropriate safeguarding training.
- There were insufficient provision for infection prevention and control trust wide, and staff not always follow best practice to keep patients safe.
- There were substantial staff shortages across services and gaps in rotas could not always be filled. There was a reliance on locum doctors and agency nurses, who were often poorly managed and disengaged.
- There were a range of different patient records systems, which did not communicate, and in some services these were not fit for purpose. Patient records were not always completed fully or correctly.
- Medicines were not always managed and stored safely across services.
- Some services did not have consistently suitable premises and equipment.
- There was limited measuring and monitoring of safety performance. Safety information was not shared with staff and patients.
- There was improvement in the recognition and reporting of serious incidents at trust level, but this was not embedded across all services. Some staff did not recognise or report incidents or near misses. There was limited evidence of learning from incidents and some staff did not report as they were not confident it would make a difference.

Are services effective?

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

Summary of findings

- We rated three of the trust's 23 services as inadequate for effective, and 10 as requires improvement. Acute services were rated inadequate overall for effective.
- Care and treatment did not always reflect or meet the current evidence based guidance and best practice standards.
- Care assessments in some services did not fully consider the range of patient needs.
- Staff did not consistently work well together as a team to benefit patients.
- Services did not consistently carry out audits or use national audit findings to improve..
- There were gaps in competency assessment, appraisal, training and supervision of staff across many services
- The trust had not addressed the requirement for seven day services and the project to implement this had not been fully developed.
- Not all staff had received training or understood their roles and responsibilities towards the Mental Capacity Act 2005.

Are services caring?

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

- We rated 21 out of 23 core services as good for caring and patient transport services was rated outstanding. Caring on inpatient services for older people with mental health problems required improvement. Acute, mental health, community health, ambulance and primary medical care services were all rated good overall for caring.
- Staff treated patients with kindness, respect and compassion, providing emotional support when needed.
- Overall staff respected and promoted privacy and dignity
- As far as possible, staff involved patients and those close to them in decisions about their care and treatment

Are services responsive?

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

- We rated two of the trust's 23 services as inadequate for responsive, and 10 as requires improvement. Mental health services were rated inadequate overall for responsive.
- Services were not always delivered in a way that met patient's holistic needs. Service environments were not always suitable for children or people living with dementia.
- Patients could not always access services when they needed, this was of particular concern for patients in mental health crisis.
- Patients were not discharged from services in a timely and responsive way to meet their needs. Delayed discharges led to waits and crowding in the emergency department and wards, and mixed sex breaches in critical care.
- The trust did not comply with the Accessible Information Standard and action had yet to be taken
- The trust was starting to take complaints seriously, but response times continued to be slow. Complaints and concerns were rarely used to improve the quality of care.

Are services well-led?

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

Summary of findings

- We found there clear signs of recovery and improvement since our inspection in November 2016 and there was growing momentum. However this recovery was starting from a very low base and, despite some elements of outstanding leadership from the senior team, it was too early for the overall rating to change.
- We rated 12 services as inadequate for the well led domain, and nine as requires improvement.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, 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 acute outpatient services and emergency ambulance services

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

Areas for improvement

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

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

For more information on the action the trust **MUST** take to improve, see the Areas fo rimprovement section of this report.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of 11 legal requirements at a trust-wide level and across all core services and locations.

At previous inspection in November 2016 we took enforcement action and imposed urgent conditions on the trust's registration in respect of mental health services. Following this most recent inspection we have removed some conditions relating to the safety of mental health acute and rehabilitation inpatient environments, as improvements were found. Conditions relating to in community mental health services remain in place, as insufficient action had been taken to address concerns.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action

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.

Summary of findings

Outstanding practice

We found a number of examples of outstanding practice across trust services:

Acute services:

- There was a strong culture of promoting quality and teamwork in the hospital sterilisation and decontamination unit. Staff maintained a full accreditation from the Medicines and Healthcare Products Regulatory Agency (MHRA). They assisted in other departments during the winter plan, to support staffing needs and they had gone the extra mile to maintain business continuity by taking surgical kits to the mainland for sterilisation.
- There was an orientation visit to the chemotherapy unit for patients who had received a diagnosis of cancer. This gave them an opportunity to ask questions, get a greater understanding of the unit and what their treatment would entail. They also had access to hospital psychologists who provided continuing emotion support and advice.
- The collaboration between the David Hide Asthma and Allergy Research Centre and the Isle of Wight NHS asthma and allergy outpatient service provided an outstanding service for patients in this disease area.

Ambulance services

- The community first responder programme had been recognised by the Resus Council UK in response to the resuscitation training carried out across the island. The programme had also significantly expanded the number of automated external defibrillators available across the island.

Paramedics from the service were finalists of the ITV Good Morning Britain Health Star Awards 2017. They were recognised for delivering life-saving high dose antibiotics to patients with suspected Sepsis before they reached hospital.

Areas for improvement

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

Action the trust **MUST** take to improve

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

Trust overall

The trust must ensure:

- There is competency based recruitment to leadership posts and a leadership development programme is implemented, so leaders at all levels are supported and leadership improves at all levels across the trust. Regulations 19(1)(2);18(2)

Summary of findings

- Urgent improvements are made to human resources processes, including recruitment and clearly defined and consistent management of performance. Regulation 19(2)
- The Health and Social care Act 2008: Code of Practice for prevention and control of infection is followed at all levels and services of the trust. Regulation 12(2)(h)
- There is a credible trust strategic vision and plans, developed with partners on and off the island, so staff are clear of their role and actively involved in delivery of meaningful plans to achieve sustainable services for the island population. Regulation 17(2)(e)
- There is improved clinical engagement and leadership across all services and clinical business units and they support the provision of high quality and sustainable and integrated services for patients. Regulations 17(2)(f); 19(2)(e)
- The work to progress organisational development and culture change is accelerated, so there is increased staff engagement and candour, openness and challenges to poor practice are improved. Regulations 17(2)(f); 18(2); 19(2)
- Links are made with national experts in the fields of leadership development, diversity, equality, inclusion, organisational and system change. And improvements are made to the equality and diversity programme within the trust, so as to ensure equality for all staff and patients. Regulation 17(2)(e)
- Governance arrangements that support monitoring of quality, safety and performance are embedded across all levels and services across the trust. Regulation 17(1)(2)(f)
- Mental Health Act administration and governance is improved in line with the updated Code of Practice, that all staff are trained and aware of updated guidance and compliance is monitored by the Board. Regulations 12(2); 17(2)
- There are arrangements in place for identifying, assessing, managing and where necessary effectively escalating risk at all levels and staff are appropriately trained in this. Regulation 17(2)(b)
- The board uses the assurance framework to identify and take early action on any concerns arising in any services. Regulation 17(2)(a)(f)
- There are improvements to the accuracy, reliability, validity and timeliness of information and its use to support the monitoring of performance, quality and safety. Regulation 17(2)(a)(f)
- Patient records systems are fit for purpose, accessible to relevant staff and support the delivery of safe services for patients. Regulation 17(2)(c)

Summary of findings

- Information management and information governance systems are developed in line with statutory requirements and are implemented and embedded across the trust. Regulation 17(2)(d)
- Effective partnership working with partners on the island and mainland, to facilitate access and timely flow along patient pathways and future service planning. Regulation 17(2)(e)
- There is proactive and meaningful engagement and involvement of patients and the public, in the improvements and developments to services. Regulation 17(2)(e)
- Staff and service leads are trained and supported in making quality improvements and innovations they identify are needed to support sustained quality services. Regulation 17(2)(f)
- Systems for learning from all incidents, events, complaints and deaths are developed and embedded across all areas of the trust. Regulation 17(2)(f)
- Improvements continue to be made to the timeliness and quality of response to complaints. Regulation 16 (1)(2)

Acute services

Urgent and emergency services

The trust MUST ensure that;

- There are sufficient numbers of suitably qualified, competent, skilled and experienced nurses to meet the needs of patients in the Emergency Department (ED). Regulation 18(1)
- There is a consultant presence in the ED for 16 hours each day. Regulation 18(1)
- There are systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the ED. Regulation 17(2)(a)
- There are accurate, complete and contemporaneous records for each patient in the ED. Regulation 17(2)(c)
- Adequate levels of adult safeguarding training are provided for ED staff. Regulation 12(2)(c)
- Crowding is reduced so that patients do not have to wait on trolleys in the corridor in the major treatment area. Regulation 12(2)(b)
- Patients whose clinical condition is at risk of deteriorating are rapidly identified and monitored appropriately. (Regulation 12(2)(a)(b))
- There is always a senior doctor in the department with the appropriate skills to effectively resuscitate adults and children. Regulation 18(2)(b)
- There is always a nurse in the department with the appropriate skills and knowledge to care for sick children. Regulation 18(1)

Medical care services

Summary of findings

- The trust must ensure completion rates for mandatory training across all staff groups meets the trust target. (Regulation 18(2)(a))
- The trust must ensure that staff completion rates for intermediate life support training meet the trust's policy and target. (Regulation 18(2)(a))
- The trust must ensure medical staff have a good understanding about safeguarding processes. (Regulation 13(2))
- The trust must ensure all staff complete safeguarding training in line with the trust policy and trust targets. (Regulation 13(2))
- The trust must ensure clinical waste is stored securely and is not accessible to the public. (Regulation 12(2)(h))
- The trust must ensure all staff use personal protective equipment when handling used bed pans and urinals. (Regulation 12(2)(h))
- The trust must ensure staff wash their hands following national guidance (Regulation 12(2)(h))
- The trust must ensure all staff adhere to the trust's bare below elbows policy and national guidance. (Regulation 12(2)(h))
- The trust must ensure all equipment is cleaned between patient use. (Regulation 12(2)(h))
- The trust must make sure equipment is clean and free from dust. (Regulation 12(2)(h))
- The trust must ensure the contents of the emergency resuscitation trolleys are checked twice in 24 hours as per the trust policy. (Regulation 12(2)(e))
- The trust must ensure equipment in working order is not labelled not to be used. (Regulation 12(2)(e))
- The trust must ensure staff always complete all patient risk assessments. (Regulation 12 (2)(a))
- The trust must ensure all staff follow the NEWS process correctly and escalate patients identified through the NEWS process as at risk of deterioration. (Regulation 12(2)(b))
- The trust must ensure staff check the position of patients' naso gastric tubes daily as per trust policy and good practice guidance. (Regulation 12(2)(b))
- The trust must ensure that where risks to patients' welfare are identified, actions are taken to lessen the risk. (Regulation 12(2)(b))
- The trust must take action to reduce the risk to patients relating to the lack of permanent nursing, allied health care professional and medical staff. (Regulation 18(1))
- The trust must ensure respiratory consultants review their patients on the CCU. (Regulation 12(1))
- The trust must ensure there is sufficient medical staff with the relevant skills on duty at all times. (Regulation 18(1))
- The trust must ensure staff fully complete patient's records. This includes medical records, nursing records, patients' fluid balance records and patients' food intake records. (Regulation 17(2)(c))
- The trust must carry out a privacy impact assessment about the use of computerised patient's screens displaying patients' names in public areas of the wards. (Regulation (2)(c))
- The trust must ensure all medicines are stored at recommended temperatures. (Regulation 12(2)(g))
- The trust must make arrangements so patients own controlled drugs on the stroke are stored in a secure manner that reduces risk of medicine errors. (Regulation 12(2)(g))

Summary of findings

- The trust must ensure staff carry out and record controlled drugs balance checks. (Regulation 12(2)(g))
- The trust must ensure all staff know how to access computerised access medicine cupboards if there is a power supply failure. (Regulation 12(2)(g))
- The trust must ensure when medical staff alter patients' prescriptions, their tablets to take home are amended to ensure they have the correct medication at home. (Regulation 12(2)(b))
- The trust must ensure all staff report all incidents and near misses. (Regulation 12(2)(b))
- The trust must ensure learning from incidents is embedded into the management of incidents. (Regulation 12(2)(b))
- The trust must ensure that all patient incidents accidents that meet the RIDDOR reporting criteria are reported to the Health and Safety Executive. (Regulation 12(2)(b))
- The trust must take action in response to national and local audit findings in order to improve services and outcomes for patients. (Regulation 17(2)(a))
- The trust must ensure all staff receive an annual appraisal. Regulation (2)(a))
- The trust must ensure all staff complete an induction process when they commence employment at the trust. (Regulation 18(2)(a))
- The trust must ensure mental health and medical teams work collaboratively to meet the needs of mental health patients who also have physical illnesses. (Regulation 12(2)(i))
- The trust must continue to engage with transport providers to ensure effective and timely transfers to acute hospitals on the mainland when needed. (Regulation 12(2)(i))
- The trust must proactively support patients to live healthier lives by health promotion across all medical services. (Regulation 9(1))
- All staff must apply the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards in the provision of care and treatment to patients. This includes recording of assessments and delivery of care. (Regulation 11(1))
- The trust must plan and provide services to meet the collective and individual needs of patients living with dementia. (Regulation 9(1))
- The trust must plan and provide services to meet the needs of the growing elderly population on the Isle of Wight. (Regulation 9(1))
- The trust must ensure patient's care plans provide information in sufficient detail to support individualised care and treatment. (Regulation 9(3)(b))
- The trust must ensure patient discharges are carried out in a safe manner, including provision of informative discharge letters. (Regulation 12(2)(i))
- The trust must ensure staff follow the acute stroke pathway, with patients with a suspected stroke being admitted to the stroke unit rather than MAU. (Regulation 12(2)(b))
- The trust must continue to progress improvements with managing and responding to complaints. (Regulation 16(2))
- The trust must ensure learning from complaints is embedded into the management of complaints process. (Regulation 16(1))
- The trust must ensure all leaders have the skills and capability to carry their role. (Regulation 18(2))
- The trust must develop and embed a vision and strategy for the trust and services. (Regulation 17(2)(a))

Summary of findings

- The trust must continue to address the culture of the organisation. They must continue to address the culture of bullying still experienced in some areas of the service. They must take steps to ensure staff feel respected and valued by the organisation.(Regulation 17(2)(a))
- The trust must ensure governance processes are established and embedded in order to provide an effective and systematic approach to improvement of the service. (Regulation 17(2)(f))
- The trust must ensure effective management of risks. Risk registers must include all risks, the date the risk was identified and action taken to mitigate risks. (Regulation 17(2)(b))
- The trust must ensure data collected is accurate and used to support effective monitoring and improvements to the service.(Regulation 17(2)(a))
- The trust must continue to take action to improve the engagement of medical staff. (Regulation 17(2)(a))

Surgical services

The trust MUST ensure:

- There are sufficient number of suitably qualified, competent skilled and experienced staff to meet the needs of the service. This includes training in basic life support, advanced life support and advanced paediatric life support for appropriate staff. Regulation 18 (1)
- Staff receive support, training, professional development, supervision and appraisal to enable them to carry out their duties. This includes training in safeguarding, the Mental Capacity Act and end of life care. Regulation 18 (2)(a)
- Staff consistently assess and review patients' health risks, and deliver care to mitigate any risks. This includes using systems for detecting and responding to the deteriorating patient and following best practice guidance, such as safety checklists and standard operating protocols. Regulation 12 (2)(a)(b)
- Incidents, including deaths, are consistently reported and reviewed thoroughly to make sure actions are taken to prevent further occurrences. Regulation 12 (2)(a)(b)
- Medicines are stored and managed safely. They must be kept secure and controlled drugs must be checked regularly. Regulation 12 (2)(a)(g)
- Systems are established to ensure good governance, with effective data management and accurate records, to provide evidence and assurance. The systems should include carrying out regular audits to assess, monitor and improve performance and identifying and managing service risks to promote improvement. Regulation 12 (2)
- Patients are treated with dignity and respect by providing segregated toilet facilities where they do not need to pass through opposite sex areas. Regulation 10 (2)

Critical care

- Service leads must ensure that all staff complete mandatory training in relation to the Mental Capacity Act 2005. (Regulation 18 (2)(a))
- Senior staff must ensure effective management of beds in critical care to minimise both the number and length of mixed sex breaches. (Regulation 10(2)(a))

Maternity

Summary of findings

- Arrangements must be in place for the safe management of the birthing pool. This must include risk assessments and all necessary equipment for the safe removal of women and babies in an emergency. Regulation 12 (2) (a)
- Medicines must be managed safely at all times to include regular checks. Regulation 12 (2)
- Emergency resuscitation equipment must be checked and maintained safely and securely. Regulation 12 (2)
- Senior management in the maternity unit must develop a system of assessing risks and develop action plans to mitigate these risks. Regulation 17
- A review of staffing to ensure there are adequately trained staff at all times to deliver safe and effective care. Regulation 18 (1)
- Staff in the community must have access to results and women's records when providing care and treatment. Regulation 17(2)
- Medical staff must complete safeguarding training appropriate to their roles. Regulation 13(2)

Services for children and young people

- There must be sufficient numbers of suitably qualified, competent skilled and experienced staff to meet the needs of the service. Regulation 18 (1)
- The trust must ensure there are processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a)
- Develop a strategy for the service with clearly measurable outcomes to help drive the quality of service provision Regulation 17 (2) (a)
- The trust must ensure there is an agreed process for reviewing the service provision against national guidance.
- The trust must assess and mitigate environmental risks with the paediatric ward environment must improve safety. Regulation 15 (1c)
- Ensure compliance with mandatory training rates within services for children and young people.
- The children's unit must implement policies and protocols for children and young people for absconding or for restraint. Regulation 17 (2a)
- Patient records must be securely stored so as not to breach patient confidentiality and to prevent unauthorised access on the neonatal unit

End of life care

The trust MUST ensure:

- There is improved partnership working which leads to strategic planning and improvements in end of life care across the hospital and community. (Regulation 17(2)(a))
- Services are planned and delivered taking into account patients' needs and preferences. (Regulation 9(3)(b); 17(2)(e))
- There are key data and performance indicators it will collect and report to the board as a mechanism of assurance regarding end of life care. (Regulation 17(2)(a))
- The governance arrangements for end of life care are strengthened. (Regulation 17(2)(f))

Summary of findings

- There are processes for identifying patients at end of life, assessing and responding to patient risks and keeping them safe. (Regulation 12(2)(a)(b))
- Staff always obtain consent to care and treatment in line with legislation and guidance including the Mental Capacity Act 2005.(Regulation 11(1))
- The national standard set for mandatory training for all staff at the trust is implemented. (Regulation 18(2)(a))
- Staff follow the trust guidelines on the administration of medicine. (Regulation 12(2)(g))
- Staff have necessary competencies in the use of syringe drivers. The trust must also check that only staff who have completed the train-the-trainer programme deliver this training on the ward. (Regulation 12(2)(c))
- The trust investigates complaints and staff receive information on lessons learned. (Regulation 16(1))
- Appropriate referrals are made and sufficient and timely information provided, when end of life care patients are discharged from hospital. (Regulation 12(2)(i))
- Staff appropriately assess patients' needs and deliver the care planned in line with evidence-based guidance, standards and best practice. (Regulation 9(1)(3)(a)(b))
- It improves end of life services by investigating and share learning from incidents. (Regulation 12(2)(b))
- All staff receive an annual appraisal and regular supervision. (Regulation 18(2)(a))

Outpatients

The trust MUST ensure:

- That there are robust, well-established and effective leadership and governance processes in outpatients services. Regulation 17(2) (a) (b) (e) (f)

Diagnostic imaging

The trust MUST ensure:

- Learning from incidents is embedded into the management of incidents, and staff report all incidents and near misses. Regulation 12(2)(b)
- Staff responsible for reviewing diagnostic images, have the appropriate training and skills to do so. Regulation 12(2)(c)
- Staff receive safeguarding training that is appropriate to their role. Regulation 13(2)
- Ensure appropriate systems are in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a)
- Audits are completed fully to assess, monitor and identify actions to mitigate risk relating to the health, safety and welfare of patients. Regulation 17(2)(b)
- The trust must ensure completion rates for mandatory training across all staff groups meets the trust target. Regulation 18(2)(a)
- Duty of Candour is applied appropriately in line with legislation and all staff receive training in Duty of Candour requirements. Regulation 20(1)(2)(a)

Mental health services

Summary of findings

Acute wards for adults and PICU

The trust MUST

- Continue with the planned improvements for the seclusion room on Seagrove ward, to ensure it is fit for purpose.
- Ensure clinic rooms are appropriately checked, for example, to ensure expired medicines are appropriately disposed of, and equipment is available and accounted for.

Long stay or rehabilitation wards for working age adults

The trust MUST ensure that:

- Staff complete the identified mandatory training. (Regulation 18)
- Staff receive supervision and annual appraisals. (Regulation 18)
- Inpatients have access to psychological input from appropriately qualified staff. (Regulation 18)
- Staff record risk assessments at the appropriate time to ensure an up to date and contemporaneous record. (Regulation 12)
- Systems are in place for patients to manage their own medication. (Regulation 9)
- It measures and reviews patients' outcomes to improve the service. (Regulation 17)
- The staff are aware of audits of the service and any identified actions. (Regulation 17)
- There is a recognised discharge pathway recorded for patients and identify any delays to discharge. (regulation 9)

Wards for older people

The trust MUST ensure that:

- Shackleton ward has a dedicated female-only day room which male patients do not enter. (Regulation 10)
- Staffing is at a safe level on Shackleton ward and that running of electro-convulsive therapy clinics does not adversely affect all wards minimum staff levels. (Regulation 18)
- Staff follow post-rapid tranquilisation protocols. (Regulation 12)
- They comply with legislation around the seclusion of patients on the ward. (Regulation 12)
- The provider must ensure they comply with medicines management legalisation including the storage of controlled medicines. (Regulation 12)
- Staff are inducted, supervised and appraised. (Regulation 18)
- Staff apply the principles of the Mental Capacity Act and support patients to make decisions about their care. Patients must be cared for in the least restrictive way (Regulation 11)
- Patients can access fresh air. (Regulation 10)
- Patients have access to food and fluids (Regulation 14)
- Patients' records are stored securely. (Regulation 17)

Summary of findings

- When staff are in leadership positions, they are trained and supported to carry out their roles effectively. (Regulation 18)
- The privacy and dignity of patients on Shackleton ward is maintained, by addressing the windows. (Regulation 9)

Community based mental health services for adults of working age

The trust MUST:

- Ensure that staffing is at a safe level and that there is minimised reallocation of patients. (Regulation 18)
- Risk assessments are comprehensive and included in all patient care records. (Regulation 17)
- Crisis plans are included in patient records to ensure patients know what support to access in the event of a crisis. (Regulation 17)
- Ensure that patients on waiting lists are reviewed periodically and that there is oversight of patient risk and treatment. (Regulation 12)
- Ensure that there is oversight and safe management of medicines within the service. (Regulation 12)
- Care plans must be person centred and holistic and included in all patient care records. (Regulation 17)
- Ensure that those accessing the service for support with an eating disorder are provided with specialist support. (Regulation 12)
- Ensure that treatment provided is evidence based and relates to the planned care pathways set out in the standard operating procedure. (Regulation 12)
- Review the psychological provision for the service and the waiting lists for psychological therapies due to the extensive waits. (Regulation 18)
- Ensure that patients that don't attend appointments are followed up safely and appropriately. (Regulation 12)

Mental health crisis services and health-based places of safety

The trust MUST ensure:

- A suitable lone working protocol and security system is implemented in the home treatment team to support staff working in lone working situations. (Regulation 12)
- Further telephone lines are provided for the single point of access and home treatment teams. (Regulation 12)
- Suitably qualified staff are responsible for triaging crisis calls and the administrative staff are not responsible for screening crisis calls. (Regulation 18)
- The waiting time for patients to see a doctor in the single point of access service is reduced and patients are seen promptly. (Regulation 12)
- There is sufficient medical cover for the crisis service. (Regulation 12)
- Suitable out of hours cover is provided for the single point of access and home treatment team teams. (Regulation 12)
- Staff working in the crisis service, receive regular clinical supervision and this is documented and recorded appropriately. (Regulation 17)
- Individual risk assessments are completed routinely, fully and updated regularly for patients using the crisis service. (Regulation 12)

Summary of findings

- All staff working in the crisis service receive mandatory training in safeguarding, the Mental Health Act and the Mental Capacity Act. (Regulation 12)
- The crisis service monitor key performance indicators of the service to evaluate the referral to assessment times. (Regulation 17).
- Patients detained under section 136 of the Mental Health Act are assessed promptly within the timeframes specified in the Mental Health Act Code of Practice and within the trust policy. (Regulation 12).
- The section 136 policy is updated to reflect changes to the Code of Practice. (Regulation 17).
- The trust must ensure staff are supported to learn from incidents which have been reported. (Regulation 17)

Specialist community mental health services for children and young people

The trust MUST:

- Ensure that young people in crisis over the weekend period are assessed quickly. (Regulation 12)
- Continue discussions with commissioner's access to diagnosis and treatment for young people with autistic spectrum disorders and attention deficit hyperactivity disorder and ensure these young people have their needs met. (Regulation 17)

Community mental health services for people with a learning disability or autism

The trust MUST ensure that

- The electronics records system is appropriate for the service need. (Regulation 17)
- They are monitoring and supporting service users placed out of area in line with the national Transforming Care programme. (Regulation 12)

Community health services

Community health services for adults

The trust MUST ensure

- Improve monitoring, analysis and feedback of safety issues to the teams for improvement. Regulation 17 (2) (a)
- Undertake impact assessments for service changes, identify and implement actions to lessen risks. Regulation 17 (2) (b)
- Review the use of temporary staff to cover staff sickness and absence, ensuring that there are sufficient numbers of suitably qualified staff across all localities. Regulation 18 (1)
- Ensure that all staff receive mandatory training as stated by the trust and staff achieve competency in medicine administration. Regulation 18 (2) (a)
- Provide further skilled IT support to ensure that staff feel competent and supported to use the electronic system. Regulation 18 (2) (a) (b)

Summary of findings

- Staff are adequately trained in the new IT system and that patients' safety risk assessments are reassessed regularly. Regulation 12 (2) (a)
- There is a workload and dependency tool in use to ensure safe and appropriate care for patients. Regulation 12 (2) (b)
- The trust needs to undertake a detailed review of the culture of the community nursing team to assess the lack of perceived value attached to their roles by the senior nurses with the business unit. Regulation 17 (2) (e)
- That staff undertake training to fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Regulation 12 (2)(a)

Community health services for children, young people and families

The trust MUST ensure:

- All staff complete safeguarding training appropriate to their role. Regulation 18 (2)(a)
- Patient's clinical records are not duplicated and staff have access to clinical records in a timely manner. Regulation 17 (1)(2)(c)
- Historical paper clinical records are available on patients' electronic medical record. Regulation 17 (1)(2)(c)
- Staff adhere to infection control policies and procedures. Regulation 12 (1)(h)
- Services have adequate staffing to meet the needs of children, young people and their families. Regulation 18 (1)
- There is a robust competency framework in place for school nursing staff. Regulation 12 (2)(c)
- Medicines and medical gases are stored appropriately at all locations. Regulation 12 (2)(g)
- Prescription only medicines administered by the school nurse in special schools are authorised by a medical or non-medical prescriber. Regulation 12 (2)(g)
- All clinical incidents are reported and learning is shared across teams. Regulation 17 (1)(2)(b)
- The service develop an agreed set of quality metrics to measure the quality and safety of the service on an ongoing basis. Regulation 17 (1)(2)(a)
- All staff follow the correct protocol for escalating concern about a child who is deemed overweight or underweight on the national child measurement programme. Regulation 12 (2)(a)
- Learning from complaints is shared across teams Regulation 17(1)(2)(e)
- There is a vision and strategy for the service and this is communicated to all staff. Regulation 17 (1)(2)(f)
- There is a robust governance structure in place and there is oversight of all services within the children, young people's and families service. Regulation 17 (1)
- Risks are appropriately escalated and managed. Regulation 17 (1)(2)(b)

Ambulance services

Emergency and urgent care services

The trust MUST:

- Ensure compliance with NARU requirements.(Regulation 12(1))

Summary of findings

- Ensure staff have completed mandatory training in safeguarding (Regulation 13 (2))
- Develop a strategy for the service. (Regulation 17 (2) (a))
- Develop a workforce strategy to ensure sustainable staffing. (Regulation 18 (1))
- Ensure policies are up to date. (Regulation 17 (2) (a))
- Take action to replace CAD system. (Regulation 17 (2) (b))
- Ensure all staff have an appraisal and development plan. (Regulation 18 (1))
- Ensure all staff receive training in the Mental Capacity Act. (Regulation 18 (1))
- Improve response times when dealing with complaints. (Regulation 16(1)(2))
- Develop an audit programme. (Regulation 17 (2) (a))

Emergency operations centre

The trust MUST:

- Ensure there are processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a)
- Ensure systems are in place to assess, monitor and mitigate the risk relating to health safety and welfare of service users and other who may be at risk. Regulation 17 (2) (b)
- Ensure staff have completed mandatory training in safeguarding. Regulation 13 (2)
- Develop a strategy for the service with clearly defined objective and measureable outcomes. Regulation 17 (2) (a)
- Develop and implement a workforce strategy to ensure sustainable staffing. Regulation 18 (1)
- Ensure all policies are current and reflective of current national guidance. Regulation 17 (2) (a)
- Take action to ensure the service uses a current and effective computer-aided dispatch system. Regulation 17 (2) (b)
- Ensure all staff have an appraisal which includes discussion about further development and goals captured in a monitored development plan. Regulation 18 (1)
- Ensure all staff receive training in the Mental Capacity Act. Regulation 18 (1)

Patient transport services

The trust MUST:

Ensure there is an agreed process for reviewing the service provision against national guidance. *Regulation 17 (2) (e)*

Ensure staff receive safeguarding level 2 children training to support them in their role. Regulation 18 (2) (a)

Ensure there are processes to assess, monitor and improve the quality and safety of the service. *Regulation 17 (2) (a)*

Ensure systems are in place to assess, monitor and mitigate the risk relating to health safety and welfare of service users and other who may be at risk. *Regulation 17 (2) (b)*

Develop a strategy for the service with clearly measureable outcomes to help drive the quality of service provision
Regulation 17 (2) (a)

Summary of findings

Properly maintain equipment used in the service to ensure it remains safe for use. Regulation 15 (1) (e)

Action the trust SHOULD take to improve

We told the trust that it should take action to prevent it failing to comply with legal requirements in future, or to improve services. This action related to the core services and the trust overall.

Acute services

Urgent and emergency services

The trust SHOULD ensure that

- There is an objective process for the escalation of risks to the trust board.
- Patient privacy and dignity is maintained at all times.
- Patients are offered nutrition, including fluid, at regular intervals as appropriate.
- Staff are aware of and reflect current evidence based guidance when treating patients.
- Improvements are made following audits that identify deficiencies in treatment.
- Safety incidents are always recorded correctly and appropriate action taken.
- Serious incidents are thoroughly analysed with learning implemented in the correct services
- The children's treatment area is more securely separated from the adult environment.

Medical care services

- The trust should support all staff to include patients and their relatives in early discussions about discharge arrangements and processes.
- The trust should review its progress towards seven working across all services.
- The trust should consider inclusion of therapy staff in the MAU board rounds.
- The trust should, to support effective and timely discharge, consider involving occupational therapists in discharge planning prior to patients' being declared medically fit for discharge.
- The trust should continue to provide educational support for the nursing team on Compton ward to ensure all staff have the skills and confidence to provided care and support to medical patients.
- The trust should consider including detail about patients usual or required nutritional intake and the support they need opt eat and drink in assessments and care plans.
- The trust should consider using nationally recognised pain assessment tools to identify pain in patients with severe communication difficulties or living with dementia.
- The trust should consider using the national safety thermometer results to make changes to improve safety of patients.

Summary of findings

- The trust should consider realigning the out of hours and weekend work load in order to achieve equity of work for medical and surgical junior doctors.
- The trust should progress the implementation of a frailty pathway.
- The trust should consider innovative ways to recruit consultant geriatricians to ensure the needs of the local population are met.
- The trust should consider introducing a process to provide assurance to staff working on MAU that the blood gas analyser machine is in working order.
- The trust should consider introducing a process whereby the length of time it takes for maintenance requests to be completed are monitored.
- The trust should consider reviewing the emergency trolley checking process in order to have assurance that all equipment required is available on the trolley.
- The trust should take action to promote staff adherence with catheter insertion, catheter care and hand hygiene practices.

Surgical services

The trust SHOULD

- Maintain an accurate log of equipment and its servicing.
- Provide facilities that better meet the needs of people living with dementia

Critical care

- All patient records should be easy to access by all patients at all times.
- Doctor's handwriting should be legible.
- Safety thermometer results should be routinely shared with all staff, patients and visitors.
- Service leads should progress plans to implement an ICU follow up clinic.
- Service leads should formalise the role of allied health professionals (AHP) to ensure that critical care patients are appropriately prioritised.
- Service leads should recruit to the role of Clinical Nurse Educator.
- Service leads should establish a clear written vision and strategy for the service.
- The risk register should fully reflect all of the risks identified within the unit, including where the service is not meeting national standards.

Maternity

The trust SHOULD

- Ensure equipment is clearly identified as clean and ready for use. To include a regime for cleaning the birthing pools and indicating when equipment is ready for use.
- Review the processes for adding safeguarding flags to electronic systems used within the trust.

Summary of findings

- Implement a robust audit programme to ensure compliance against guidelines, these are routinely monitored and action plan developed.
- There is a system to review complaints and trends are monitored to effect learning and outcome of investigations are shared with the staff.
- Records are maintained securely and bound to prevent these being lost, mislaid and are available when required.
- Staff receive regular supervision and appraisals of their practices.
- The trust must develop systems to support fresh eyes and five steps to safer surgery compliance.
- The bereavement room's facility should be reviewed to provide a homely and comfortable accommodation for women and family members.
- System to provide real time status of at risk woman and follow up of these women and babies.
- A review of the reception staffing to prevent unauthorised access to the maternity unit

Services for children and young people

- Medicines should be managed and stored safely in all services.
- The trust should provide a safe environment for children to be seen in the adult outpatient departments.
- The NNU should ensure their essential safety equipment is regularly checked with documentation as evidence.
- The children's and neonatal unit should have robust processes for identifying and monitoring risks.
- The children's unit should use an acuity-staffing tool for establishing staffing figures when completing the staffing rota on the children's unit.
- The neonatal unit should review reception staffing to prevent unauthorised access to the unit.
- The trust should consider how they can locally support children with a diagnosis of children and young people with Autism.

End of life care

The trust SHOULD ensure:

- Staff raise safeguarding concerns when they occur.
- The National Institute of Health and Care Excellence (NICE) guidelines for consultants in palliative medicine are met.
- Staff undertake an audit of the quality of information in the priorities of care plans.
- The implementation of a structured handover process between district nurses and the community practitioner.
- A pain assessment tool is implemented.
- Staff identify people in the last 12 months of their lives who would need extra support.
- There are appropriate systems to monitor the outcome of care and treatment for end of life patients.
- The service establishes relationships with the various voluntary and community groups to help meet patients' individual needs.

Summary of findings

Outpatients

The trust SHOULD ensure:

- That mandatory training is completed by all staff.
- That there is regular training for staff in the subject of mental capacity, dementia and duty of candour.
- That all staff working in outpatients have yearly appraisals.
- That clinic waiting areas are fit for purpose.
- That there is a clear process for providing feedback and lessons learnt from complaints and incidents to all staff working in outpatients.
- Managers have the right skills, experience and training to manage outpatient services effectively and efficiently.

Diagnostic imaging

The trust SHOULD ensure

- Recruitment of radiologists takes place in order to provide a sustained safe service.
- Staff undertake a full programme of local audits to ensure quality improvements are identified and actioned.
- Best practice and learning is shared across the whole service.
- Review arrangements in the patient waiting area in the main department to allow for improved privacy and dignity for in-patients.
- Service leaders should review the risks in the service and ensure systems are in place to assess, monitor and mitigate such risks.

Mental health services

Acute wards for adults and PICU

- The trust should ensure that the provision of psychologists and psychological therapies are available to patients.
- The trust should ensure that staff members have access to training in line with the trust's policy in particular Mental Capacity Act and resuscitation training. .
- The trust should continue to embed learning and practice about the rapid tranquilisation practices as prescribed by National Institute of Clinical Excellence guidelines.
- The trust should ensure that all patient care plans are recovery orientated.

Long stay or rehabilitation wards for working age adults

- The provider should offer a separate lounge for female patients.
- The provider should ensure that confidential information is not displayed in areas accessed by patients.
- The provider should ensure staff are able to approach their line managers with concerns.
- The provider should ensure all patients are aware they can access drinks 24 hours a day.

Summary of findings

- The provider should ensure all patients can make a private phone call.
- The service should have access to spiritual support for patients that cannot leave the service.
- The provider should encourage patients to give feedback about the service.
- The provider should monitor delayed discharges at a core service level.

Wards for older people

- The provider should ensure that patients' risk assessments are routinely updated following an incident.
- The provider should embed a restrictive intervention programme.
- The provider should ensure there is a restrictive practice intervention programme in place.
- The provider should ensure that incidences of physical intervention are recorded on the trust incident recorded system as well as in the patients' progress notes.
- The provider should ensure they are following national guidance including guidance from the National Institute for Health and Care Excellence.
- The provider should ensure that information about how to complain is publically available on Shackleton.
- The provider should ensure that clinical practice is audited to evaluate and improve practice.

Community based mental health services for adults of working age

The trust SHOULD:

- Ensure that specialist training is available for staff.
- Ensure that informal complaints are reviewed locally to monitor for trends.

Mental health crisis services and health-based places of safety

- The trust should ensure that patients seen by the home treatment team have a copy of their care plan.
- The trust should ensure that patients' views and wishes are included in collaborative care plans.
- The trust should ensure there is adequate psychological input into the home treatment team.
- The trust should ensure all handover meetings in the home treatment team discuss the full caseload to enable staff coming onto shifts later in the day to be aware of the risks and assessments of all patients on caseload.
- The trust should ensure better working arrangements are established with the crisis service and CMHT to facilitate discharge to the community mental health teams
- The trust should continue to ensure the Section 136 assessment suite is refurbished
- The trust should ensure every patient who is assessed by the crisis service has a completed core assessment on the electronic care notes system.
- The trust should ensure the home treatment multi-disciplinary team is configured of a wide skills mix of staff to meet patient needs.

Summary of findings

Specialist community mental health services for children and young people

- The trust should ensure that the premises are made safe so children and young people do not have access to knives.
- The trust should ensure all complaints are investigated including those made verbally.
- The trust should ensure all staff receive sufficient regular one to one managerial supervision.

Community mental health services for people with a learning disability or autism

- The provider should ensure provide alternative contact numbers for the clinic to service users and their carers
- The provider should provide staff with MHA training.
- The provider should ensure that support is provided to resolve conflict between staff.
- The provider should ensure that clinical information within the electronic notes is stored in the correct place and is easy for staff to find.
- The provider should ensure that staff receive and document regular management supervision.
- The provider should ensure that safeguarding training is available for staff and that staff complete the training.
- The provider should ensure that they involve staff in the transformation plan.

Community health services

Community health services for adults

The trust SHOULD ensure

- That risk assessments of fasting diabetic patients needing blood tests are undertaken to fast track them through the phlebotomy service in community clinics.
- Ensure that equipment is organised safely in all locality bases.
- Ensure that the new electronic paper record undertakes audits and staff are engaged with identifying if improvements are needed.
- Review the lack of 'short term' patient assessments and care plans on the new system.
- Review the practice and educate clinic staff in preventing cross infection.
- Review the interaction arrangements for different IT systems in use.
- MDT reviews are set up for community patients.

Community health services for children, young people and families

The trust SHOULD ensure:

- All staff complete mandatory training appropriate to their role.
- Staff have access to patient records while undertaking their duties in community locations.

Summary of findings

- All staff receive an annual appraisal
- Information is available for children and families on how to make a complaint
- Services use feedback from children, young people and their families to improve services.
- Children and young people in the occupational therapy service receive timely access to care and treatment.

Ambulance services

Emergency and urgent care services

The trust SHOULD:

- Gather feedback from patients and public to improve the quality of the service.
- Ensure there are opportunities for staff to develop in the service.
- Ensure staff have access to further training.
- Develop ambulance specific policies.
- Look at ways to utilise all available vehicles.

Emergency operations centre

The trust SHOULD:

Gather feedback from patients and public to improve the quality of the service

Ensure there are opportunities for staff to develop in the EOC.

Ensure staff have access to further training.

Develop a rest break policy for staff in the EOC.

Ensure there is a system for the sharing of learning from complaints.

Patient transport services

The service should develop key performance indicators to allow for the review and development of service provision

Learning from incidents should be shared with staff to minimise the risk of reoccurrence

The service should ensure full induction procedures are completed for new members of staff.

Complaints should be responded to in line with the provider's complaints policy and procedure.

The service to comply fully with the Accessible Information Standards ensuring all persons who experience difficulties communicating can receive additional support

Review succession planning processes to ensure positions of leadership are not left vacant

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.

We found there clear signs of recovery and improvement since our inspection in November 2016 and there was growing momentum. However this recovery was starting from a very low base and, despite some elements of outstanding leadership from the senior team, it was too early for the overall rating to change. Our rating of well-led at the trust has stayed the same.

We rated well-led at the trust as inadequate because:

- The new trust Chair and chief executive (CEO) were at the start of building an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. The Chair had successfully appointed high calibre non executive directors but they were very new into role, and some had not begun. The CEO had been substantive for three months and the executive directors were new into post and/or interim. Leadership development and succession planning for the Board and all levels of the trust was needed. Not all leaders at all levels of the trust had the necessary experience, capacity and capability to lead effectively and make a demonstrable impact on the quality and sustainability of services. There was a lack of clinical leadership across services and leadership training was not embedded. Competency based recruitment to lead roles in the new organisational structure was planned but would not begin until executive director posts were filled.
- The trust senior leadership team had recognised the urgent need to identify shared strategic priorities with stakeholders and partners. At the time of the inspection there was not a shared understanding of the vision of the trust as provider of integrated services, supporting high quality care, in the context of health and social care across the island and mainland. Some strategic plans had started for individual services but a credible trust strategy, aligned with plans in the wider health economy, was urgently needed along with robust enabling strategies to support sustainable delivery. In the absence of a clear vision and strategy staff were unclear as to the future of services and how it related to their daily roles. The immediate focus and priorities for staff were described in the "Integrated Improvement Framework" (IIF).
- The senior team understood the importance of a positive culture that supported and valued staff and created a common purpose of high quality patient care based on shared values. They were committed to making improvements but were at the very start of the huge amount of work needed to create the culture needed to support high quality sustainable care. There were some early signs of change and 'hope', but this was not yet evident across all levels and areas of the trust. Low levels of staff satisfaction, high levels and work overload persisted. There were areas of silo working and the culture tended to be defensive when under pressure. Not all staff felt respected, valued, supported or appreciated, particularly those from ethnic minorities. There was insufficient attention to staff development, appraisals took place inconsistently and /or were not high quality.
- There were serious shortfalls in the governance arrangements across all levels of the trust. There was not a systematic approach to governance and performance management, to support continual improving quality of services and standards of care, at all levels and areas of the trust. The trust had recently developed a governance structure to give clear responsibilities, roles and systems of accountability. This, along with strategic quality objectives, was still being developed and was not yet fully implemented or embedded. Improvements were needed in governance of the Mental Health Act and Code of Practice.

Summary of findings

- The trust did not have effective systems for identifying, assessing and planning to eliminate or reduce risks. Some systems were starting to develop but there were serious defects in the management of risks, issues and performance across all areas and levels of the trust. Financial challenges were starting to be managed but remained a risk.
- There were significant issues and risks in information management across the trust a lack of strategy and historical under investment. Performance and quality monitoring information was often inaccurate, unreliable or out of date. There was inadequate access to and challenge of performance by leaders and staff, particularly at service level. Finance and quality management were not integrated to support decision making across all areas and the trust could not demonstrate that financial resources were being used optimally to manage quality and safety risks.
- The information technology and wide range of patient records systems were not all fit for purpose. The inadequate access to information by relevant staff created a risk to patient care. There were significant gaps in information governance, and the systems and processes for the management and sharing of data.
- There was a limited approach to engaging patients and the public in planning and managing services. The trust collaborated with partner organisations on the island much more effectively since the arrival of the new CEO and senior team. They contributed to an increasing island wide approach to developing services for the population. This effectiveness of working needed to extend to other partner organisations on the mainland, to address the significant challenge of ensuring sustainable services to meet the needs of island patients. The trust also had considerable work to do to improve engagement with staff, particularly clinicians, in achieving improvements in services and shaping future services for the island.
- There was minimal evidence of learning and reflective practice across the trust. Systems to improve the review of serious incidents, complaints and deaths were at the early stages of development. There had been a lack of investment in improvement skills and systems at all levels of the trust. Staff did not always recognise that improvements were needed, or improvement actions were not followed through. There had been insufficient pace in the implementation of quality improvement plans at CBU and service level, although recent review had clarified key priority areas of focus.

However:

- The CEO demonstrated exceptional leadership skills. She was recruiting a skilled senior team who shared her conviction, commitment and focus on high quality patient care. There was understanding of the huge challenge ahead but there was now potential for significant improvements across the trust.
- The CEO had driven improvements in partnership working across the island. The trust had recently led a good quality process, with notable levels of internal and cross-island partner engagement, to generate a realistic strategic options analysis for future services.
- The trust now complied with the Fit and Proper Persons (directors) regulation. Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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
Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Inadequate Jun 2018	Inadequate Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018
Community	Inadequate ↓ Jun 2018					Inadequate ↓ Jun 2018

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 St Mary's Hospital

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

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement ↑ Jun 2018	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Requires improvement ↔ Jun 2018
Community health services for children and young people	Inadequate ↓ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↓ Jun 2018

*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.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↑ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018
Wards for older people with mental health problems	Inadequate ↔ Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018
Community-based mental health services for adults of working age	Inadequate ↔ Jun 2018	Inadequate ↔ Jun 2018	Good ↑ Jun 2018	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↔ Jun 2018
Mental health crisis services and health-based places of safety	Inadequate Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018
Specialist community mental health services for children and young people	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Community mental health services for people with a learning disability or autism	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018

Overall ratings for mental 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.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement ↑ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↔ Jun 2018	Requires improvement ↑ Jun 2018
Patient transport services	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2017	Outstanding ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Emergency operations centre	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Inadequate ↔ Jun 2018	Requires improvement ↔ Jun 2018

Overall ratings 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 primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
111 service	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Inadequate Jun 2018	Requires improvement Jun 2018
GP Out of Hours	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Inadequate Jun 2018	Requires improvement Jun 2018