

# Leeds Teaching Hospitals NHS Trust

## Inspection report

St James's University 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?

Outstanding 

Combined quality and resource rating

Good 

# Summary of findings

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

The Leeds Teaching Hospitals NHS Trust was established as an NHS trust in 1998 following the merger of United Leeds Teaching Hospitals NHS Trust and St James' and Seacroft University Hospitals NHS Trust. Leeds Teaching Hospitals NHS Trust is among the largest NHS trusts in the United Kingdom, serving a population of approximately 780,000 in the Leeds area and over 5 million in the surrounding areas of West Yorkshire.

The trust operates from seven locations providing a variety of services at each:

- St James' University Hospital
- Leeds General Infirmary
- Chapel Allerton Hospital
- Leeds Dental Institute
- Seacroft Hospital
- Wharfedale Hospital
- Leeds Children's Hospital

The trust currently provides over 2000 inpatient beds, 453 day-case beds and 504 outpatient clinics per week. The trust employs approximately 17,900 staff. From August 2017 to July 2018 there were 169,639 inpatient admissions and 1,207,911 outpatient admissions at the reporting locations of Chapel Allerton Hospital, Leeds General Infirmary, St James' University Hospital and Wharfedale Hospital. During the same period there were 8,928 babies delivered at the trust and 222,803 accident and emergency attendances.

Trust services are commissioned by Leeds Clinical Commissioning Group (CCG). The trust works in partnership with the local authority and the local mental health trust.

The CQC has carried out a number of inspections of the trust; the last comprehensive inspection of the acute services was in March 2014 with further focused inspections carried out in May 2016 and December 2017. We rated effective, caring, responsive and well led as good, safe was rated as requires improvement. We rated the trust as good overall.

## Overall summary

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

## What this trust does

The Leeds Teaching Hospitals NHS Trust provides a range of acute hospital based inpatient and outpatient services to a population of almost 6 million people across Leeds and the surrounding areas.

The trust has 2113 inpatient beds across its seven sites and operates 504 outpatient clinics per week. The trust employs approximately 17,900 staff.

The trust operates from seven hospital sites:

# Summary of findings

- St James' University Hospital
- Leeds General Infirmary
- Chapel Allerton Hospital
- Leeds Dental Institute
- Seacroft Hospital
- Wharfedale Hospital
- Leeds Children's Hospital

We inspected surgery, urgent and emergency care, medical care and critical care. Additionally, we inspected dental surgery services at Leeds Dental Institute.

## 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.

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 stayed the same. We rated it as good because:

- We rated effective, caring, responsive and well led as good, safe was rated as requires improvement. All five domains remained at the same rating from our inspection in 2016.
- 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.
- We rated well led for the trust overall as good. This was not an aggregation of the core service ratings for well led

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 –

# Summary of findings

## Are services safe?

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

The trust did not always have appropriate numbers of staff to ensure that patients received safe care and treatment within some services. This resulted in some patients who had been assessed as requiring additional supervision not receiving an adequate level of care.

- Effective infection prevention and control protocols were not consistently followed on all wards and theatres; we had concerns about the number of healthcare acquired infections in surgical services at St James' hospital.
- Environments in some services were compact and cluttered with variable results in hand hygiene compliance audits. We observed some examples of poor hand hygiene compliance and failure to use the appropriate personal protective equipment.
- We observed that the mental health assessment room did not meet recommended standards and that staff understanding of mental capacity and consent was variable.
- Several mandatory, safeguarding and resuscitation training modules had compliance rates below the trust target, particularly for medical staff.
- Patient records and hazardous substances such as cleaning products and alcohol gels were not always stored securely. This was highlighted in previous inspection reports

However:

- During handovers of patients and at safety huddles, staff identified risk and managed it; nationally recognised tools such as national early warning score (NEWS) were used to monitor for deterioration in patient's conditions.
- Patient observations and records were comprehensive. Risk assessments were completed and highlighted for escalation or review where appropriate.
- There were clear procedures in place for the management of major incidents at the trust.
- Services we inspected had appropriate escalation policies, guidance and care pathways in place.

## Are services effective?

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

- The trust participated in local and national audits to improve patient outcomes. Audit results were used to benchmark and compare with other trusts locally and nationally.
- Screening processes for sepsis and delirium were well-embedded.
- We saw evidence of strong multi-disciplinary team working.
- The nutritional and hydration needs of patients were well attended to across most services.
- Policies, procedures and pathways were based upon national guidance.

However:

- Patient outcomes in a number of audits such as surgical readmissions rates were higher than the England average.
- Staff understanding of mental capacity was variable across services and documentation around decision making was not always in place.

# Summary of findings

## Are services caring?

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

- We found staff to be polite, respectful and professional across services.
- Staff responded to patients physical and emotional needs in a compassionate and timely manner, involving relatives and carers where appropriate.
- Results from the Friends and Family Test were positive and based upon a higher than average completion rate.
- Patient's privacy and dignity were well protected in most services.

However:

- We were concerned that privacy and dignity were not always maintained in the emergency department and the minor injuries unit due to the layout of the departments.

## Are services responsive?

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

- There were effective systems in place to respond to complaints with learning and changes to the service being made in response to feedback from patients.
- The trust worked with commissioners, external providers and local authorities to plan and provide services to meet the needs of local people.
- Since our last inspection we observed that a standard operating procedure for out of hours surgery was in place for urgent procedures.
- The trust's 18-week referral to treatment time (RTT) for admitted pathways for surgery was similar to or better than the national average.
- The trust's number of bed days with a delay of more than eight hours on the general ICU was better than that of similar units and the number of delays had reduced significantly since the last inspection.

However:

- Whilst there were systems in place to respond to complaints, some services were not timely in their response.
- There were limited facilities in some services to support carers and families, such as washing and showering facilities.
- Average length of stay for medical non-elective patients was higher than the England average.

## Are services well-led?

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

- Clinical service units had cohesive, visible and approachable local leadership teams.
- Staff generally reported a positive culture with good team working and a variety of opportunities to share information, learning and concerns.
- Trust values and vision ("The Leeds Way") was strongly embedded with staff across services and locations.
- Each CSU had a bespoke clinical business strategy outlining key quality measures, current performance and a vision for service delivery.

# Summary of findings

- There was strong evidence of stretch and challenge in critical care to achieve the highest standards of care for patients.

However:

- Whilst staff morale was generally good, some services reported that concerns around nurse staffing had impacted upon morale.
- The trust did not always have sufficient oversight of some compliance measures such as VTE risk assessment and deviations in WHO surgical safety checklists.

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## 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

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

## Areas for improvement

For more information, see the Areas for improvement section of this report.

## Action we have taken

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.

## Outstanding practice

We found the following areas of outstanding practice during our inspection:

Urgent and emergency care:

- The 'Listening Ears' initiative, an anonymous telephone helpline set up and run by staff to support their colleagues, had been nominated for a Nursing Times award and was being implemented in other CSUs within the trust.

Medical care:

- Staff commitment in undertaking additional activities and improvements to ward areas. These included staff completing charity walks and providing used clothes for patients to use.
- The introduction of Bexley Boutique and improving facilities for patients to be cared for in hospital.
- The trust had devised alternative methods to reduce patients admitted to hospital. These included a frailty unit and virtual wards.

# Summary of findings

## Surgery:

- The trust worked with a variety of high profile industrial and academic partners, to deliver high quality research and surgical technology and innovation. In 2017 to 2018, the trust was the second highest recruiting NHS Trust in England for clinical research.
- Since our last inspection, a multidisciplinary 'New Interventional Procedures Group' had been created to provide the trust with assurance that new procedures involving either an implantable medical device or a new interventional procedure are safe, effective and affordable. Applications approved in past two years included: use of new orthopaedic joints to give patients greater stability and range of movement; robot assisted gynaecological, urological and thoracic surgery; insertion of biodegradable stents for frail patients with bile duct blockage; a bench top incubator for preserving livers before transplantation; and various cardiac implants and invasive techniques for patients with conditions that would otherwise have been rapidly fatal.
- The trust's milestone 1000th Transcatheter Aortic Valve Implantation (TAVI) procedure took place in 2017; and the trust is one of the largest centres nationally for the procedure. Since our last inspection, the first nurse-led sedation for TAVI had taken place at the trust. The procedure was performed without an anaesthetist or operating department practitioner in the room. Leeds has the highest survival rates amongst patients undergoing the TAVI procedure, both in the immediate period post-surgery and longer-term.
- Aortic aneurysm repair is undertaken to prevent aortic rupture, an event that is nearly always fatal. Traditionally, this has required a major open operation with a 5-10 day post-op hospital recovery. The trust celebrated completing their first day-case aortic aneurysm repair in 2018, using endovascular aneurysm repair (EVAR); a procedure which uses image guidance to re-line the aorta from the inside.
- The trust is the largest solid organ transplant centre in the UK, and had a record year of liver transplants in 2017/18. In the last year, the surgical team completed 175 liver transplants and started the 176th just before midnight on 31 March 2018.
- In mid-2017, staff within surgical services at the location successfully carried out the first double hand transplant in the UK; replicating the operation again in September 2018.
- The national emergency laparotomy team had won the national Perioperative and Surgical Care Award for improving care for emergency laparotomy patients (July 2018); and had been shortlisted for the Nursing Times 2018 Awards 'Surgical Care' category (to be announced October 2018).
- Clinicians based at the location collaborated with the Surgical Robotics and Technologies department at Leeds University; which was formed to develop and push the boundaries of robotic endoscopy and robotics surgery. As part of this collaboration, they are the only research group in the north of England and outside London to have access to a da Vinci Surgical Robot to be used for technology-oriented research.

## Critical care:

- The service had developed sepsis 'grab bags' which contained equipment to implement the sepsis bundle.
- The service had played a significant role in the development and implementation of safety huddles. They had been nominated for national awards and were supporting other trust with their implementation of safety huddles.
- The service had adapted clinical emergency medicine books (CEM books), typically used in accident and emergency departments. This live system enabled the service to look at the demands within their department, share this information and make better informed decisions. This supported consistent and risk based decisions in relation to staffing and patient flow within critical care.

# Summary of findings

- The service had made significant progress with the critical care elements of NICE CG83 rehabilitation after critical illness. Key to this was the development of a rehabilitation team and a holistic patient pathway.
- The service was proactive in seeking patient feedback. They had developed a number of ways of seeking patient feedback to inform and improve their services.
- The service had been able to embed the importance of the psychological needs of patients into all aspects of care delivery.
- The service had implemented a patient flow team who inputted to CEM books. This team released time that unit coordinators would have spent looking at staffing and bed availability. Since the last inspection there had been a significant improvement with access and flow through the department.
- There was a strong focus on the well-being of staff. There were a number of incentives to show staff they were valued and appreciated. The service also employed a psychologist to provide support for staff.
- The service had a strategy that was truly patient focused and recognised the value of the staff within the service.

## Dental:

- Staff at the Leeds Dental Institute proactively pursued opportunities to improve patient outcomes. These included the use of three dimensional scans to create stents which were used during surgery. These reduced the surgery time, recovery time and improved the aesthetic outcome of the surgery.
- The service was involved in national research projects. For example, they were involved in a clinical trial looking into the effectiveness of hyperbaric oxygen for the prevention of osteoradionecrosis and about to commence trials of the effectiveness of low-level laser therapy for preventing or treating oral mucositis caused by radiotherapy.
- The service had a dedicated maxillo-facial prosthetic laboratory. They worked closely with the medical imaging department to take detailed pictures of a patient's eye if a prosthesis was needed to replace the other eye. They used modern digital technology to print highly realistic prosthetic eyes for use in maxillo-facial prosthesis.
- Multidisciplinary team working was well imbedded within the culture of the service. We were told about a joined-up approach between the orthodontic and paediatric departments where they carried out premolar transplantation. Results of this work had been published in dental journals.
- The service had introduced a "one stop" minor oral surgery clinic. The clinic was reserved for patients with two or fewer comorbidities and in line with guidance set out by the National Institute for Health and Care Excellence. This clinic offered an assessment and treatment at the same appointment. This reduced the need for multiple visits. This had helped reduce the waiting list.
- One of the oral medicine consultants was involved in the development of the local managed clinical network (MCN) for oral surgery, oral medicine and maxillo-facial surgery. This MCN had been instrumental in the development of a new referral pathway for oral medicine. They had produced a quick and a full referral guide to assist primary care dentists in deciding the most appropriate pathway to refer the patient.
- The service contributed to innovative research projects. One project namely "Don't smile" was an innovative approach using theatrical performance to disseminate research to at-risk seldom-heard adolescents in areas of social deprivation and high oral health inequality. The purpose of this was to test whether theatre may impact knowledge, allow debate and improve oral health awareness in at risk adolescents. As a result of this project, students at a local secondary school were keen to become involved in providing oral health education and tooth brushing instruction with help from final year undergraduate dental students to primary school children at their school.



# Summary of findings

## 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:

Urgent and emergency care:

- The trust must continue to work to improve performance targets within the emergency department. Regulation 12(2).
- The trust must ensure that a safe environment is provided for patients with mental health needs. Regulation 12(2).
- The trust must ensure there are sufficient numbers of suitably skilled, qualified and experienced staff at all times, in line with best practice and national guidance, and taking into account patients' dependency levels. Regulation 18(1).
- The trust must ensure that mandatory training compliance, including safeguarding training, meets the trust standard. Regulation 18(2).
- The trust must ensure that patients can safely access the minor injuries unit, and that there is clear signage to the department. Regulation 15(1).
- The trust must ensure that patients' privacy and dignity is not compromised in any areas of the emergency department and minor injuries unit at St. James's University Hospital. Regulation 10(2).

Medical care:

- The provider must ensure that staff meet the trust target for compliance with mandatory training, safeguarding and mental capacity act training. Regulation 18(2)
- The trust must ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. In particular the correct staffing levels provided to patients who have been identified as requiring enhanced care such as one to one or cohorted care. Regulation 1 (1)
- The trust must ensure that hazardous substances are securely stored. Regulation 12(1).
- The trust must ensure that records are securely locked and stored including records stored on computers. Regulation 17(2)
- The trust must ensure that the number of patients moved after 10pm is reduced. Regulation 12(1)
- The trust must ensure that appropriate patients are moved to non-medical or different speciality areas. Regulation 12(1)
- The trust must review the clinical decision unit to identify whether the unit is designed to meet the needs of patients waiting for long periods of time before an admission to medical wards. Regulation 12(2)

Surgery:

- The trust must ensure that at all times and across all services there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. Regulation 18(1)

# Summary of findings

- The trust must ensure that mandatory training figures including advanced resuscitation and safeguarding training meets their required levels. Regulation 18(2)
- The trust must ensure all aspects of the WHO checklist are followed, in particular the team brief and de-brief components. Regulation 12(2)
- The trust must ensure that hazardous substances are securely stored. Regulation 12(1)
- The trust must ensure that records are securely locked and stored. (Regulation 17 (2))
- The trust must ensure infection prevention and control (IPC) protocols are consistently followed on wards and in theatres. Regulation 17(2).
- The trust must continue to monitor the types and acuity of patients admitted to the David Beevers day unit, and clarify the maximum number of patients to be housed there, in line with IPC guidance. Regulation 12(1)

## Critical care:

- The trust must ensure sharps disposal bins are not overfilled in line with best practice guidance. Regulation 15(1)

## Action the trust SHOULD take to improve

We found 38 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

## Urgent and emergency care:

- The trust should continue to work towards improving ambulance handover times.
- The trust should ensure that when patients enter the emergency department they are assessed as soon as possible by a clinician.
- The trust should ensure that patients receive treatment in a timely manner, in line with trust policy and national guidance.
- The trust should ensure that patients are admitted, transferred or discharged within four hours of arrival in the emergency department, in line with the emergency care standard.
- The trust should improve RCEM audits and action plans, and aim to achieve the required standards.
- The trust should aim to reduce the numbers of unplanned re-attendances and patients leaving the department before being seen.
- The trust should ensure timely closure of complaints, in line with trust policy.
- The trust should ensure that outstanding incident reports are responded to.
- The trust should ensure that patients are able to access information in different formats and languages.

## Medical care:

- The trust should continue to audit infection control and hand hygiene techniques.
- The trust should continue to improve the compliance of whether patients at high risk of falls had an enhanced care risk assessment completed.
- The trust should ensure that the compliance rates for nutrition and hydration improve to an appropriate level.
- The trust should continue to improve national audits in particularly the National Inpatient Falls audit.

# Summary of findings

- The trust should ensure that patient's mental capacity and decision making around mental capacity is recorded.
- The trust should ensure that the process for DoLS applications and information are stored in the same place across the wards.
- The trust should continue to reduce the length of stay.
- The trust should ensure that complaints are closed within the trusts allocated timeframe.
- The trust should ensure that CSU governance meetings are reflected between all the CSU and contain the same information.

## Surgery:

- The trust should review VTE risk assessment within 24 hours of admission compliance, and ensure performance is robust across surgical service areas.
- The trust should review and monitor surgical site infection (SSI) rates within spinal surgery services; and work to improve these.
- The trust should work to reduce the number of healthcare acquired infections (HCAI) in surgical services.
- The trust should ensure complaints are investigated and closed in a timely manner, in line with their policy.
- The trust should review outliers in the surgical bed base, and ensure that appropriate patients are moved to surgical wards.
- The trust should ensure that when medicine fridges are found to be out of range, staff adhere to guiding actions outlined in trust policy.
- The trust should consider developing risk management strategies for CSUs and / or surgical specialities.
- The trust should continue to monitor risk of readmission rates, excess mortality outliers, and patient outcomes from national audits; and work to improve performance.
- The trust should continue to monitor the proportion of cancelled operations, 18-week referral to treatment times, and length of stays; and work to improve performance.
- The trust should ensure that the (draft) mixed sex accommodation policy is implemented, and procedures to avoid mixed sex accommodation breaches are embedded in the service.
- The trust should monitor surgical assessment unit capacity, and ensure that patients do not wait for extended periods to be triaged, assessed by a doctor and be admitted to the unit, where appropriate.
- The trust should ensure that governance meetings are consistently recorded between CSUs.
- The trust should display information for relatives and patients that information leaflets are available in languages other than English.

## Critical care:

- The trust should ensure plans to provide washing and toilet facilities for patients on L08 are progressed and consideration is given to mixed sex accommodation.
- The trust should continue to work to increase the number of staff with a post registration award in critical care nursing to meet GPICS recommendations.
- The service should work to increase the level of specialist pharmacy input in line with GPICS standards.

# Summary of findings

- The trust should ensure monthly checks of the difficult airway trolley on ICU are undertaken in line with trust policy.
- The trust should ensure resuscitation training for medical staff meets trust targets.
- The trust should continue to work to reduce the number of unit acquired infections in blood.

## Dental:

- Improvements could be made to the process for reducing the risk of Legionella developing in the dental unit water lines and for ensuring that water temperature testing is regularly carried out.
- Review the process for ensuring staff are up to date with the mandatory training for resuscitation and safeguarding at the correct level.

## 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 rated well-led at the trust as good because:

- The leadership, governance, and culture at Leeds teaching hospitals were used to drive improvements and deliver high-quality person-centred care. The board and senior leaders had experience, capacity, capability, and integrity to ensure that the strategy could be delivered and risks to performance addressed.
- Leaders at every level were visible and approachable. Comprehensive leadership strategies were in place to ensure and sustain delivery and to develop and maintain the culture. There were clear embedded priorities for ensuring sustainable, compassionate, and effective leadership in the form of a talent and leadership development strategy. The people strategy outlined leadership development methods at a range of levels.
- There was a strong sense that leaders worked collectively and collaboratively. Non-executive directors felt well informed and trusted. Executives and non-executives were engaged, enthusiastic, and proud of the staff and the trust.
- The executive team and board were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and were taking action to address them.
- There was a clear vision and collective values and behaviours, driven by quality and sustainability and clear goals and known as the 'Leeds way'. The vision, values and strategy had been developed and coordinated with stakeholders, local patient involvement groups, public consultation meetings, and aligned to local system wide sustainability and transformation plans. The Leeds way was driven through staff engagement, creating a sense of community and pride and linked to delivering positive patient outcomes. Staff in all areas knew, understood and supported the vision and values, and how their role helped in achieving them.
- The strategy and plans were aligned with plans in the wider health economy, and there was commitment to system-wide collaboration and leadership. The challenges to achieving the strategy, including relevant local health economy factors, were understood and part of the action plan.

# Summary of findings

- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Clinical support units delivered services to patients. Each clinical support unit was responsible for delivery of performance, quality, safety and financial standards.
- Leaders demonstrated and encouraged compassionate and inclusive working relationships among staff so that they felt respected, valued and supported. There were processes in place to support staff and to promote well-being. Staff we spoke with told us they said that they felt appreciated. Leaders encouraged pride and positivity in the organisation. Overwhelmingly staff were positive about and proud to work in the organisation. In the last 3 years, the trust had moved from the bottom 20% of trusts to the top 20% in the NHS staff survey.
- There was a strong patient focussed culture, supported by collective responsibility between teams and services. When something went wrong, people received a sincere apology and were told about actions being taken to prevent the same thing happening again. There were processes for providing staff at different levels with the development they needed, including high-quality appraisal and career development conversations.
- The board and governance structures within the trust were clearly set out, effective and understood. Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- The board and executive team had established processes from board to ward to board in order to gain assurance, identify gaps, set priorities and put in place plans to address these gaps. Board to ward assurance in relation to risk and performance was provided through the assurance committees and performance management structures. The quality and performance report set out progress against a range of metrics relating to quality, performance and finance. Operational and corporate risks were monitored through the risk management committee and via the board assurance framework.
- There was evidence of integrated reporting which was used to support decisions made at board level, and performance information was used to hold senior leaders and staff to account. We saw that information used in reporting, performance management and delivering quality care was accurate, valid, reliable, timely and relevant, with plans to address any weaknesses in performance. The trust had invested in information management and there was a central information quality department whose function was to ensure the accuracy and completeness of data.
- There were high levels of constructive engagement with staff and people who used services. The trust used a range of mechanisms to proactively capture people's views. It was transparent, collaborative and open with all relevant stakeholders. The trust continued to review and improve how people were engaged with their services. It took a leadership role in the local health system to identify and proactively address challenges to meet the needs of the population.
- There was an embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. The Leeds improvement method was embedded and used across the organisation, and staff were empowered to lead and deliver change. The trust's waste reduction approach, which was integral to the Leeds improvement method, was fundamental to improvements, including shorter waits for patients, improved clinical outcomes, and waste reduction across the trust.
- The trust had made connections between the use of resources the Leeds improvement method, and the Leeds way within the clinical service units. This has impacted positively on values and behaviours for the benefit of patients. Around 7,000 members of staff had been trained in the Leeds improvement method and improvements were driven by clinicians and front line staff in the clinical service units at the trust.

However:

# Summary of findings

- Shortfalls in nurse staffing were not always wholly captured in reports to the board and information provided in reports did not always indicate the full scale of the issue. Front line staff told us they were confused about the three levels of staffing (minimum, current and optimum), and professional judgement had been used in the majority of clinical areas to determine safe staffing levels. We discussed this with senior leaders during the inspection and they took immediate steps to address our concerns. An electronic system and new reporting system was rolled out across all wards.
- During this inspection we saw deterioration in ratings for three core services at the St James' hospital site. This meant there was a need with the trust to focus on this site to improve the quality and patient experience within these services.
- We had some concerns around patients who were detained under the mental health act (MHA). There were incomplete records for over half of the patients who had been detained from 1 Apr-June 2018. This was pointed out to the trust and we were told since then the MHA team had expanded and the team now routinely met with detained patients to explain their rights to them.
- There was no policy in the trust for rapid tranquilisation of patients with mental health needs. The trust was not compliant with NICE guidance for 'physical health after rapid tranquillisation' and frontline staff we spoke with were not aware of the NICE guidance. we pointed this out during the inspection and senior leaders told us the trust were in the process of reviewing the restraint policy and had put a draft protocol in place for use until the end of October 2018. This was an issue that was identified at the May 2016 inspection.
- There had been significant delayed discharges and delayed transfers of care in the previous year before our inspection. This impacted on the trusts ability to deliver the four hour emergency care standard, referral to treatment (RTT) standards and there were a number of 52 week and over long waits for patients as well as delayed transfers of care. The trust had started to collaborate with stakeholders and other health providers to make improvements but the impact of these were not fully realised at this inspection.

## 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 ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 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
St James's University Hospital	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019
Leeds General Infirmary	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019
Chapel Allerton Hospital	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Leeds Dental Institute	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
Wharfedale Hospital	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
<b>Overall trust</b>	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 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 St James's University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019
Medical care (including older people's care)	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019
Surgery	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↓ Feb 2019	Requires improvement ↔ Feb 2019
Critical care	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Outstanding ↑↑ Feb 2019
End of life care	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
Outpatients & Diagnostic imaging	Good Jul 2014	N/A	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Maternity & Gynaecology	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
<b>Overall*</b>	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019

\*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 Leeds General Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Medical care (including older people's care)	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Surgery	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019
Critical care	Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Outstanding ↑ Feb 2019
Services for children and young people	Requires improvement Sept 2016	Good Jul 2014	Good Jul 2014	Good Sept 2016	Good Sept 2016	Good Sept 2016
End of life care	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
Outpatients & Diagnostic imaging	Good Jul 2014	N/A	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Maternity & Gynaecology	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
<b>Overall*</b>	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019

\*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 Chapel Allerton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Surgery	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Outpatients & Diagnostic imaging	Good Jul 2014	N/A	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
<b>Overall*</b>	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019

\*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 Leeds Dental Institute

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
<b>Overall*</b>	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019

\*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 Wharfedale Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
Outpatients & Diagnostic imaging	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
<b>Overall*</b>	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016

\*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.

# Chapel Allerton Hospital

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Leeds  
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[www.leedsteachinghospitals.com/patients/aboutus/hospitals/chapel\\_allerton.php](http://www.leedsteachinghospitals.com/patients/aboutus/hospitals/chapel_allerton.php)

## Key facts and figures

Chapel Allerton Hospital is one of seven locations within Leeds Teaching Hospitals NHS Trust. The hospital is established as a distinct clinical service unit (CSU) within the trust. At this inspection we visited medical care services and surgical services. Medical services at Chapel Allerton are provided in the specialties of dermatology, rheumatology and neuro rehabilitation. Surgical services are provided in the specialties of colorectal surgery, transplant surgery, pancreatic surgery, upper gastro-intestinal surgery and urology. Medical services at Chapel Allerton operate 73 beds across four wards of which 28 beds across two wards are day case beds and 45 beds across two wards are open Monday to Sunday. Surgical services operate one ward with 32 inpatient beds.

## Summary of services at Chapel Allerton Hospital

**Good** ● → ←

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

- There were robust systems in place to ensure nursing staff completed their mandatory and safeguarding training, nursing staff training compliance exceeded the trust's target of 80%.
- Nurse staffing was managed using recognised tools and professional judgement.
- Medical records and medicines including intravenous fluids were accessible to staff and stored securely. Patients food, hydration and pain management needs were met and there were effective processes in place to ensure that guidance used by staff was in line with national guidance such as those issued by the National Institute for Health and Care Excellence (NICE).
- The ward environment was visibly clean, with good infection control and in the period August 2017 to August 2018 there had been no cases of methicillin resistant staphylococcus aureus (MRSA), clostridium difficile (C.Diff) or methicillin susceptible staphylococcus (MSSA). The environment was free from clutter with disabled access and enough equipment for staff to perform their role. The service also used audits to improve patient outcomes and staff were supported by practice educators. Staff in the service demonstrated effective multi-disciplinary team working and a good understanding of consent and mental capacity. Staff we spoke to were able to confidently describe how to report incidents.

# Summary of findings

- Staff were caring; there were stronger than England average response rates in the Friends and Family test. 90% of those who responded said that they would recommend the service to family and friends. Staff provided support for the emotional needs of the patients and involved patients and carers in decision making where it was safe to do so.
- Senior leadership within the service were visible, approachable and responsive and worked as a cohesive team to promote a positive culture. There were clear governance processes in place to advance patient safety which were implemented and monitored at CSU level. The service engaged with staff and the public through meetings and surveys. All specialities we visited at Chapel Allerton Hospital had examples of innovation, learning and continuous improvement.
- Staff told us that they felt supported by their managers and colleagues at ward level and enjoyed working for the trust.

However

- Medical staff training compliance was not as strong as nursing, with medical staff meeting the trust target of 80% in only one of 16 modules in the medical care service and two in the surgical service.
- Trust performance in some of the national audits, for example those around falls were below the national aspirational targets however action plans were in place to improve performance.

# Medical care (including older people's care)

Good 

## Key facts and figures

Chapel Allerton Hospital had 73 beds across four wards providing services across multiple specialities within medical care including rheumatology, dermatology, and neuro rehabilitation.

We visited two of the four wards, wards C1 and C2, which provided dermatology, rheumatology and neuro rehabilitation. We spoke with 4 patients, one carer, 23 staff (including medical and nursing staff) and reviewed 15 records of patients including prescription charts.

## Summary of this service

We had not previously inspected medical care services at this site.

At this inspection we rated the services as good because:

- The services were safe because there were systems in place to ensure staff completed mandatory training and safeguarding training. Nursing and midwifery staff exceeded the trust target of 80% for all 13 mandatory training modules and all seven safeguarding training modules.
- The ward environment was visibly clean with good infection control: in the period August 2017 to August 2018, there had been no cases of methicillin resistant staphylococcus aureus (MRSA), clostridium difficile (C. diff), or methicillin susceptible staphylococcus aureus (MSSA). The environment was clutter free, wheelchair accessible with enough equipment for staff to perform their role.
- Nurse staffing was managed using recognised tools and professional judgment. Staff had access to records which were stored securely. Medicines, including intravenous fluids, were stored and managed safely. Staff knew how to report incidents and tools such as the safety thermometer were used to keep patients safe.
- 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). Patients' food, hydration and pain management needs were met. The service used audits within the specialities we visited to improve patient outcomes. Staff received training to ensure they were competent supported by practice educators. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- The services were caring, with response rates in the friends and family test better than the England average. The inpatient score for recommending the service to friends and family from May 2017 to April 2018 was 90%. Staff supported the emotional needs of patients and could, for example, arrange psychological support. Staff tried to understand and involve patients and their carers where it was safe to do so.
- The services were responsive, with a process in place at clinical service/support (CSU) to trust level to plan services. Wards had link nurses to champion the needs of patients with additional needs. Wards used various approaches to respond to challenges with access and flow. The service was responsive to complaints and had made changes to services, such as creation of stroke buddies.
- The senior leadership team running the specialities were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture. The trust had clear governance processes in place to drive patient safety

# Medical care (including older people's care)

forward; these were implemented and monitored at CSU level. Staff and the public were engaged through meetings and surveys. The specialities we visited had access to directorate dashboards to help monitor patient sensitive indicators and act when necessary. The specialities we visited all had examples of innovation, learning and continuous improvement.

However:

- Medical staffing compliance with the mandatory training target of 80% was met for only one of the 16 modules, and was not met for any of the safeguarding modules, or the mental capacity level 2 training. The trust told us it had updated its training needs analysis and this was being measured against a plan to ensure the trust target would be achieved so that the compliance figures would improve as the year progressed and so patient safety was not at risk.
- Trust performance in some of the national audits, for example around falls, were below national aspirational targets albeit the trust had an action plan in place to improve performance going forward.

## Is the service safe?

**Good** ●

We rated safe as good because:

- The services were safe because there were systems in place to ensure staff completed mandatory training and safeguarding training. Nursing and midwifery staff exceeded the trust target of 80% for all 13 mandatory training modules and all seven safeguarding training modules.
- Link nurses on the ward could support staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was everyone's business.
- The service was visibly clean, and the environment was clutter free, wheelchair accessible, with enough equipment for staff to carry out their role, including ceiling hoists. Access to ward areas were controlled using magnetic door locks and by use of reception areas staffed by nurses or ward clerks. Staff had enough equipment to do their job effectively. Medicines, gases, and intravenous fluids were stored and managed safely.
- During handovers of patients and at safety huddles, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools such as national early warning score (NEWS). Staff had access to records which were part electronic and part paper.
- To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a safety thermometer, CSU dashboard and ward metrics.

However:

- Medical staffing compliance with the mandatory training target of 80% was met for only one of the 16 modules, and was not met for any of the safeguarding modules, or the mental capacity level 2 training. The trust told us it had updated its training needs analysis and this was being measured against a plan to ensure the trust target would be achieved so that the compliance figures would improve as the year progressed and so patient safety was not at risk.

# Medical care (including older people's care)

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Nutrition and hydration needs were met for patients with systems in place to monitor food and fluid intake and give support where needed. Patients reported no issues with management of their pain.
- The service had actioned many initiatives to improve patient outcomes including early discharge for patients requiring continuing emotional support.
- Staff were regularly appraised and given opportunities to develop their competencies.
- Staff worked effectively as a multi-disciplinary team, including attending multi-disciplinary weekly ward rounds. Medicine operated a 24/7 consultant rota with on call support after 17:00 and at weekends.
- Patients were consented for treatment appropriately, and staff were aware of when patients needed to take additional action such as best interest decisions for patients unable to consent.

However:

- Trust performance in some of the national audits, for example around falls, were below national aspirational targets albeit the trust had an action plan in place to improve performance going forward.

## Is the service caring?

**Good** ●

We rated caring as good because:

- We found that patients received compassionate care from staff which supported their privacy and dignity.
- The response rate (36%) and recommendation of service rates (90%) for friends and family was better than the England average.
- Patients we spoke with felt staff were attentive and took time to explain things. The trust monitored patients being treated with kindness and respect through compassion audits.
- Staff had access to chaplaincy services for those with a faith or none. Staff could provide emotional support to patients by using on site psychology services.
- Staff understood the needs of their patients and involved carers. For instance, staff assisted a patient to make a meal for a loved one on a special day. Carers were supported as much as possible to stay with their loved ones by offering beds and flexible visiting times. Staff tried to understand and involve patients and carers when planning discharge.

## Is the service responsive?

**Good** ●



# Medical care (including older people's care)

We rated responsive as good because:

- The trust had effective plans in place to ensure that its specialities were responsive to the needs of local people by working with commissioners, patient groups and redesigning pathways.
- Patients' individual needs were met, with link nurses on each ward to champion dementia or learning disability.
- The services had mechanisms in place to manage access and flow using various methods including access criteria, expanding the bed base, and ironing out delays with discharges working closely with social services and commissioners.
- Average lengths of stay for elective procedures were lower than the England average.
- The trust's referral to treatment performance for admitted patients was consistently better in comparison to the England average by an average of 5.3%.
- Systems and processes to respond to complaints were effective with learning and changes to the services being made in response to feedback from patients.

However:

- The average length of stay for non-elective patients in rheumatology and dermatology was longer than the England average. Staff told us about initiatives in rheumatology to try and manage the length of stay by admission avoidance and correct signposting.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- The CSU for the site had a cohesive, visible and approachable local leadership team.
- Each CSU drew upon the trust's vision and strategy, but did have their own business plans that had recently been refreshed by the trust.
- Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns.
- 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.
- Staff engagement was encouraged with staff surveys, and annual award events, and patients and the public could feedback through multiple access points.
- There were examples of learning improvement and innovation.

## 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 trust has 34 wards across three sites:

- Chapel Allerton Hospital: one ward, 32 inpatient beds
- Leeds General Infirmary: 16 wards, 59 day case beds, 263 inpatient beds
- St. James's University Hospital: 16 wards, 56 day case beds, 226 inpatient beds
- Wharfedale Hospital: day surgery unit and accompanying ward with 23 day case beds.

The trust provides surgical care through the abdominal medicine and surgery clinical service unit. Specialties provided include: colorectal surgery, transplant surgery, pancreatic surgery, upper gastro-intestinal surgery and urology.

The trust had 54,616 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 16,056 admissions (29.4%), 27,080 (49.6%) were day case, and the remaining 11,480 (21.0%) were elective. In total five children were treated at Chapel Allerton for elective surgery during the period August 2017 to August 2018.

Surgical services at Chapel Allerton Hospital were for planned orthopaedic procedures and performed on one ward; that is, ward C3 which contained four theatres. This ward consisted of 32 inpatient beds. The ward was separated in to separate areas; for example, admission bay, four consultation rooms, side rooms for patients at risk of MRSA, post-operative unit and rehabilitation bay. The hospital conducted all types of surgery except for spinal surgery. The ward was a regional referral centre where other hospitals cannot correct issues or have attempted to do so but the patient still has problems.

We visited all areas of the ward and the theatres. We spoke with seven patients and seven members of staff. We inspected the whole core service and our initial inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

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

- There were multidisciplinary team (MDT) meetings held each morning attended by doctors, senior physiotherapists, senior occupational therapists and the nurse in charge. The ward held safety huddles each morning and evening, during the shift changeovers.
- The ward had their own physiotherapy team seven-days a week and the occupational therapy team were on the ward five-days a week 9 am – 5 pm.
- The ward provided timely elective surgical treatments for patients. The ward conducted all types of surgery except spinal.
- Staff felt supported by their managers and colleagues at ward level. Staff enjoyed working for the trust and the directorate.
- From our observations it was apparent that the five steps to safer surgery checklist, was embedded as a routine part of the surgical pathway.

# Surgery

- The majority of patients we spoke with were complementary about the care and experience they had received.
- The service had an electronic system in place for reporting, monitoring and learning from incidents. Staff we spoke with could confidently describe how to report incidents.
- We found wards and departments we visited, visibly clean, tidy and free from clutter.

However;

- There was a high number of cancelled operations which were attributed to scheduling concerns and lack of ward beds. The average length of stay was also longer than the England average.
- The trust must ensure that mandatory training compliance for medical staff meets their own target. At Chapel Allerton Hospital the surgery service had an overall training compliance rate of 73.2% for medical staff. The 80% target was met for two out of 14 mandatory training modules for which medical staff were eligible. Less than 60% of staff had completed the two advanced resuscitation training modules which equated to 14 staff not completing them in each case.
- The trust must ensure that safeguarding training compliance for medical staff meets their own target. At Chapel Allerton the 80% target was not met in any of the seven safeguarding training modules for which medical staff were eligible.
- There were no posters on display informing patients that information leaflets were available in other languages than English.

## Is the service safe?

Good   

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

- The hospital had a fill rate of 91.5%. The charge nurse we spoke with told us because the ward had elective surgery patients. There was the ability to have the correct number of staff to deal with the planned number of patients.
- The trust had a safeguarding policy for adults and children. Staff were aware of how to access this policy through the intranet. There was also a safeguarding team covering the whole trust. Staff told us there had been no safeguarding issues in the last 12 months.
- During this inspection we examined five sets of patient records selected at random and these were all fully completed, signed and dated with no gaps in the information. We also examined these records to verify whether the five steps to safer surgery including the World Health Organisation (WHO) safety checklist was being implemented consistently within surgical services. All of these records contained completed WHO checklists. We observed the WHO checklists being completed during our inspection of the theatres.
- Audits of the WHO checklists showed that the service was consistently compliant; that is, over 89% compliance.
- The patient records we reviewed showed that the trust was using the national early warning score (NEWS) tool. We examined five patient records and all five records contained NEWS data and showed that staff had taken appropriate action where the NEWS score rose.
- Children were treated on the ward but only if they met a strict criteria based on height, weight and mental maturity. The anaesthetist made the final decision in consultation with the surgeon and parents whether the child was mature to be treated on an adult ward.

# Surgery

- Prior to treating children on the ward, a bed was booked at Leeds General Infirmary (LGI) in case of deterioration in the child. If a bed wasn't booked or available, then surgery did not take place. Deteriorating patients were transferred by ambulance. There had only been one transfer of a child in the last year and that was due to pain control.
- The ward had a deteriorating patient policy in the form of a flow diagram in place. This clearly described the steps that staff had to follow for acute unwell patients and for patients requiring the resuscitation team.
- There were no paediatric trained nurses on the ward but they were available in the dermatology department and thus accessible by ward C3, which came under the same management structure.
- After surgery, children went to two side rooms to recover with their parents. By 5 pm each day, the children were either discharged home or transferred to LGI.
- We found wards and departments we visited visibly clean, tidy and free from clutter.
- The service had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with could describe confidently how to report incidents.

However;

- Staff could not always recollect the last incident they reported or the top three incidents for their ward.

## Is the service effective?

Good   

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

- There were no readmissions reported following non-elective admission at this site over this time period.
- There were multidisciplinary team (MDT) meetings held each morning attended by doctors, senior physiotherapists, senior occupational therapists and the nurse in charge. The ward held safety huddles each morning and evening during the shift changeovers.
- The ward had their own physiotherapy team seven-days a week and the occupational therapy team were on the ward five-days a week 9 am – 5 pm.
- Staff we spoke with informed us that all colleagues irrespective of grade worked together effectively and supported each other.
- Patients were cared for under the 'Think Drink' campaign which allowed them to drink clear liquids up to four hours prior to their surgery. These were individual fasting times. This helped to speed up their recovery post-operatively.
- Health promotion information was available on the ward. This included display boards and information leaflets. Staff we spoke with informed us that patients could utilise support groups such as smoking cessation, drugs and alcohol services and chaplaincy services.
- Staff we spoke with informed us that patients could be referred to a dietitian if there was a need.
- Staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) training as either part of their mandatory training or separately upon commencing their role. Staff were aware of the legislation around the deprivation of liberty of safeguards.

However;

# Surgery

- From February 2017 to January 2018, all patients at Chapel Allerton Hospital had a higher than expected risk of readmission for elective admissions when compared to the England average.
- Trauma & orthopaedics was the only specialty to report readmissions following elective admission at this site over this time period. This specialty had a higher than expected risk of readmission.

## Is the service caring?

Good  → ←

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

- The majority of patients we spoke with described their care in positive terms. Patients told us they felt safe and the nursing staff on the ward were kind and attentive.
- We spoke with seven patients during our inspection. One patient we spoke with stated “Honestly, can’t praise them high enough.” Another patient stated “Marvellous, everything done punctually and I like the place.” A third patient stated, “All been lovely, couldn’t have had a better service if I had gone private.” Another patient stated, “Food not good, poor quality.”
- The Friends and Family Test (FFT) response rate for Chapel Allerton was 34% which was higher than the England average of 28%. The percentage of patients that would recommend the elective orthopaedics ward for surgery was 98% on average from May 2017 to April 2018.
- We observed staff speaking with patients in a polite and friendly manner. At mealtimes, staff ensured that the food and drinks were placed within easy reach of the patients and no visitors were on the ward to ensure that patients could eat their meals without disturbance.
- We observed that ward managers and senior nursing staff were visible on the wards and that patients and relatives could speak to them if they had any concerns.
- The trust had a multi-faith chaplaincy team who could visit patients on the ward to offer spiritual support. Patients could also use the multi-faith prayer room for their religious and spiritual needs.
- From speaking with patients and reviewing care records, we found evidence of their involvement in care planning and delivery.

However:

- Two patients told us that the menu choices at mealtimes were repetitive.

## Is the service responsive?

Good  → ←

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

- The hospital provided timely elective surgical treatments for patients. In the most recently reported month (May 2018) 76% of patients were treated within 18 weeks compared to the England average of 67%.
- Over the period August 2017 to July 2018, there were only 75 last minute cancelled operations at the location, and there were only four cancelled operations that were not treated in 28 days. Data from Quarter 1 and quarter 2 of 2018/19 showed that no cancelled operations exceeded the 28 day standard.

# Surgery

- From March 2017 to February 2018 the average length of stay for elective patients at Chapel Allerton Hospital was 4.2 days, which was similar to the England average of 3.9 days.
- Patients were seen at pre-assessment appointments where they were assessed whether they were suitable for surgery. These appointments also gave patients an opportunity to ask questions about their surgery.
- Staff understood and met the individual needs of patients.
- For patients living with dementia, the ward had dementia champions and used a dementia passport. The ward ensured that carers and family members were involved in the care plan of such patients.
- From May 2017 to April 2018 there were no complaints about surgical care at Chapel Allerton Hospital.

## Is the service well-led?

Good   

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

- The service had a clear governance framework and there was a governance structure in place for all specialities. The governance Clinical Services Unit (CSU) meeting took place each quarter which was attended by the quality and assurance manager who looked at the issues relating to their CSU. The service held weekly triumvirate meetings each Monday where issues were discussed. If they couldn't be solved at these meetings, they were escalated to the next level in the governance structure.
- The service had a risk register which was discussed at the governance meetings. The risks had mitigating factors with scores and the service pro-actively monitored these scores to ensure that the scores were reducing. The senior management also attended the trust's risk management board where risks were discussed.
- All incidents were recorded on an online system. We saw evidence of this in the minutes from the Health and Safety/ Risk Management meeting.
- Staff we spoke with told us they saw someone from the management team every day. Staff described the leaders as being supportive and visible.
- The surgical service had undertaken a number of improvement activities as part of the Leeds Improvement Method and this had a positive impact in reducing the number of cancelled operations at the hospital.
- Staff also told us they had been given time to develop leadership skills. The charge nurse and senior sister we spoke with told us they had been given time away from work to contribute to the Quality Improvement Surgical Team (QUIST). They had also attended a conference in Amsterdam in relation to enhanced recovery and reduced time of hospital stay.
- Staff told us Chapel Allerton was aiming to be the first hospital in the trust to be digital and paperless.
- Staff we spoke with felt valued by their ward and the trust as a whole. Staff were encouraged to develop professionally by being supported to complete training courses additional to mandatory training.
- All the staff we spoke with were aware of the trust values "The Leeds Way" and could explain them. The values were displayed on computer home screens and in prominent places around the ward for staff and public to see.
- Staff we spoke with said they felt valued by their patients, ward leaders and the trust and had not witnessed or experienced bullying or harassment.

# Surgery

## Areas for improvement

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

# Leeds General Infirmary

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## Key facts and figures

Leeds General Infirmary is one of seven locations within Leeds Teaching Hospitals NHS Trust. The hospital is based in central Leeds and provides a wide range of medical and surgical services. At this inspection we visited the services of urgent and emergency care, medical care, surgery and critical care.

Urgent and emergency care at the hospital covers all specialties and can accommodate up to ten bays during a major incident. The service also has a rooftop helipad through which it is able to receive direct transfers of multiple-injured patients.

Medical care services at the hospital operates ten wards with 194 beds and provides care in a range of specialties including emergency medicine, cardiology, respiratory, and neurology including stroke. Clinical service units (CSU) based at the hospital were abdominal medicine and surgery, emergency and speciality medicine, cardio-respiratory and the centre for neurosciences.

Surgery services at the hospital operates 322 beds of which 263 are inpatient beds and 59 are day case beds. These beds are distributed across 16 surgical wards and a multi-specialty surgical assessment unit. The surgery service operated 19 operating theatres within three theatre suites excluding those used by the women's and paediatrics services. Of these 16 are located within the Jubilee wing of the hospital.

Critical care services at the hospital operate 60 critical care beds across seven critical care units providing level two and level three critical care services across the specialties of adult high dependency, general intensive care, cardiac intensive care, neuro intensive care, neuro high dependency, coronary care as well as a plastic surgery and trauma high dependency unit.

## Summary of services at Leeds General Infirmary

**Good**  

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

- The emergency department demonstrated effective patient flow with dedicated staff utilised for handover of patients
- Critical care services in particular were rated as outstanding overall with significant improvement since our last inspection.



# Summary of findings

- Mandatory training compliance for nursing staff was higher than the trust target of 80% in most modules across services
- We observed good practice of infection prevention and control (IPC) in most areas. On all wards we visited there were either low numbers or no reported infections of methicillin resistant staphylococcus aureus (MRSA), clostridium difficile (C.Diff) or methicillin susceptible staphylococcus aureus (MSSA)
- Although staffing levels in some services did not meet the optimal target set by the trust; staff skill mixes had been adjusted to mitigate this risk and ensure safe and effective care.
- We saw evidence of good collaborative working with external partners including local NHS ambulance services, local authority, the local NHS children's hospital and Mental Health services
- Services were caring with support available for patients who became distressed and an understanding demonstrated of the emotional impact of care and treatment upon patients and relatives
- Services were responsive with processes in place at clinical service unit level to plan services to meet patient's needs

However:

- Mandatory training compliance for medical staff in some services did not achieve the trust target of 80%
- Patient records and substances hazardous to health were not always securely stored in all services
- Ligature points were observed in the mental health room on the emergency department

# Urgent and emergency services

Good   

## Key facts and figures

Leeds General Infirmary provides care to both the adult and paediatric demographic as well as operating as the designated Leeds major trauma centre. The service has a rooftop helicopter pad able to receive direct transfer of multiple-injured patients. The unit can accommodate up to ten bays during a major incident. All specialties are covered and the unit has quick access to specialist cross sectional imaging, including a hybrid endovascular suite which is co-located with A&E.

From April 2016 to March 2017 there were 236,564 attendances across the trust's urgent and emergency care services

The percentage of A&E attendances at this trust that resulted in an admission decreased in 2016/17 compared to 2015/16. In both years, the proportions were higher than the England averages.

Updated analysis for March 2017 to February 2018 showed that 34.1% of attendances at the trust resulted in admission which placed the trust in the highest quantile in comparison to national rates.

## Summary of this service

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

- The emergency department's culture was positive. Staff we spoke with felt valued, appeared happy and enthusiastic and spoke positively about working in the department.
- Our observation of the emergency department showed patient flow was effective. Dedicated staff were utilised for ambulance handover which contributed to maintaining effective patient flow.
- The mental health liaison team provided cover within the department 24 hours a day, seven days a week.
- The department supported patients who become distressed. Medical and nursing staff clearly understood the emotional impact of the patients' care and treatment potentially had on the patient's and their relative's overall wellbeing.
- The department utilises incident reporting and incorporates learning from incidents within the departmental culture.
- Staff applied safeguarding procedures for adults and children appropriately supported by the safeguarding lead, a senior member of nursing staff so that patients presenting with complex safeguarding needs were safely protected from abuse.
- Personal development reviews included interaction to support the staff member's development and an action log was completed and signed within two weeks of the appraisal. A structured induction programme was in place for new staff which encompassed supernumerary work and a preceptorship.
- Collaborative working with external partners was effective and included arrangements with the local NHS ambulance service, the local authority and the local NHS children's hospital to increase staff knowledge and experience.

However:

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From July 2017 to June 2018 the trust failed to meet the standard and performed generally worse than the England average.

# Urgent and emergency services

- The emergency department participated in the national RCEM audits to benchmark its practice, results of audits were beneath the level required, however, they scored highly when compared to other trusts.

## Is the service safe?

Good   

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

- Leeds General infirmary consistently achieved a staffing fill rate of 100% and as of March 2018, the site had 11.1 more WTE staff members in post than what they had in March 2017.
- There was 24 hour a day, 7 days per week consultant cover which is in line with the requirements of a major trauma centre.
- From June 2017 to May 2018, the trust reported a sickness rate at Leeds General Infirmary of 2.7% for qualified nursing staff in urgent and emergency care. The Trust target was 3.5%
- In urgent and emergency care overall compliance for the completion of mandatory training was in line with the Trust target.
- The service had a 100% completion rate for seven training modules and a further six modules had completion rates above 90% which exceeded the Trust target of 80%.
- Staff undertook effective safeguarding training to ensure to ensure all patient groups were protected from the risk of harm and abuse.
- The service included access to mental health liaison if staff were concerned about risks associated with a patient's mental health. The liaison team was available 24 hours a day, 7 days per week.
- Robust clinical deterioration pathways were in place with a well-equipped resuscitation area with all appropriate equipment to effectively manage the deteriorating patient. Whilst there were dedicated bays for trauma and paediatrics each resuscitation bay was standardised so could be used for any category of patient.
- We found and saw information that the paediatric unit was staffed with specialist children's nurses at all times.
- The paediatric unit used an appropriate paediatric early warning system (PEWS) to manage deteriorating patients. We observed three sets of documentation which held evidence of completed PEWS scores.
- There were clear procedures in place for the management of major incidents (MAJAX) which were used in conjunction with St James Emergency Department.
- If demand increased then the consultants on shift would assist with streaming of patients to ensure patients received care in a timely way.
- A designated nurse had been introduced on each shift to accept and coordinate ambulance handovers which had been reported as decreasing handover times.
- We observed all staff following Infection Prevention and Control (IPC) guidelines in relation to handwashing and cleaning of equipment between patients. We observed that a recent hand hygiene audit had been completed with a score of 100%. These results were prominently displayed within the department.

However:

# Urgent and emergency services

- Whilst the Trust met the required standard for acute provider organisations in the provision of mental health rooms, we found ligature points in the mental health room. This was raised with the trust at the time of inspection who agreed that this would be immediately addressed as an additional safety measure.
- There was lower compliance for the completion of safeguarding training for medical staff. With a completion rate of 65.4% for level one training and 35.8% completion for level two training.
- Paediatric life support level 2 update had a completion rate at 66.9%, while resuscitation training level 2 and paediatric life support level 1 had completion rates of 76.6% and 76.9%, respectively. It was reported by senior staff that the issue had been identified and was being addressed. There was a plan in place to ensure all staff received the required training.

## Is the service effective?

Good   

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

- Personal development reviews included interaction with senior team leaders to support the staff member's development and an action log was completed and signed within two weeks of the appraisal. Nursing staff had a 99.6% completion rate for appraisals and the completion rate for medical staff was 96.4%.
- There was a structured induction programme in place for new staff.
- Staff had clear opportunities for further training and the department had training links with other specialities to facilitate this.
- There were Advanced Care practitioners working within the department employed from both nursing and paramedic backgrounds.
- Clinical governance monitoring reports were utilised by senior management which reflected key performance indicators and patient outcomes and the department regularly monitored its performance against a range of clinical indicators through a performance dashboard. The department participated in Royal College of Emergency Medicine (RCEM) audits and whilst the audit results were below the benchmarking standard, the department did score higher than other trusts of a comparable size.
- Patient outcomes from RCEM audits were positive and were influenced by several factors including consultant led trauma teams and increased trauma training for nurses.
- Each area of the emergency department had in place designated non-clinical care support workers and volunteer staff who worked with nursing staff to support patients' nutrition and hydration needs.
- Pain relief was administered appropriately and this was documented within the patient notes.
- Collaborative working with external partners was effective and included arrangements with the local NHS children's hospital.
- Mental capacity assessments were included in the electronic patient record which meant that these were completed for each patient. Staff were conversant with mental capacity assessment.
- We observed multiple examples of health promotion both in poster form and in leaflets which were aimed at adults, young people and children.
- Vending machines within the waiting areas had selections of healthier options of drinks and snacks.

# Urgent and emergency services

However:

- Although the emergency department participated in the national RCEM audits to benchmark its practice, results of audits demonstrated that further action was required. We spoke with senior consultants who were leading on RCEM audits and we were assured there were action plans in place to address the most recent results.

## Is the service caring?

**Good** ● → ←

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

- We observed very effective communication between staff as they prepared for the arrival of a trauma patient. Each of the team worked during handover to stabilise the patient, and to maintain the patient's dignity and to preserve confidentiality.
- Patients were advised about how to access other support services and this advice was offered as early in the patient pathway as appropriate. For patients who had presented as requiring mental health support, each member of staff appeared calm, friendly and non-judgmental.
- The department supported patients who become distressed. Medical and nursing staff clearly understood the emotional impact of the patients' care and treatment potentially had on the patient's and their relative's overall wellbeing.
- We witnessed several examples of interactions between staff and patients and found all levels of staff to be polite, professional and considerate.
- We witnessed an excellent example of compassionate care provision from a nurse who went to provide support to a recently bereaved relative.
- We observed two interactions between members of staff and patients who were accompanied by relatives; staff communicated well with them and ensured all were involved and understood what was happening.
- We observed interactions between staff and challenging patients and witnessed staff managing the situation with patience and calmness.
- One patient explained that he and his wife had felt unsafe when they first arrived on the unit due to another patient, once they had expressed their concerns they were moved to an alternative area where they felt safe.
- There were two rooms available for use by relatives or those accompanying patients who required private space.
- Bereavement services were available and staff could describe how to access this.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any of the months over the 12-month period from June 2017 to May 2018.

# Urgent and emergency services

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From July 2017 to June 2018 the trust failed to meet the standard and performed generally worse than the England average with January 2018 the worst month with only 69% of patients being seen within this time.
- From July 2017 to April 2018 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 before improving to better than the England average in the most recent two months, May and June 2018. The department only achieved between 12% and 36% of all patients achieving this standard before achieving and surpassing this target in May 2018.
- From June 2016 to September 2017 patients that left the trust before being seen were on average 2% higher than the England average. In October and the winter months of November and December 2017 trust performance deteriorated and percentages were on average 3% higher than the England rates. In June 2016 it was 5% of all patients left without being seen which rose to 7% in December 2016.
- From June 2017 to January 2018 the monthly median percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently worse than the England average.
- From June 2017 to May 2018 the trust's monthly median total time in A&E for all patients was consistently higher than the England average. Over this period, patients at the trust spent on average 41 minutes longer in A&E than the England average.
- During the winter months of December 2017 to March 2018, patients spent an average of 52 minutes longer in A&E than the England average. Trust performance however improved in April and May 2018, although total time spends in A&E remained longer than the England average.

However:

- Arrival to initial assessment times were on average 2.4 minutes better than the England average from June 2017 to February 2018. Over this period the overall trend remained static with a slight increase during the winter months of January and February 2018.
- Our observation of the emergency department showed patient flow was effective. Senior managers had devised operational plans for times of high pressure such as Winter Beds.
- The senior management team are looking at various departmental models as they strive to provide the best service possible.
- There were safety huddles in the department every three hours in which staff gained oversight of issues including patient waits and any factors affecting flow in the department such as delayed discharges.
- From July 2017 to February 2018 the percentage of turnaround times over 30 minutes generally decreased, from 54% in July 2017 to the lowest percentage of 50% in February 2018.
- The department made services accessible to patients with complex needs. Reasonable adjustments were made so that patients with a disability could access services on an equal basis to others.
- For patients attending the department with learning disabilities, there were 'easy to read' information and communication cards and books available.
- The separate children's waiting room provided good segregation for children away from the adults waiting area.
- We noted that there was bariatric equipment available within the department.
- The department had a domestic violence 'drop in' service once a week, which ran for three hours. MARAC flagging was evident within the notes we reviewed.

# Urgent and emergency services

- The mental health liaison team provided cover to the department 24 hours a day, seven days a week. We observed the team attending the department to complete assessments.
- We saw evidence of learning from complaints which was shared with clinical governance. A lead consultant prepares clinical case examples for feedback to staff to embed learning.
- Complaints received via Patient Advice and Liaison Service (PALS) were handled by a band 7 nurse. Formal complaints went to the matron and had a specified response date. Compliance reports were received and monitored each month. The matron and a consultant would try to meet with the complainant; the meeting would be recorded and a transcript sent to the complainant along with an action plan. Duty of candour would be applied as appropriate.

## Is the service well-led?

Good   

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

- The care group leadership team included the nurse director, an operations director and clinical director which formed a clinical delivery leadership triumvirate. Medical and nursing staff spoke positively about the functioning of the leadership triumvirate for the emergency department.
- Managers utilised governance meetings to retain departmental oversight. We spoke with senior staff who had a good oversight of risks and were aware of those ongoing risks on the risk register. Risks were regularly reviewed with decisions to up or downgrade risks as required. There was also a clear process for the escalation of risks onto the corporate risk register.
- Governance meetings for ED took place monthly and were done in conjunction with SJUH. The department had a designated governance lead. The meetings were attended by clinical/nursing leads, business manager, quality governance manager and pharmacy. Staff reported that the senior management team provided a visible presence within the department.
- A clear vision and operational plan was in place for the continued development of the department. 'The Leeds Way' values and behaviours were embedded within the department.
- Winter planning was ongoing all year round with focus on staffing, management of non-designated bed spaces, increased comfort rounds and maximising patient flow through the hospital.
- The emergency department's culture was clearly positive. Staff we spoke with felt valued, appeared happy and enthusiastic and spoke positively about working in the department. The department had recently instigated departmental awards for good practice which encompasses the whole multi-disciplinary team and has strengthened working relationships.
- Information was used to monitor and manage the operational performance of the department, and to measure improvement. Service performance measures were monitored and reported.
- Medical and nursing staff we spoke with told us that engagement with staff and feedback to staff following engagement is continually improving. Staff consultation took place through a variety of forums including a multidisciplinary improvement forum and new ideas were progressed through an improvement group. The senior management team are a regular visible presence within the department.
- All paper based patient notes go through a multi-stage quality assurance process prior to being electronically stored.

However:

# Urgent and emergency services

- Staff across all grades of the multi-disciplinary team told us that their main worry was the increased pressures associated with the winter months.
- Despite the electronic patient records, we found that paper notes continued to be used in the department. The paper notes were scanned into the electronic data management system as the patient was discharged.

## Outstanding practice

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

## Areas for improvement

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



# Medical care (including older people's care)

Good   

## Key facts and figures

Leeds General Infirmary was based in the centre of Leeds and had ten wards with 194 beds delivering medical care across a range of specialities such as emergency medicine, cardiology, and neurology including stroke. Clinical service/support units (CSUs) based on this site relevant to medicine were abdominal medicine and surgery, emergency and speciality medicine, cardio-respiratory and the centre for neurosciences.

We visited eight of the ten wards, wards L12, L14, L16, L17, L18, L19, L20 and L21, which provided neurology (stroke) and cardio respiratory. We spoke with 11 patients, three carers, 60 staff (including medical and nursing staff) and reviewed 33 records of patients including prescription charts.

## Summary of this service

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

- The services were safe because there were systems in place to ensure staff completed mandatory training and safeguarding training. Nursing and midwifery staff met the trust target of 80% for 13 of 15 mandatory training modules and three of the seven safeguarding training modules. Medical staff compliance was met for 11 of 19 mandatory training modules and one of the seven safeguarding training modules. In most cases where the module was not met it was just below the 80% target. The trust was working to achieve better compliance as the year progressed.
- The ward environment was visibly clean with good infection control: in the wards we visited for the period August 2017 to August 2018 there were no or low cases of methicillin resistant staphylococcus aureus (MRSA), clostridium difficile (C. diff), or methicillin susceptible staphylococcus aureus (MSSA). The environment was clutter free overall, wheelchair accessible and with enough equipment for staff to perform their role.
- Nurse staffing was managed using recognised tools and professional judgment. Staff had access to records which were stored securely. Medicines, including intravenous fluids, were stored and managed safely. Staff knew how to report incidents and tools such as the safety thermometer and ward metrics were used to keep patients safe.
- 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). Patients' food, hydration and pain management needs were met. The service used audits within the specialities we visited to improve patient outcomes. Staff received training to ensure they were competent and this was supported by practice educators. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- The services were caring, with response rates in the friends and family test better than the England average. The inpatient score for recommending the service to friends and family from May 2017 to April 2018 was 90%. Staff supported the emotional needs of patients and could, for example, signpost to organisations for support. Staff tried to understand and involve patients and their carers where it was safe to do so.
- The services were responsive, with a process in place at clinical service/support units (CSU) to trust level to plan services. Wards had link nurses to champion the needs of patients with additional needs. Wards used various approaches to respond to challenges with access and flow including use of flow co-ordinators. The service was responsive to complaints and had made changes to services, such as the creation of stroke buddies.

# Medical care (including older people's care)

- The senior leadership team running the specialities were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture. The trust had clear governance processes in place to drive patient safety forward; these were implemented and monitored at CSU level. Staff and the public were engaged through meetings and surveys. The specialities we visited had access to performance dashboards to help monitor patient sensitive indicators and act when necessary. The specialities we visited all had examples of innovation, learning and continuous improvement.

However:

- Staffing levels on the hyper acute stroke unit (HASU) did not meet applicable national guidelines. However, mitigating actions were in place to keep patients safe, including drawing in additional staff, when patient acuity required it.
- For medical non-elective patients, the average length of stay was 7.1 days, which was longer than England average of 6.4 days. Average length of stay for non-elective patients in cardiology and neurology was shorter than the England average while in stroke medicine it was much longer (21 versus England average of 10.6). Staff were aware that availability of beds in the community was a driver of increased lengths of stay and were liaising with commissioners to resolve this.
- Trust performance in some of the national audits, for example around falls, was below national targets albeit the trust had an action plan in place to improve performance going forward.

## Is the service safe?

Good   

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

- There were systems in place to ensure staff completed mandatory training and safeguarding training. Nursing and midwifery staff met the trust target of 80% for 13 of 15 mandatory training modules. Medical staff compliance was met for 11 of 19 mandatory training modules.
- Link nurses on the ward could support staff with safeguarding matters. There were also resources for staff to use on the trust's intranet, so that safeguarding was everyone's business.
- The service was visibly clean, and the environment was clutter free overall, wheelchair accessible, and with enough equipment for staff to carry out their role. Access to ward areas were controlled using magnetic door locks and by use of reception areas staffed by nurses or ward clerks. Staff had enough equipment to do their job effectively. Medicines, gases, and intravenous fluids were stored and managed safely.
- During handovers of patients, and at safety huddles, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools such as national early warning score (NEWS). Staff had access to records which were part electronic and part paper.
- To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- Systems and processes were in place for staff to report incidents, review risks or serious incidents and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a safety thermometer, CSU dashboard and ward metrics.

However:

# Medical care (including older people's care)

- Staffing levels on the hyper acute stroke unit (HASU) did not meet applicable national guidelines. However, mitigating actions were in place to keep patients safe, including the use of additional staff, when patient acuity required it; for example, from the brain attack team, situated in the emergency department.
- Three of the seven safeguarding training modules and one of the seven safeguarding training modules did not meet the trust's compliance target. In most cases where the module was not met it was just below the 80% target. The trust was working to achieve better compliance as the year progressed.

## Is the service effective?

Good ● → ←

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

- The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Nutrition and hydration needs were met for patients with systems in place to monitor food and fluid intake and give support where needed. Patients reported no issues with management of their pain.
- The service had actioned many initiatives to improve patient outcomes including creation of a cardiac suite and a regional centre for removing blood clots.
- Staff were regularly appraised and given opportunities to develop their competencies.
- Staff worked effectively as a multi-disciplinary team, including attending multi-disciplinary weekly ward rounds. There was a 24/7 consultant rota with on call support after 20:00 and at weekends.
- Staff knew about consent to treatment and were aware of when patients needed to take additional action, such as best interest decisions for patients unable to consent.

However:

- Trust performance in some of the national audits, for example around falls, was below national targets albeit the trust had an action plan in place to improve performance going forward.

## Is the service caring?

Good ● → ←

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

- We found that patients received compassionate care from staff, which supported their privacy and dignity.
- The response rate (36%) and recommendation of service rates (90%) for friends and family was better than the England average.
- Patients we spoke with felt staff were attentive and took time to explain things. The trust monitored, through compassion audits, whether patients were being treated with kindness and respect.
- The service had access to chaplaincy services. Staff could provide emotional support to patients and carers or signpost them to organisations for further help.

# Medical care (including older people's care)

- Staff understood the needs of their patients and involved carers. For instance, staff arranged special visiting times for a patient that respected their cultural needs. Carers were supported as much as possible to stay with their loved ones by offering beds and flexible visiting times. Staff tried to understand and involve patients and carers when planning care by involving them in discussions.

## Is the service responsive?

Good   

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

- The trust had effective plans in place to ensure that its specialities were responsive to the needs of local people by working with commissioners and the local health economy to respond to local needs.
- Patients' individual needs were met, with activity trollies on some wards, and link nurses on each ward to champion dementia or learning disability.
- The services had mechanisms in place to manage access and flow using various methods, including use of flow coordinators and by working across agencies to improve the discharge process, as well as reviewing patients whose stay exceeded seven or 21 days.
- From April 2017 to March 2018 there were 708 patients at Leeds General Infirmary moving wards at night within medicine services. This was an improvement in average bed moves since the last inspection.
- Average lengths of stay for elective procedures were lower than the England average.
- The trust's referral to treatment performance for admitted patients was consistently better in comparison to the England average by an average of 5.3%.
- Systems and processes to respond to complaints were effective with learning and changes to the services being made in response to feedback from patients.

However:

- For medical non-elective patients, the average length of stay was 7.1 days, which was longer than England average of 6.4 days. Average length of stay for non-elective patients in cardiology and neurology was shorter than the England average, while in stroke medicine it was much longer (21 versus England average of 10.6). Staff were aware that availability of beds in the community was a driver of increased lengths of stay and were liaising with commissioners to resolve this.
- Complaints were concluded slightly outside of the trust's target timeframe. From May 2017 to April 2018 there were 78 complaints about medical services at Leeds General Infirmary and the service took an average of 45.2 working days to investigate and close complaints instead of 40 working days.

## Is the service well-led?

Good   

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

- The clinical service units for the site had a cohesive, visible and approachable local leadership team.

# Medical care (including older people's care)

- Each clinical service unit drew upon the trust's vision and strategy, but did have their own business plans that had recently been refreshed by the trust.
- Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns.
- 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 performance reports, to maintain quality.
- Staff engagement was encouraged with staff surveys, and annual award events, and patients and the public could feedback through multiple access points.
- There were examples of learning improvement and innovation.

## Areas for improvement

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

# Surgery

Good ● ↑

## Key facts and figures

Elective and non-elective surgical services at Leeds General Infirmary (LGI) are managed by clinical service units (CSUs) and surgical specialities. They provide a range of services including, major trauma, general trauma, vascular surgery, plastic surgery, neurosurgery, ear, nose and throat, maxillofacial and ophthalmology.

Surgical service provision at LGI includes 263 inpatient beds and 59 day-case beds spread over 16 surgical wards and a multi-speciality surgical assessment unit. Excluding those used for women's and paediatric services, there are 19 operating theatres within three theatre suites; most (16) are situated within the Jubilee wing of the hospital.

The trust hosts the West Yorkshire Major Trauma Network and all patients who suffer a serious injury are admitted to the Major Trauma Centre at LGI, if they can safely be taken there within 60 minutes.

The trust has one of the highest numbers of admissions in the country. The trust had 54,616 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 16,056 admissions (29.4%), 27,080 (49.6%) were day case, and the remaining 11,480 (21.0%) were elective. From August 2017 to July 2018, a total of 19,269 operations were carried out at LGI.

In May 2016, CQC carried out an announced comprehensive inspection of surgical services at the location; focusing on safe, responsive and well-led domains. We rated safe and responsive as requires improvement and well-led as good. In December 2013, CQC carried out an announced comprehensive inspection, in which we rated effective and caring as good. The ratings from the two previous inspections were amalgamated, and as of May 2016, surgical services at the location were rated as good overall.

At our most recent unannounced inspection, we followed key lines of enquiry and rated all domains. During our inspection, we visited the surgical service areas and spoke with 23 patients, and 67 members of staff. These included doctors, nurses, support workers, therapy staff, operating department practitioners (OPD's), administration and domestic staff and management. We looked at 12 complete patient records (and specific documentation in several others) and 12 medicines charts. We also interviewed the senior management team who were responsible for leadership and oversight of the service.

We observed patient care, the environment within wards and theatres, handovers and safety briefings. We also reviewed the hospital's performance data in respect of surgical services.

## Summary of this service

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

- The service had escalation policies, guidance and care pathways for deteriorating patients. We saw national early warning scores (NEWS) and observations were calculated and escalated in line with trust guidance. Resuscitation trolleys we viewed had tamper proof seals, with few exceptions were regularly checked, and all equipment was found to be in date.
- The service had systems in place for the identification and management of adults and children at risk of abuse. Key mandatory training target compliance rates (including those for safeguarding training) were often surpassed or close to being met for nursing staff. The service had systems in place for reporting, monitoring and learning from incidents.

# Surgery

- National audit outcomes were typically good or showed improved performance. Patient reported outcome measures at the trust were similar to national averages.
- Surgical service bed occupancy and theatre utilisation rates were high. Overall, there was a lower than expected risk of readmission for non-elective admissions compared to the national average. 18-week referral to treatment time (RTT) for admitted pathways for surgery at the trust was similar to or better than the national average. There was a relatively low proportion of delayed discharges within the service.
- Clinical service groups (CSUs) had stable management structures in place, with clear lines of responsibility and accountability. We saw considerable evidence of learning, continuous improvement and innovation within surgical services at the location.

However:

- Medical staff did not achieve compliance targets for level two resuscitation training and advanced resuscitation training modules, and higher-level safeguarding training targets were not attained.
- We observed good use of the WHO surgical safety checklist during our inspection. However, audit data for the location showed low team brief and de-brief compliance. Data also showed variable compliance with blood clot risk assessment (within 24 hours of admission) across surgical service areas at ward level.
- We found patient records and substances hazardous to health were not always securely stored on wards.
- From April 2016 to March 2018, the percentage of patients whose operation was cancelled and were not treated within 28 days, and the percentage of cancelled operations as a percentage of elective admissions, were consistently higher at the trust when compared to national averages. Vascular surgery and spinal surgery patients had a higher than expected risk of readmission for elective admissions when compared the national average.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were registered nurse vacancies in most areas we visited, which resulted in nursing staff managing higher volumes of patients. Mitigating actions had been implemented, such as upskilling of support workers, and management of patient bays; however, registered nurses had overall responsibility.
- Eligible staff were not compliant with level two resuscitation training and advanced resuscitation training modules. For example, only 47.7% of medical staff had completed advanced resuscitation training and 47.5% had completed the advanced training update.
- We saw mandatory safeguarding training target compliance rates were not always attained by medical staff. For example, less than half of those eligible had completed safeguarding adult (48.6%) and safeguarding children (38.9%) level two training.
- We observed good use of the WHO surgical safety checklist. However, audit data for the location showed average team brief and de-brief compliance was low overall and this was reflected in trust-wide audit data and reports.
- We reviewed audit data relating to blood clot (venous thromboembolism, VTE) risk assessment within 24 hours of admission. When we analysed data at ward level, we saw variable performance across surgical service areas. Over a three-month period, we saw four surgical wards recorded an average 24-hour VTE risk assessment compliance of 60% or less.



# Surgery

- We saw controlled drugs were appropriately stored and monitored. However, we found a number of medicines fridges had been consistently out of temperature range, with no escalation or assessment regarding the likely cause recorded.
- We found patient records and substances hazardous to health were not always securely stored on wards.

However:

- The service had escalation policies, guidance and care pathways for deteriorating patients. We also saw national early warning scores (NEWS) and observations were calculated and escalated in line with trust guidance. All resuscitation trolleys checked had tamper proof seals. With very few exceptions, emergency equipment was checked regularly, and all items reviewed were within date. The location housed the major trauma centre, and we saw good overall compliance with Trauma Audit and Research Network (TARN) metrics.
- Key mandatory training target compliance rates (including those for safeguarding training modules) were often surpassed or close to being met for nursing staff.
- The service had systems in place for the identification and management of adults and children at risk of abuse. Staff we spoke with could clearly describe safeguarding reporting procedures, and felt confident making referrals.
- Overall, we found theatres that we visited were compliant with infection prevention and control (IPC) protocols; with only minor issues identified. However, we had some concerns about surgical site infection (SSI) rates within spinal surgery services.
- The service had systems in place for reporting, monitoring and learning from incidents.

## Is the service effective?

Good   

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

- Two of the top three specialties (based on count of activity; trauma and orthopaedics and vascular surgery) at the location had a lower than expected risk of readmission for non-elective admissions when compared to the England average. Plastic surgery had a higher than expected risk of readmission.
- We saw patients' hydration and nutrition needs were being met. Overall, we observed fluid balance charts and nutritional risk assessments were completed appropriately. We saw patients were not fasted for excessive periods of time prior to surgery; and the service had introduced a 'think drink' campaign.
- Staff used a scoring tool to assess levels of patients' pain and we saw evidence of this in records we reviewed. The majority of patients we spoke with had no concerns about how their pain was controlled and staff checked that pain relief administered had been effective.
- Outcomes from the 2017 National Vascular Registry (NVR) audit report (based on data collected January 2014 to December 2016), were largely positive; with work ongoing to improve outcomes. Outcomes from the 2017 National Hip Fracture audit showed variable performance; however, recent data (late 2017) provided by the trust showed improved performance.
- Patient reported outcome measures (PROMS) were similar to national performance for all metrics relating to hip replacement, knee replacement and varicose vein.
- As of June 2018, 98.9% of nursing staff and 98.0% of medical staff in surgical services at the location had received an appraisal.



# Surgery

- Staff we spoke with had a good understanding of mental capacity and deprivation of liberty safeguards requirements. Staff understood the need to gain consent and understood the relevant decision-making requirements. Over a one-year period we saw 81 deprivation of liberty safeguard referrals were made from surgical core service areas at the location.

However:

- Patients in two specialties (based on count of activity, vascular surgery and spinal surgery) at the location had a higher than expected risk of readmission for elective admissions when compared to the England average.
- We saw that mortality outlier alerts for intracranial injury had been highlighted at the trust in February 2018 (signal occurred November 2017). The trust was completing a case note review to ascertain why the recent alert occurred. The location houses a major trauma centre, and a previous review (2016) did not identify any avoidable deaths.

## Is the service caring?

Good   

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

- Most patients described the care they received in positive terms; and reported staff were caring and compassionate, and provided reassurance and emotional support.
- We observed privacy and dignity being maintained for patients receiving care.
- The trust had a multi-faith chaplaincy service and bereavement service, and patients had access to specialist nurses for further information and support.
- Patient's wishes were respected and staff provided individualised care; we saw patients and those close to them were kept informed and involved in decisions about their care and treatment.
- From May 2017 to April 2018, the overall percentage of patients that would recommend the service was over 90% on every surgical ward at the location, except for the surgical day unit and the multi-specialty assessment unit; which both had an overall recommend rate of 87%.

## Is the service responsive?

Good  

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

- The service worked with commissioners, external providers and local authorities to plan and provide services to meet the needs of local people. The location housed the regional major trauma centre, and was a tertiary referral centre for a number of specialities.
- Surgical service bed occupancy and theatre utilisation rates were high. Systems and processes were in place to monitor and improve access and flow within the service. Patient flow coordinators helped manage the flow through the wards and senior staff attended a daily operational (DOP) meeting; which included theatres and anaesthetics staff. We saw that the trauma and orthopaedic service had developed a fractured neck of femur pathway to improve theatre efficiency.

# Surgery

- Patient discharge clerks helped facilitate the flow and discharge of patients. We saw relatively low proportions of delayed discharges from surgical services at the location overall (an average of 2.3% from April 2017 to March 2018).
- At trust level, 18-week referral to treatment time (RTT) for admitted pathways for surgery was similar to or better than the national average.
- At our previous inspection of the service in 2016, we observed that routine operations out of hours were taking place at the location. Following our recent inspection, we saw a standard operating procedure for acute surgery out of hours was in place; and data reviewed showed the out of hours operations listed related to urgent procedures.
- We saw that systems and events were in place to take account of patients' individual needs. There was a lead professional for learning disabilities and autism. We saw dementia friendly initiatives on neurosurgery and orthopaedic wards; and staff who were Alzheimer's Society 'dementia friends'. On the major trauma ward, we saw a "Day One, Trauma care starts here" support package; aimed at supporting people with severe and life changing injuries, and their families.

However:

- From April 2016 to March 2018, the percentage of patients whose operation was cancelled and were not treated within 28 days, and the percentage of cancelled operations as a percentage of elective admissions, were consistently higher at the trust when compared to national averages. From August 2017 to July 2018, data showed that 15.2% of all operations at the location were cancelled; over half of which were cancelled due to scheduling issues.
- Two of the top three elective specialties (spinal surgery and neurosurgery) and two of the top three non-elective specialties (trauma and orthopaedics and plastic surgery) had a longer length of stays than national averages.
- Whilst the number of formal complaints made about surgical services at the location was comparatively low (58 from May 2017 to April 2018); we saw the trust were not meeting their targets to investigate and close complaints within allocated timeframes. For surgical services at this location, closures took an average of 70.6 days compared to a target of 40 days.

## Is the service well-led?

Good   

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

- Clinical service groups (CSUs) had stable management structures in place, with clear lines of responsibility and accountability. Senior staff and management teams were aware of risks facing services, and had plans in place to improve patient care.
- Senior ward and theatre staff had constructive and positive relationships with managers. Staff at different levels were clear about their roles and understood their level of accountability and responsibility. The majority of staff we spoke with felt supported by senior staff and managers, and felt comfortable escalating any concerns.
- Staff were encouraged to undertake professional development. We saw there was a workforce strategy and people strategy in place at the trust. These outlined development opportunities and pathways for staff; including leadership development.
- Staff we spoke with were aware of the trust's values and the vision (the 'Leeds way') and we saw these displayed in areas we visited. Each CSU had its own clinical business strategy, which outlined key quality measures and current performance. We saw each contained a vision for service delivery, subdivided by speciality.

# Surgery

- We saw considerable evidence of learning, continuous improvement and innovation within surgical services at the location.

However:

- Staff morale was good in most ward and departments we visited; however, some staff expressed concerns about nurse staffing and workload on orthopaedic wards.
- The service did not always have sufficient oversight of VTE-risk assessment within 24 hours of admission compliance, deviations in WHO surgical safety checklist compliance, and monitoring of the refrigeration of medicines.

## Outstanding practice

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

## Areas for improvement

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

# Critical care

Outstanding  

## Key facts and figures

Leeds Teaching Hospitals NHS Trust, provides critical care services at two sites. The trust is a regional liver unit covering Yorkshire and Lancashire and provides care for patients undergoing liver donation and transplants. They also care for patients with traumatic head injuries, neurological conditions and spinal injuries.

At Leeds General Infirmary there are seven critical care units which provide level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care.

Ward name	Services provided	Bed numbers
Adult critical care - L02	<b>Adult High Dependency Unit</b>	<b>6</b>
Adult critical care - L03	<b>General Intensive Care Unit</b>	<b>8</b>
Adult critical care - L04	<b>Cardiac Intensive Care Unit</b>	<b>8</b>
Adult critical care - L05	<b>Cardiac Intensive Care Unit</b>	<b>7</b>
Adult critical care - L06	<b>Neuro Intensive Care Unit</b>	<b>8</b>
Adult critical care - L07	<b>Neuro High Dependency Unit</b>	<b>7</b>
Cardio-respiratory - L20	<b>Coronary care unit</b>	<b>10</b>
Trauma and related services - L08	<b>Plastic surgery and trauma High Dependency Unit</b>	<b>6</b>

The critical care service is part of the West Yorkshire Critical Care Network. Intensive Care National Audit and Research Centre (ICNARC) data was collected from the general intensive care unit (ICU) and the neuro ICU. The data showed that between 1 April 2017 and 31 March 2018 on the general ICU (ward L03) there were 765 admissions with an average age of 58 years. Of these:

- 32.5% were unplanned admissions from the emergency department or outside of the hospital
- 23.5% were admitted following emergency surgery
- 16% were planned admissions from theatre following elective surgery

# Critical care

- 13% were transfers from another critical care unit
- 12% were from ward areas
- 2% were unplanned admissions from theatre following elective surgery
- 1% were transfers from another hospital

The average (mean) length of stay on the unit was two days.

Data from 1 April 2017 and 31 March 2018 on the neuro ICU (ward L06) showed that there were 534 admissions with an average age of 54 years. Of these:

- 39% were unplanned admissions from the emergency department or outside of the hospital
- 22% were admitted following emergency surgery
- 15% were planned admissions from theatre following elective surgery
- 9% were transfers from another critical care unit
- 9% were from ward areas
- 4% were unplanned admissions from theatre following elective surgery
- 2% were transfers from another hospital

The average (mean) length of stay on the unit was 2.5 days.

A critical care outreach team provided a supportive role to the wards' medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team was available twenty-four-hours a day, seven days a week.

The critical care service is part of the West Yorkshire Critical Care Network.

The units did not accept paediatric admissions as there was a dedicated paediatric intensive care unit.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection the responsive domain was rated requires improvement. The domains of safe, effective, caring and well led were rated good. We re-inspected all five key questions during this inspection.

During this inspection we visited each of the units. We spoke with two patients and five relatives and 30 members of staff. We observed staff delivering care, looked at ten patient records and ten 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 improved. We rated it as outstanding because:

- We rated caring and well led as outstanding. Safe, effective and responsive were rated as good.
- Significant work had been undertaken within the service since the last inspection. The areas identified as requiring improvement had been a focus, alongside staff wellbeing and patient centred care delivery.
- Nursing and medical staff met or exceeded trust expectations for mandatory training and staff demonstrated a good understanding of safeguarding and mental capacity.

# Critical care

- The critical care outreach team had expanded and provided a twenty-four-hour, seven day a week service. Nurse staffing was in line with Guidelines for the Provision of Intensive Care Services (GPICS) recommendations.
- Reliable systems and processes were in place for the management of medicines, patient records and monitoring, assessing and responding to risk.
- Patient outcomes were in line with, or better, when compared to similar units. Care and treatment was evidence based. The units were continually working to improve their services based on data and best practice.
- There was effective monitoring of sedation and delirium and the nutrition and hydration needs of patients were consistently met.
- There was significant focus on the training and development of staff at all levels within the service.
- Feedback from patients and families was consistently positive. We observed compassionate care delivery and a drive to deliver individualised patient centred care.
- A critical care patient flow team had been established and an online system based on clinical emergency medicine books (CEM books) had been developed. This enabled oversight of access and flow and supported risk based decision making.
- The psychological needs of patients were considered in all aspects of care and we found care to be individualised with carer involvement.
- We observed a strong, visible leadership on the units supported by clinical leadership.
- The team had developed a strong vision and strategy with clear system to support and monitor its delivery.
- Governance processes were embedded and there was effective risk management in place.

However:

- The service did not meet the GPICS standard of 50% of nursing staff having a post registration certificate in critical care.
- Pharmacy provision did not meet GPICS guidance.

## Is the service safe?

**Good** ● → ←

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

- We found improved systems for the management and oversight for electrical safety testing of equipment. Equipment training compliance for staff within critical care was 78%, this was an improvement from the last inspection.
- We found mandatory training compliance for nursing and medical staff exceeded trust targets.
- Staff demonstrated a good knowledge of safeguarding. Training compliance figures exceeded trust targets for nursing and medical staff.
- We observed good practice in relation to infection prevention and control. The rates of unit acquired infections in blood was zero for the neuro ICU and for the general ICU it was lower (better) when compared to similar units.
- Nurse staffing was in line with GPICS recommendations and the critical care outreach team had expanded since the last inspection in 2016 and was providing a twenty-four-hour, seven day a week service.

# Critical care

- A new system for oversight and management of staffing had been developed to support a consistent and risk based process for managing any gaps in staffing or increased activity.
- Medical staffing requirements on the units were generally in line with GPICS standards and provided continuity of care for patients.
- We found records to be fully completed and in line with trust and professional standards.
- We found good systems in place for the management and storage of medicines. Prescription charts were fully completed and in line with trust and national guidance.

## Is the service effective?

**Good** ● → ←

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

- Since the last inspection significant progress had been made with the critical care elements of NICE CG83 rehabilitation after critical illness. A critical care rehabilitation team had been established and multidisciplinary rehabilitation pathways were in place which focused on both the physical and psychological needs of patients.
- Care was evidence based and staff were continually looking at ways to improve patient care and treatment. There was a holistic approach to the assessing, planning and implementation of care and new approaches and technology were used to support its delivery.
- Screening for sepsis and delirium was embedded with staff. There was a process for undertaking sedation holds for ventilated patients and we saw evidence of this taking place in patient records.
- We found assessment and monitoring of pain and the nutritional and hydration status of patients was in place. We observed care plans to support this and support from specialist staff such as acute pain nurses and specialist dietitians.
- The service actively engaged in activities to monitor and improve quality and outcomes. Patient outcome data was better when compared to similar units.
- From discussions with staff it was evident that training and development was a key priority for the service. Staff were proactively supported to learn and develop their skills and reported training opportunities made them feel valued and empowered. A structured programme of clinical supervision for staff was in place.
- We observed good multidisciplinary team (MDT) working. Patient records showed MDT input into decision making and care planning.
- Mental capacity training compliance for nursing and medical staff exceeded the trust target. Staff demonstrated a good level of knowledge in relation to consent, deprivation of liberty safeguards and could describe the processes to follow when restraint was used.
- As of June 2018, 99.6% of nursing staff had undertaken an annual appraisal, exceeding the trust target of 95%. Ninety three percent of medical staff had recently undergone an annual appraisal.

However:

- The number of staff with a post registration award in critical care nursing did not meet GPICS recommendations, and in some areas, was significantly below the 50% recommendation. This was partly because of staff turnover and the availability of places on the course, however the trust was actively working to improving this.

# Critical care

- Pharmacy provision across the units did not meet GPICS standards and we were not provided with a timeframe as to when the service would be compliant.

## Is the service caring?

**Outstanding**  

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

- We observed a strong, visible person-centred culture inspired by the nursing and clinical leadership within the units. Small touches such as bedside patient information magnets with details such as 'I have school aged children', evidenced this. These showed information about the person rather than simply information related to their medical needs.
- Staff recognised and responded to the emotional needs of their patients and relatives. Bereavement support for patients was available and there was a clear recognition of the importance of this.
- From reviewing documentation, it was evident that the psychological needs of patients were always considered as part of their care. For example, the critical care rehabilitation pathway document included an intensive care psychological assessment tool.
- The service held critical care patient experience meetings. Reviewing patients records and discussions with patients and relatives showed individual preferences and needs were reflected in the care they received.
- Feedback from the patients and relatives we spoke with was consistently positive. We observed care and interactions which were kind and compassionate and patient's privacy and dignity was maintained at all times.
- Obtaining patient feedback within critical care can be a challenge, many units do not collect friends and family test (FFT) data. The service collected FFT data and data showed 100% of respondents would recommend the service.
- Additional methods for obtaining patient feedback were in place using technology such as iPads and a website developed by the service. This included asking simple questions about the care received and for any additional comments.
- Compassion and dignity audits were in place and monitored by the ward health check metrics. Recent data from June 2018 showed compliance was 100%.
- Staff involved patients and those close to them in decisions about their care and treatment. Relatives and patients told us they felt well-informed and staff communicated with them in a way they could understand.
- The service had a pet as therapy (PAT) dog, Maggie, who visited the units to interact with both patients, visitors and staff each Wednesday.

## Is the service responsive?

**Good**  

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

- Since the previous inspection a patient flow team had been put in place. They managed access and flow on a day to day basis. Data was inputted on to CEM books to allow consistent recording of information to support risk based decision making.



# Critical care

- The number of bed days with a delay of more than eight hours on the general ICU was better than that of similar units and the number of delays had significantly reduced since the last inspection.
- The number of non-clinical transfers was in line with that of other units, and again had significantly improved since the last inspection.
- A cardiac improvement workstream had been developed to focus specifically to reduce the number of cancellations in this speciality.
- Staff were able to identify and plan care to meet people's individual needs. They felt confident in providing care for patient who may require additional support, for example those with a learning difficulty or living with dementia.
- We saw good use of patient diaries, and systems to engage with relatives to understand the individual needs of patients. We were provided with examples of changes made in response to patient feedback.
- Follow up clinics were in place and appointments and support was available to all patients and those who had been on the unit for more than 72 hours.
- The unit received a low number of complaints and we saw evidence of complaints being discussed at governance and team meetings.

However

- There were limited washing and showering facilities for family members who stayed over at the hospital.

## Is the service well-led?

**Outstanding**  

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

- We reviewed documents related to the unit's vision and strategy. The senior management team told us there had been full staff engagement in its development. This was strongly evident from the staff we spoke with during the inspection and there was information displayed throughout the units.
- The quality improvement strategy for critical care was stretching and challenging looking at innovative ways of working to achieve the highest standards of care for patients. The strategy was based on the five domains in the National Outcomes Framework (2012) and the CQC framework and involved external partners, staff and service users. Each element was linked to a workstream with a clear aim and list of interventions to enable that to be achieved.
- We observed strong medical and nursing leadership within the service in all areas we inspected. Each was motivated and focused on providing the highest standards of patient care.
- We found high levels of staff engagement and subsequent high levels of staff moral within the units we visited. Staff spoke in a positive way about the trust and were proud of the work they did. There was an open culture where concerns could be raised and staff were involved and encouraged to help seek solutions.
- We found good cross site working and a genuine feeling from staff that they were one critical care unit working together. The joint working for managing staffing and access and flow supported this.
- There were clear and embedded governance structures and processes. We found evidence of clinical oversight and ownership. The risk register was reflective of the risks to the service with evidence of recent review.
- Staff were aware of their individual roles and levels of accountability. There were effective systems for managing performance and risk and this information was easily available through dashboards and metrics.

# Critical care

- The service was proactively engaging with families and patients. Innovative approaches were used to gain feedback using technology.
- We were provided with several examples of innovative working. There was a strong focus on research and continuous improvement. Key to this was the supportive development of staff.
- There had been a significant focus on the well-being of staff and the psychological needs of patients.

## Outstanding practice

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

## Areas for improvement

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

# St James's University Hospital

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## Key facts and figures

St James' University Hospital (SJUH) is one of seven locations within Leeds Teaching Hospitals NHS Trust. The hospital is based in north eastern Leeds and provides a wide range of medical and surgical services. At this inspection we visited the services of urgent and emergency care, medical care, surgery and critical care.

Urgent and emergency care services at SJUH provides a complimentary service to that which operates at Leeds General Infirmary. The service has strict admission criteria and agreements in place with the local ambulance service to appropriately stream patients to either location depending on their care and treatment needs. Urgent and emergency services at SJUH focuses on acute general medical patients and older people; it does not accept paediatric patients or patients with trauma related injuries who arrive by ambulance. Patients in these groups may however self-present to the department. Where appropriate and safe to do so these patient groups will be stabilised and transferred to Leeds General Infirmary in line with trust protocol. The Emergency Department (ED) at SJUH is open 24 hours a day, seven days a week and includes a minor injuries unit, a general practitioner service and a clinical decisions unit. The main emergency department operates assessment cubicles, two areas of treatment cubicles and a resuscitation room with five bays. The service is part of the trust's emergency and speciality medicine clinical service group

Medical care services at SJUH provide care and treatment for most medical specialities, operating 840 beds across 42 wards. Of these 111 beds across 12 wards are day case beds and 729 beds across 30 wards are open Monday to Sunday. Some medical services provided at SJUH include genitourinary medicine, acute medicine, elderly medicine, speciality medicine such as diabetes and endocrinology as well as endoscopy, gastroenterology, hepatology, urology, oncology, renal and cardio-respiratory medicine.

Surgery services at SJUH offer elective and non-elective surgical treatment in a range of specialities such as day surgery, general surgery, upper and lower gastrointestinal surgery, breast, colorectal, urological, ophthalmological and transplant surgery. The service operates 226 inpatient beds and 56 day-case beds at SJUH spread over 16 wards and a surgical assessment unit. Excluding those used for women's and paediatric services there are 23 operating theatres at SJUH within the four theatre suites of Chancellor, Geoffrey Giles, David Beevers and Bexley Wings.

Critical care services at SJUH operate two critical care units, an intensive care unit based on wards J53 and J54 with 23 beds providing care for level two and level three patients. This unit contains both bays and single rooms and the beds are flexed between level two and level three patients as required. The service also has a high dependency unit based on J81 which provides level two care only. The critical care service at SJUH is part of the West Yorkshire Critical Care Network. This service does not admit paediatric patients as there is a dedicated paediatric intensive care unit.

# Summary of findings

## Summary of services at St James's University Hospital

### Requires improvement → ←

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

- We found that nurse staffing did not always meet the minimum levels to ensure patients received safe care and treatment and there was a high turnover of nursing staff. This was observed in multiple services at the hospital
- We found that mandatory training compliance in multiple services was below the trust target of 80%
- We observed that effective infection prevention and control protocols were not consistently followed on all wards and theatres and we had concerns about the number of healthcare acquired infections in surgical services at the hospital
- We observed that substances hazardous to health such as cleaning solutions and alcohol gels were not always stored securely and in some cases were accessible to patients
- We observed that the mental health assessment room did not meet recommended standards and that staff understanding of mental capacity and consent was variable
- We had concerns about patient privacy and dignity in some areas of the urgent and emergency care service

However:

- Patients we spoke to told us that staff were polite and professional and treated them with care and compassion. This was observed on all services we inspected.
- Appropriate escalation policies were in place at the hospital and National Early Warning Scores were calculated and escalated in line with these policies
- We observed safe medicines management, resuscitation trolleys were regularly checked with tamper proof seals in place and all medicines and items were found to be in date

# Urgent and emergency services

Requires improvement  

## Key facts and figures

St James's University Hospital (SJUH) has one of two emergency departments (EDs) located in the city of Leeds and run by the trust, the other being at Leeds General Infirmary. The ED has strict admission criteria, which are well publicised within the hospital and around the city. There is an agreement in place with the ambulance service regarding which patients can be transported to the department.

SJUH ED is the Leeds centre for acute general medical patients and older people. It does not accept paediatric patients or patients with trauma related injuries arriving by ambulance, although these patients may self-present to the department. In cases of acute illness in children or severe injury, patients will be assessed and stabilised before being transferred to LGI, in line with trust protocol.

The ED is open 24 hours a day, seven days a week and consists of a minor injuries unit (MIU), a main area for major illnesses and injuries, a general practitioner (GP) service, and a clinical decision unit (CDU). The main ED consists of assessment cubicles, two areas of treatment cubicles and a resuscitation room with five bays. Urgent and emergency care is part of the trust's emergency and speciality medicine (ESM) clinical services unit (CSU).

Between July 2017 and June 2018 there were 221,559 attendances at the trust's urgent and emergency care services; between March 2017 and February 2018, 34.1% of attendances resulted in admission. This placed the trust in the highest quantile in comparison to national rates.

We carried out an inspection in 2014 and rated the domains of 'safe', 'caring', 'responsive' and 'well-led' as good. The 'effective' domain was not rated at this time. In May 2016 the 'effective' domain alone was inspected and rated as good.

At this inspection we visited all areas of the department. We spoke with 24 members of staff, 16 patients and 6 relatives. We observed practice, looked at patients' records and reviewed trust policies and performance information.

## Summary of this service

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

- Nurse staffing did not always meet minimum safe levels and there was a high turnover of nursing staff.
- Several safeguarding and resuscitation training modules had compliance rates below the trust target.
- Initial patient streaming was not always in line with best practice guidance.
- The department had a high number of outstanding incident reports awaiting closure
- We were concerned that some patients found the MIU difficult to access.
- The mental health assessment room did not meet recommended standards. However, the trust had already begun work to review the mental health assessment rooms in line with the recommended standards. Performance in royal college of emergency medicine (RCEM) audits was mixed.
- We had concerns about patients' privacy and dignity in some areas of the department.
- Performance standards were consistently below the England average.
- Although we saw improvements in the time taken to close complaints, it was still not in line with trust policy.

# Urgent and emergency services

However:

- Staff demonstrated good safeguarding knowledge and practices.
- There were processes in place to improve flow in the department.
- The department was clean and tidy, and equipment was well maintained.
- Arrival to initial assessment times were better than the England average.
- Patient monitoring and escalation was carried out appropriately.
- Medicines were managed safely.
- Policies and practices were based on national guidance.
- Patients' needs were met in relation to food, drink and pain relief.
- Staff received comprehensive induction, training updates and regular appraisals, and learning from incidents was embedded in the department.
- We saw good examples of cross-site and multi-disciplinary working.
- Staff were caring, compassionate and respectful.
- We saw good examples of leadership within the department, and the culture appeared positive.

## Is the service safe?

**Requires improvement** ● ↓

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

- We were concerned that nurse staffing was not always safe: 38% of registered nurse shifts in the main ED were staffed at or below the minimum level.
- Mandatory training compliance for medical staff was below the trust target.
- Resuscitation training for all staff was below the trust target.
- Two of the seven safeguarding training modules for nursing staff had compliance rates below the trust target.
- Five of the seven safeguarding training modules for medical staff had compliance rates below the trust target.
- We were concerned that some patients had difficulties accessing the MIU, and that those needing X-ray were required to return to the main department.
- Initial patient streaming was done by a non-clinical member of staff between the hours of 10pm and 10am; this was not in line with best practice guidance.
- The mental health assessment room did not meet recommended standards. However, the trust had already begun work to review the mental health assessment rooms in line with the recommended standards.
- The department had a high number of outstanding incident reports that had not received a response, and we saw a high number of incidents relating to patients absconding from the department.
- A high turnover of registered nurses meant some staff were taking on more senior roles sooner than they felt was appropriate.

# Urgent and emergency services

However:

- Overall mandatory training compliance for nursing staff was higher than the trust target.
- Staff demonstrated good safeguarding awareness and the department was well supported by the safeguarding team.

The department was clean and tidy, and senior staff maintained oversight of cleaning standards.

- Equipment in the department was stored appropriately and adequately maintained.
- Patient monitoring was consistent and deteriorating patients were escalated appropriately.
- There was a focus on improving the management of patients with sepsis.
- Regular safety huddles ensured oversight of departmental and cross-site issues.
- Staff had developed good working relationships with local police to increase safety awareness and improve incident management.
- Arrival to initial assessment times were on average 2.4 minutes better than the England average from June 2017 to February 2018.
- We observed safe medicines management.
- The department had a process in place for sharing learning from incidents.

## Is the service effective?

Good   

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

- The use of Clinical Emergency Medicine (CEM) Books ensured senior staff retained oversight of operational issues.
- Policies, procedures and pathways were based on national guidance.
- Patients' nutrition and hydration needs were well attended to.
- Pain scores were consistently recorded and patients received pain relief in a timely manner.
- Staff worked across hospital sites to maintain skills and experience.
- The department had robust procedures in place for the management of children and patients with traumatic injuries.
- Staff received a comprehensive induction and attended regular training updates within the department.
- Staff appraisal rates were above the trust's target.
- We saw good examples of multi-disciplinary team working and liaison.

However:

- The department's performance in Royal College of Emergency Medicine (RCEM) audits was mixed; of 20 standards only one was achieved. Ten standards were above the UK average and ten were below the UK average.
- The unplanned re-attendance rate to the trust's EDs was worse than the England average.

# Urgent and emergency services

## Is the service caring?

**Good** ● → ←

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

- We found staff of all grades to be polite, respectful, professional and non-judgmental in their approach.
- We observed staff responding to patients' needs in a compassionate and timely manner, whilst involving relatives and carers.
- Comfort rounds were consistently completed and recorded.
- Patients told us they were happy with their care, and they thought staff were caring and friendly.
- We saw that patients were provided with regular updates regarding their treatment, and patients told us they felt well informed.
- We observed staff providing effective emotional support to distressed and agitated patients and relatives.
- The department had been commended for its Friends and Family Test (FFT) completion rate, and we saw FFT information readily available in the department.

However:

- We were concerned that patients' privacy and dignity was not always maintained, in both the main ED and MIU, due to the layout of the departments.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Arrival to treatment times were consistently worse than the England average from June 2017 to May 2018.
- From July 2017 to June 2018 the trust failed to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The lowest percentage was 69%, recorded in January 2018. This had improved and was similar to the England average in May 2018, and slightly below in June 2018.
- Decision to admit to admission times were well above the England average from July 2017 to January 2018. Times remained poor in February and March 2018, though had shown some improvement and were similar to the England average in June 2018.
- Although we saw improvements in the response time for closure of complaints, it was still not in line with trust policy.
- The percentage of patients leaving the trust's EDs before being seen and treated was worse than the England average.
- We saw little information available for patients in different formats or languages.

However:

- Robust plans for caring for children and trauma patients meant they could be treated or transferred appropriately.



# Urgent and emergency services

- We saw good examples of care and support for patients presenting with mental health needs, learning disabilities and dementia.
- The department was participating in a scheme to identify patients who regularly attended the department, to support them and reduce inappropriate admissions.
- Patients could be referred to other areas for assessment directly from the streaming nurse without having to wait in the ED; work was ongoing to monitor and improve the referral process.
- The integrated discharge teams were proactive and helped avoid unnecessary admissions to hospital.
- There were systems in place for staff to learn from incidents and complaints, and staff we spoke with confirmed this.

## Is the service well-led?

Good   

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

- Staff told us that leaders were visible, approachable and well respected
- ‘The Leeds Way’ values and behaviours were embedded within the department.
- The department culture appeared open and transparent.
- We saw good examples of staff being supported and their welfare being considered.
- Managers held regular governance meetings.
- There was a process in place for sharing learning following incidents.
- Staff contributions and achievements were recognised.

However:

- Morale appeared low in the MIU: staff told us they felt isolated and they were not always supported at times of high demand.
- We were not assured that information relating to departmental changes or developments was always fed back to staff.
- We were not assured that there was robust oversight of the implementation of actions within the department.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at the trust provides care and treatment for most medical specialities.

St James's University Hospital has 840 beds across 42 wards. Of these, 111 beds across 12 wards are day case beds, and 729 beds across 30 wards are open Monday to Sunday.

The trust had 72,660 medical admissions from March 2017 to February 2018. Emergency admissions accounted for 33,728 (46.4%), 4,577 (6.3%) were elective, and the remaining 34,355 (47.3%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 17,438 (24.0%).
- General medicine: 10,302 (14.2%).
- Cardiology: 9,527 (13.1%).

Medical services were spread across different clinical service units (CSUs). These were:

- Emergency and specialty medicine (ESM) which included genitourinary medicine, acute medicine, elderly medicine, speciality medicine such as general medicine, diabetes, endocrinology.
- Abdominal medicine and surgery (AMS) which included endoscopy, gastroenterology, hepatology, urology and renal services.
- Oncology which included haematology, specialist palliative care, medical and clinical oncology.
- Cardio-respiratory which included cardiology and respiratory medicine.

At the last inspection in May 2016, medical care was rated overall as good. Safe was rated as requires improvement and responsive and well-led were rated as good. We inspected three domains at this inspection. We inspected medical care in July 2014 and rated effective and caring as good.

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

We inspected the whole core service and looked at all five key questions. In order to make our judgements we visited various clinical areas, and spoke with 39 patients and relatives and 97 staff from different disciplines, including doctors, nurses, allied health professionals and health care assistants. We observed daily practice and viewed a variety of information in patient's medical and nursing records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

We visited areas within each CSU during our inspection:

- ESM – JAMA, J16, J7, J8, J14, J15, J19, J17, J21, J26, J27, J28, J29
- ASM – J91, J92
- Oncology – J93
- Cardio-respiratory – J6, J10, J10H (respiratory care unit), respiratory day unit, J12
- Discharge lounge

# Medical care (including older people's care)

## Summary of this service

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

- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. As a result, patients who had been assessed as requiring one to one supervision did not always receive the adequate level of care. This was sometimes due to not having extra staff on the ward to provide the supervision or staff providing the supervision were supporting patients within the bays with their own needs.
- Mandatory training figures for medical staff did not meet the trust's set target of 80% for 8 out of 18 courses. These included resuscitation and information governance. We saw that on various wards medical record trolleys were not always secure. Safeguarding training compliance varied between both medical and nursing staff.
- At our inspection in May 2016 we identified hazardous substances used for cleaning and alcohol gels were not always stored securely. We found several solutions stored in areas where they could be accessed by patients.
- The number of patients moved after 10pm had not changed since the last inspection in May 2016. The numbers fluctuated and varied between 632 to 760 patients per month between March and August 2018. Some of these included moving patients who were at risk of falls or living with dementia to non-medical areas.
- A high number of medical patients stayed in clinical decision unit (CDU) based with the emergency department until a bed became available on a medical ward. At times patients remained on the CDU for between three and seven days. CDU was not designed for this purpose and was designed for patients who would move on from the area quickly.
- The average of length of stayed varied between services with the majority slightly longer than the England average in both elective and non-elective specialities.
- The trust was not investigating and closing complaints within the allocated timeframes.
- The understanding of mental capacity and completion of documents such as capacity assessments and Deprivation of Liberty safeguards (DoLS) varied between staff, in particular registered nurses. As a result records did not always reflect the decisions made
- Monthly audits varied between wards and showed lower audit results for nutrition and hydration needs. The trust was taking a number of steps to reduce the number of falls, however the trust performance within the inpatient falls audit was low
- Patients had a higher than expected risk of readmissions in three areas for elective non-elective admissions. Within clinical haematology the risk was significantly higher.

However:

- Mandatory training for registered nurses did meet the trust's set target of 80% for 14 of 16 courses, with the remaining two slightly under the set target.
- Patient records included all the relevant information, including observations and risk assessments.
- Systems and processes were in place to check resuscitation equipment, fridge temperatures and electrical safety testing.
- National guidelines were in place and evident within pathways. Action plans were in place for national audits where improvements were required. The majority of national audits were positive with the exception of inpatient falls. Monthly audits were completed on each ward for specific patient information.

# Medical care (including older people's care)

- Appraisal targets were met for different staff groups and staff worked together providing effective multidisciplinary team working. There was good links with the local mental health trust.
- Patients were treated with care and compassion and patients told us they were treated with kindness. Patients felt that they were supported with their emotional needs and involved in decisions about their care.
- Services were planned to meet the needs of the local people. This included the creation of different measures to reduce the length of stay within hospital. Alternative ways of working had been created, such as virtual clinics to review patients at home and frailty units.
- Referral to treatment performance (percentage within 18 weeks) was consistently better than the England average by an average of 5.3%. Six specialities were above the England average, two had 100% and one 97.7% performance rates.
- Staff were positive about the culture and leadership on the wards and within the CSUs. There had been various changes implemented which staff felt they were consulted on and were made aware of. The CSUs had clear visions and worked together to deliver the trust's strategy.
- Governance processes were in place to review the care provided to patients. Regular meetings were held to review and escalate the levels of risk.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. There were registered nurse vacancies in most areas we visited, which resulted in staff managing higher volumes of patients. During our inspection we saw that registered nurses managed sometimes between 10 and 22 patients. Additional healthcare assistants were on the ward who managed patient bays; however the registered nurse had overall responsibility.
- Patients who had been assessed as requiring one to one supervision were not always receiving the adequate level of care. For example; within a falls cohort bay the supervised staff would be supporting other patients because no other staff were available to respond. Therefore, they did not have visual contact with all patients; this meant that there was a risk of harm. Although we saw completed enhanced risk assessments during our visit, we were not assured that these were consistently completed over previous months.
- Mandatory training figures for medical staff showed they were compliant with ten of the 18 courses. Five that did not meet the 80% compliance were between 70 and 79% compliance and compliance levels had increased since the last inspection in May 2016. However, the lowest mandatory courses were resuscitation at 46% and 65% compliance, dependant on the level of training.
- Levels of safeguarding compliance varied, for registered nurses out of seven safeguarding courses staff were compliant with the 80% target for three of the courses. These consisted of basic level one training. Compliance for higher more in-depth courses were between 70 and 75%. For medical staff only one course met the compliance target of 80%, again this was for the basic level one training. Compliance for other levels varied between 29 and 70%.
- We saw that environments were visibly clean; however, some areas were compact and appeared cluttered. Ward audit results for hand hygiene were variable on wards and we observed some staff not completing hand hygiene or not wearing the appropriate personal protective equipment.

# Medical care (including older people's care)

- Hazardous substances used for cleaning and alcohol gels were not always stored securely. We identified this as an issue at our inspection in May 2016 and solutions continued to be stored in areas where they could be accessed by patients.

However:

- The majority of mandatory training levels for registered nurses were compliant with the trust's 80% target. Out of 16 training modules for registered nurses, 14 met the required compliance with two slightly under at 77% compliance.
- Staff were aware of how to refer safeguarding concerns and discussed circumstances when this occurred.
- Patient observations and records contained relevant information. We saw risk assessments were completed and information was highlighted on the computer when observations were raised or required to be reviewed.
- Resuscitation equipment was checked regularly and systems were in place to review when equipment required electrical safety testing. Fridge temperatures were also monitored and recorded.

## Is the service effective?

Good   

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

- The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Patients reported no issues with management of their pain. Monthly audits by the trust showed that pain was assessed, monitored and reviewed.
- Patient outcomes were completed in line with national standards and performance reviewed in relation to other regional areas. Results varied for different audits, however the majority of audits were positive with the exception of inpatient falls. Each national report had action plans in place where improvements were required.
- Appraisals were completed and compliance had improved since 2017. All staff groups met the trust target of 95%. Staff were supported and packages were available to support them to become competent in their role.
- Staff of different disciplines worked together as a team, we observed that wards had effective approaches to multidisciplinary working. Staff described good working relationships between consultants, nurses and allied health professional staff.
- Advice and health promotion information was available for patients and families in areas that we visited. Many wards had displays informing the public of various information such as increasing appetite and reducing falls.
- Patients were supported by the local mental health trust for their mental health needs. We saw various patients had Deprivation of Liberty Safeguards (DoLS) in place, a pathway was in place due to delays with local authorities in reviewing DoLS applications. Staff had completed mental capacity training.

However:

- Not all staff understood mental capacity and documentation around decision making was not in place in some records we reviewed. This was evident when one patient was restrained, the records did not reflect the rationale and whether a mental health assessment or DoLS had been completed. DoLS applications and information was stored in a variety of different places on wards.

# Medical care (including older people's care)

- Monthly audits by the trust showed that nutrition and hydration needs were not always met and scores varied between the wards. However, patients told us that they had access to adequate nutrition and hydration
- Patients had a higher than expected risk of readmissions in three areas for elective non-elective admissions. Within clinical haematology the risk was significantly higher.
- The trust performed poorly in the national audit for inpatient falls, particularly with the proportion of patients assessed for the presence of delirium which was 10%. The trust had an improvement programme in place to reduce the number of falls

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with care and compassion. Feedback from patients confirmed that staff treated them well and with kindness. Privacy and dignity was maintained.
- Patient's wishes were respected and staff provided individualised care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Patients were provided with emotional support from staff to minimise their distress. Patients felt reassured.
- Results from the Friends and Family Test were 36%, this was better than the England average of 25%.

## Is the service responsive?

**Requires improvement** ● ↓

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

- We found patients that were at risk of falls and patients living with dementia were inappropriately moved to non-medical areas. This was not a good patient experience, however the trust had put some mitigating actions in place
- A high number of medical patients stayed in the clinical decision unit (CDU) based with the emergency department until a bed became available on a medical ward. At times patients remained on the CDU for between three and seven days. The CDU was not designed for this purpose and was designed for patients who would move on from the area quickly.
- The average of length of stayed varied between services with the majority longer than the England average in both elective and non-elective specialities.
- We saw large numbers of patients that moved wards after 10pm, the figures reflected the same levels when we inspected in May 2016, with no improvements. The numbers fluctuated and varied between 632 to 760 patients between March and August 2018.
- Leaflets were not reviewed to ensure that information was current and up to date.

# Medical care (including older people's care)

- Although the trust had made progress in reducing the time taken to investigate and close complaints, the trust target was still not being met. For example, the complaints policy identified they should be closed within 40 days however the average length of time to investigate took 54.4 days.

However:

- Services were planned and provided in a way that met the needs of local people. Systems and events were in place to take account of patients' individual needs. These included pets as therapy attending on a regular basis and the use of volunteers. Systems were in place for patients living with dementia and learning disabilities to support them through their hospital stay.
- Systems were in place for patients who were not on medical wards or a different speciality ward to receive a medical review daily.
- Measures had been introduced to manage the flow throughout the hospital. These included frailty unit and virtual wards which meant that patients received a review and ongoing care without being admitted to an acute ward. The trust were working towards reducing length of stay and reviewed some patients who had been admitted for more than seven and 21 days. This was to review the reasons why the patient needed to remain in hospital. However, some of these had only recently commenced and it was too early to see if these changes would make an impact.
- Referral to treatment performance (percentage within 18 weeks) was consistently better than the England average by an average of 5.3%. Six specialities were above the England average, two of these had 100% performance; neurology and general medicine. Cardiology had a performance of 97.7% compared to an England average of 82.4%.

## Is the service well-led?

Good   

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

- We saw evidence of positive leadership noted at all levels of staff. Senior staff were visible, supportive and provided feedback to staff.
- Medicine wards were in different CSUs which meant that there were different visions and strategies to work towards. Each CSU had a clear understanding of their vision and requirements achieve them.
- Staff provided a positive culture and had implemented initiatives to support and thank individuals for the work they completed. Patients and staff were consulted to shape and improve services.
- Information technology was used to support the trust in providing assurances to information. These included the appropriate computer software to provide virtual wards to prevent patients being admitted to the hospital.

However:

- Although risk registers were in place identifying the current risks, they did not always reflect the impact or mitigation of the risk. For example, staffing had been highlighted as a risk however the lack of one to one supervision for patients who required enhanced care due to staffing was not indicated nor was the impact on patients who had not received this care identified.
- Plans to reduce the patient's length of stay had been implemented, however these had not been in place long enough to have an impact.
- Staff including senior leaders on wards told us they were not always listened to or consulted with when staff were required to be moved to other wards.

# Medical care (including older people's care)

- We saw that some of the risks we identified at our inspection in May 2016 remained an issue, for example, the management of hazardous substances and the number of patients moved during the night.
- We saw variances in how minutes were completed in the CSU governance meetings with some not recording attendance or who was responsible for leading on actions.

## Outstanding practice

We found examples of outstanding practice in this service. 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

Requires improvement   

## Key facts and figures

Elective and non-elective surgical services at St James's University Hospital (SJUH) are managed by clinical service units (CSUs) and surgical specialities. They provide a range of services including day, general, lower and upper gastrointestinal, breast, colorectal, urological, ophthalmological, and transplant surgery.

Surgical service provision at SJUH includes 226 inpatient beds and 56 day-case beds spread over 16 surgical wards and a surgical assessment unit (SAU). Excluding those used for women's and paediatric services, there are 23 operating theatres within four theatre suites; Chancellor, Geoffrey Giles, David Beevers and Bexley.

The trust has one of the highest numbers of admissions in the country. The trust had 54,616 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 16,056 admissions (29.4%), 27,080 (49.6%) were day case, and the remaining 11,480 (21.0%) were elective. From August 2017 to July 2018, a total of 20,365 operations were carried out at SJUH.

In May 2016 the CQC carried out an announced comprehensive inspection of surgical services at the location; focusing on safe, responsive and well-led domains. We rated safe and responsive as requires improvement, and well-led as good. In December 2013, the CQC carried out an announced comprehensive inspection, in which we rated effective and caring as good. Scores were amalgamated, and as of May 2016, surgical services at the location were rated as requires improvement overall.

At our most recent unannounced inspection, we followed key lines of enquiry and rated all domains. During our inspection, we visited surgical service areas and spoke with 21 patients, and 52 members of staff. These included doctors, nurses, support workers, therapy staff, operating department practitioners (OPD's), administration and domestic staff and management. We looked at nine complete patient records (and specific documentation in several others) and seven medicines charts. We also interviewed the senior management team who were responsible for leadership and oversight of the service.

We observed patient care, the environment within wards and theatres, handovers and safety briefings. We also reviewed the hospital's performance data in respect of surgical services.

## Summary of this service

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

- We were not assured staffing levels and mix always supported the delivery of safe care and treatment; especially in high patient volume areas and wards with comparatively more outlier patients. We saw there were a high number of outliers in the surgical bed base; and data showed a high number of bed moves at night within surgical services at the location.
- Medical staff did not achieve compliance targets for level two resuscitation training and advanced resuscitation training modules, and higher-level safeguarding training targets were not attained.
- We observed good use of the WHO surgical safety checklist during our inspection. However, audit data for the location showed low team brief and de-brief compliance. Data also showed variable compliance with blood clot risk assessment (within 24 hours of admission) across surgical service areas at ward level.

# Surgery

- We found that infection prevention and control (IPC) protocols were not consistently followed on wards and in theatres. We also had concerns about the number of healthcare acquired infections (HCAI) in surgical services at the location.
- At trust level, 18-week referral to treatment time (RTT) for admitted pathways for surgery was similar to or better than the national average. However, at the location, RTT for urological surgery was 10.1% below the national average and RTT for general surgery was 14.5% below the national average.
- From April 2016 to March 2018, the percentage of patients whose operation was cancelled and not treated within 28 days, and the percentage of cancelled operations as a percentage of elective admissions, were consistently higher at the trust when compared to national averages. Urology, thoracic, and ophthalmology patients at the location had a higher than expected risk of readmission for elective admissions when compared to the national average.
- Senior staff and management teams were aware of risks facing the service, and had plans in place to improve patient care. However, we were not always assured there was sufficient oversight of action implementation; and that strategic decisions translated into tangible and sustainable changes on the ground.

However:

- The service had escalation policies, guidance and care pathways for deteriorating patients. We saw national early warning scores (NEWS) and observations were calculated and escalated in line with trust guidance. Resuscitation trolleys viewed had tamper proof seals, with few exceptions were regularly checked, and all equipment was found to be in date.
- The service had systems in place for the identification and management of adults and children at risk of abuse. Key mandatory training target compliance rates (including those for safeguarding training modules) were often surpassed or close to being met for nursing staff. The service had systems in place for reporting, monitoring and learning from incidents.
- Surgical service bed occupancy and theatre utilisation rates were high. Overall, there was a lower than expected risk of readmission for non-elective admissions compared to the national average. There was a relatively low proportion of delayed discharges within the service.
- We saw evidence of learning, continuous improvement and innovation within surgical services at the location.

## Is the service safe?

**Requires improvement** ● → ←

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

- We were not assured staffing levels and mix always supported the delivery of safe care and treatment; especially in high patient volume areas and wards with comparatively more outlier patients. There were registered nurse vacancies in most areas we visited, which resulted in staff managing higher volumes of patients. Mitigating actions had been implemented, such as upskilling of clinical support workers, and management of patient bays; however, registered nurses had overall responsibility.
- Medical staff were not compliant with level two resuscitation training and advanced resuscitation training modules; data showed only 41.2% of medical staff had completed advanced resuscitation training and 41.2% had completed the advanced training update.
- We saw mandatory safeguarding training target compliance rates were attained by medical staff. For example, less than half of those eligible had completed safeguarding adult and safeguarding children training levels two and three.

# Surgery

- We observed good use of the WHO surgical safety checklist during our recent inspection. However, audit data for the location showed average team brief and de-brief compliance was low overall; and this was reflected in trust-wide audit data and reports
- We reviewed audit data relating to blood clot (venous thromboembolism, VTE) risk assessment within 24 hours of admission. When we analysed data at ward level, we saw variable performance. Over a three-month period, six surgical wards at the location recorded an average 24-hour VTE risk assessment compliance of 60% or less.
- We found that infection prevention and control (IPC) protocols were not consistently followed on wards and in theatres. We also had concerns about the number of healthcare acquired infections (HCAI) in surgical services at the location.
- We saw controlled drugs were appropriately stored and monitored. However, we found a number of medicines fridges had been consistently out of temperature range, with no escalation or assessment regarding the likely cause recorded

However:

- The service had escalation policies, guidance and care pathways for deteriorating patients. Observations and review of audit data typically showed good completion of pressure ulcer and falls risk assessments. We also saw national early warning scores (NEWS) and observations were calculated and escalated in line with trust guidance. All resuscitation trolleys checked had tamper proof seals. With few exceptions, emergency equipment was checked regularly, and all items reviewed were within date.
- All target mandatory training compliance rates (including those for safeguarding training modules) were surpassed or nearly met for nursing staff.
- The service had systems in place for the identification and management of adults and children at risk of abuse. Staff we spoke with could clearly describe safeguarding reporting procedures, and felt confident making referrals.
- The service had systems in place for reporting, monitoring and learning from incidents.

## Is the service effective?

Good ● → ←

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

- Two of the top three specialties (based on count of activity; general surgery and urology) at the location had a lower than expected risk of readmission for non-elective admissions when compared to the England average. Thoracic surgery had a higher than expected risk of readmission.
- We saw patients' hydration and nutrition needs were being met. Overall, we observed fluid balance charts and nutritional risk assessments were completed appropriately. We saw patients were not fasted for excessive periods of time prior to surgery; and the service had introduced a 'think drink' campaign.
- Staff used a scoring tool to assess levels of patients' pain and we saw evidence of this in records we reviewed. Most patients we spoke with had no concerns about how their pain was controlled and staff checked that pain relief administered had been effective.

# Surgery

- Outcomes from the National Bowel Cancer Audit (NBOCA) 2017 and National Oesophago-Gastric Cancer Audit (NOGCA) 2017 were typically within expected range. We saw National Emergency Laparotomy Audit (NELA) 2017 outcomes had typically improved or within range compared to the 2016 reporting year. Patient reported outcome measures (PROMS) were similar to national performance for all metrics relating to hip replacement, knee replacement and varicose vein.
- As of June 2018, 98.8% of nursing staff and 94.9% of medical staff in surgical services at the location had received an appraisal.
- We saw that patient records contained evidence of effective multi-disciplinary working; and we observed effective multidisciplinary information sharing at staff handovers and safety huddles.
- Staff we spoke with had a good understanding of mental capacity and deprivation of liberty safeguards requirements. Staff understood the need to gain consent and understood the relevant decision-making requirements. Over a one-year period we saw 47 deprivation of liberty safeguard referrals were made from surgical core service areas at the location.

However:

- Patients in all of the top three specialties (urology, thoracic, ophthalmology) at the hospital (based on count of activity) had a higher than expected risk of readmission for elective admissions when compared to the England average.
- Within surgical services at the location, excision of lung mortality rates and 18-month stoma rates had been flagged for outlier status. However, we saw evidence of case reviews, implementation of action plans, and ongoing monitoring of rates.

## Is the service caring?

Good   

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

- Patients most often described the care they received in positive terms; and reported staff were caring and compassionate, and provided reassurance and emotional support.
- We observed privacy and dignity being maintained for most patients receiving care.
- The trust had a multi-faith chaplaincy service and bereavement service, and patients had access to specialist nurses for further information and support.
- Patient's wishes were respected and staff provided individualised care. In most instances, we saw patients and those close to them were kept informed and involved in decisions about their care and treatment.
- From May 2017 to April 2018, the overall percentage of patients that would recommend the service was over 90% on every surgical ward at the location, except for the surgical assessment unit (83%). The David Beevers day unit had an overall recommendation rate of 91%.

However:

- In the surgical assessment unit and the David Beevers day unit, access and flow issues and unit environments did not always support a positive patient experience; and we felt privacy and dignity was sometimes compromised.

# Surgery

## Is the service responsive?

**Requires improvement** ● → ←

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

- From April 2016 to March 2018, the percentage of patients whose operation was cancelled and were not treated within 28 days, and the percentage of cancelled operations as a percentage of elective admissions, were consistently higher at the trust when compared to national averages. From August 2017 to July 2018, data showed that 10.9% of all operations at the location were cancelled.
- At trust level, 18-week referral to treatment time (RTT) for admitted pathways for surgery was similar to or better than the national average. However, at the location, RTT for urological surgery was 10.1% below the national average and RTT for general surgery was 14.5% below the national average.
- Two of the top three non-elective specialties at the location (urology and general surgery) had a longer length of stay than national averages. The non-elective length of stay for thoracic surgery was similar to the national average.
- We saw there were a high number of outliers in the surgical bed base at the location. From August 2017 to July 2018, 8am 'snap shot' data showed 3538 'non-surgical' patients resident on surgical wards. From April 2017 to March 2018, the trust reported 2447 bed moves at night within surgical services at the location.
- We were concerned about the surgical assessment unit capacity. Records reviewed on site showed some patients had waited for long periods of time to be assessed by a doctor and admitted to the unit. We also observed a woman housed in a four-bedded bay with male patients, and felt this compromised their privacy and dignity. Following our inspection, a revised standard operating procedure was implemented.
- At inspection, we observed the David Beevers day unit (second phase recovery) was being used for surge capacity and housed both day case and inpatients. Data showed 357 non-elective outlier patient spells had taken place at the unit from April to August 2018. Following our inspection, a revised standard operating procedure and action plan was implemented.
- We saw 125 formal complaints were made about surgical services at the location from May 2017 to April 2018. The trust did not meet their target to investigate and close these complaints within allocated timeframes. For surgical services at this location, closures took an average of 60 days compared to a target of 40 days.

However:

- The service worked with commissioners, external providers and local authorities to plan and provide services to meet the needs of local people. We saw a number of systems and events were in place to take account of patients' individual needs. There was a lead professional for learning disabilities and autism. We saw dementia friendly initiatives on neurosurgery and orthopaedic wards; and staff who were Alzheimer's Society 'dementia friends'. On the major trauma ward, we saw a "Day One, Trauma care starts here" support package; aimed at supporting people with severe and life changing injuries, and their families
- Surgical service bed occupancy and theatre utilisation rates were high. We also saw low proportions of delayed discharges from surgical services at the location (an average of 0.6% from April 2017 to March 2018); which were supported by patient discharge clerks.
- All of the top three elective specialties at the location (based on count of activity: urology, general, and colorectal surgery) had a length of stay similar to the national averages.

# Surgery

- At our previous inspection of the service in 2016, we observed that routine operations out of hours were taking place at the location. Following our recent inspection, we saw a standard operating procedure for acute surgery out of hours was in place; and data reviewed showed the out of hours operations listed related to urgent procedures.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Staff morale was good in most ward and departments we visited; however, several members of staff expressed concerns about nurse staffing and the added workload of medical outliers in the surgical bed base. Overall, we felt oversight of nurse staffing at the location was not sufficiently robust.
- Senior staff and management teams were aware of risks facing services, and had plans in place to improve patient care. However, we were not always assured there was sufficient oversight of action implementation; and that decisions made at senior level translated into tangible and sustainable changes on the ground. For example, with respect to the environment and capacity of the David Beevers Day Unit, surgical assessment unit access and flow, considering the possibility of mixed sex accommodation breaches in the service, ensuring compliance with VTE assessment within 24 hours of admission, and deviations in WHO surgical safety checklist compliance. We noted that many of these issues had been raised at our previous inspection of the service, or following subsequent monitoring and engagement activities.
- We saw variance in how minutes were completed in CSU governance meetings and felt the Abdominal Medicine and Surgery CSU minutes we reviewed were not always sufficiently robust; with attendance, date for completion, and who was responsible for leading on particular actions not always clearly recorded in the main meeting minutes. Following our inspection, the trust told us that separate attendance sheets and an action tracker were maintained, however, these were not provided

However:

- Senior ward and theatre staff had constructive and positive relationships with managers. The majority of staff we spoke with felt supported by more senior staff and managers, and felt comfortable escalating any concerns.
- Staff were encouraged to undertake professional development. We saw there was a workforce strategy and people strategy in place at the trust. These outlined development opportunities and pathways for staff; including leadership development.
- Staff we spoke with were aware of the trusts values and the vision (the 'Leeds way') and we saw these displayed in areas we visited. Each CSU had its own clinical business strategy, which outlined key quality measures and current performance. We saw each contained a vision for service delivery, subdivided by speciality.
- We saw considerable evidence of learning, continuous improvement and innovation within surgical services at the location.

## Outstanding practice

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

# Surgery

## Areas for improvement

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

# Critical care

Outstanding   

## Key facts and figures

Leeds Teaching Hospitals NHS Trust, provides critical care services at two sites. The trust is a regional liver unit covering Yorkshire and Lancashire and provides care for patients undergoing liver donation and transplants. They also care for patients with traumatic head injuries, neurological conditions and spinal injuries.

At St James's University Hospital there are two critical care units. A 23-bedded level two and three intensive care unit (ICU) based on wards J53 and J54. This provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care. The unit is split into three areas, each with a combination of bay's and single rooms. The beds flexed between level two and level three as required.

This site also has a separate 14-bedded high dependency unit (HDU) J81, which provides level two care. This unit comprised of bays and two single rooms. This unit takes predominantly elective patients and is nurse led, however there is twice daily consultant presence.

The critical care service is part of the West Yorkshire Critical Care Network. Intensive Care National Audit and Research Centre (ICNARC) data showed that between 1 April 2017 and 31 March 2018 on ICU at this site, there were 1,218 admissions with an average age of 57 years. Of these:

- 32% were from ward areas
- 28% were unplanned admissions from the emergency department or outside of the hospital
- 21% were admitted following emergency surgery
- 9% were transfers from another critical care unit
- 4.5% were planned admissions from theatre following elective surgery
- 4.5% were unplanned admissions from theatre following elective surgery
- 1% were transfers from another hospital
- 1% were planned admissions from the emergency department

The average (mean) length of stay on the unit was 2.4 days.

A critical care outreach team provided a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team is available twenty-four-hours a day, seven days a week.

The critical care service is part of the West Yorkshire Critical Care Network.

The units did not accept paediatric admissions as there was a dedicated paediatric intensive care unit.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection the responsive domain was rated requires improvement. The domains of safe, effective, caring and well led were rated good. We re-inspected all five key questions during this inspection.



# Critical care

During this inspection we visited the intensive care unit (J53 and J54) and the high dependency unit (J81). We spoke with six patients and ten relatives and 19 members of staff. We observed staff delivering care, looked at ten patient records and ten 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 improved. We rated it as outstanding because:

- We found improvements in all domains we inspected. The safe and responsive domains were rated as good, effective, caring and well led were rated as outstanding.
- Significant work had been undertaken within the service since the last inspection. The areas identified as requiring improvement had been a focus alongside staff wellbeing and patient centred care delivery.
- Nursing and medical staffing was in line with Guidelines for the Provision of Intensive Care Services (GPICS) recommendations and the majority of staff groups met trust expectations for mandatory training.
- Reliable systems and processes were in place for the management of medicines, patient records and the monitoring, assessing and responding to risk.
- Patient outcomes were in line with, or better when compared to similar units. Care and treatment was evidence based. The units were continually working to improve their services based on data and best practice.
- There was effective monitoring of sedation and delirium and the nutrition and hydration needs of patients were consistently met.
- There was significant focus on the training and development of staff at all levels within the service.
- Feedback from patients and families was consistently positive. We observed compassionate care delivery and a drive to deliver individualised patient centred care.
- A critical care patient flow team had been established and an online system based on clinical emergency medicine books (CEM books) had been developed. This enabled oversight of access and flow and supported risk based decision making.
- A follow-up clinic was in place to support critical care patients following discharge from hospital. Significant work had been done in relation to CG83 rehabilitation after critical illness. The psychological needs of patients formed a key part of this.
- We observed a strong, visible leadership on the units supported by clinical leadership.
- The team had developed a strong vision and strategy with clear system to support and monitor its delivery.
- Governance processes were embedded and there was effective risk management in place.

However:

- The unit acquired infections in blood per 1000 patient bed days was significantly higher than other similar units.
- Medical staff did not meet the trust target for mandatory resuscitation training and medical staffing on the HDU did not fully meet GPICS recommendations.

# Critical care

## Is the service safe?

**Good** ● ↑

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

- We found improved systems for the management and oversight for electrical safety testing of equipment. Equipment training compliance for staff within critical care was 78%, this was an improvement from the last inspection.
- We found mandatory training compliance for nursing staff exceeded trust targets.
- Staff demonstrated a good knowledge of safeguarding. Training compliance figures met or were just below trust targets for nursing and medical staff.
- We observed good practice in relation to infection prevention and control.
- The critical care outreach team had expanded since the last inspection in 2016 and was providing a twenty-four-hour, seven day a week service.
- Nurse staffing was in line with GPICS recommendations. A new system for oversight and management of staffing had been developed to support a consistent and risk based process for managing any gaps in staffing or increased activity.
- Medical staffing requirements on ICU met GPICS standards and provided continuity of care for patients.
- We found records to be fully completed and in line with trust and professional standards.
- We found good systems in place for the management and storage of medicines. Prescription charts were fully completed and in line with trust and national guidance.

However;

- Resuscitation training for medical staff was well below the trust target of 80% at 43%.
- The unit acquired infections in blood per 1000 patient bed days were significantly higher when compared to similar units. They were still within national averages and there were proactive quality assurance processes in place in response to them.
- Medical staffing requirements and ward rounds on HDU did not fully meet GPICS guidance, however the majority of patients on this unit were elective and were on care pathways with criteria led discharge plans in place.

## Is the service effective?

**Outstanding** ☆ ↑

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

- Care was evidence based and staff were continually looking at ways to improve patient care and treatment. There was a holistic approach to the assessing, planning and implementation of care and new approaches and technology were used to support its delivery.
- Screening for sepsis and delirium was evident and this practice was embedded with staff. There was a process for undertaking sedation holds for ventilated patients and we saw evidence of this taking place in patient records.

# Critical care

- Since the last inspection significant progress had been made with the critical care elements of NICE CG83 rehabilitation after critical illness. A critical care rehabilitation team had been established and multidisciplinary rehabilitation pathways were in place which focused on both the physical and psychological needs of patients.
- We found assessment and monitoring of pain and the nutritional and hydration status of patients was in place. We observed care plans to support this and support from specialist staff such as acute pain nurses and specialist dietitians.
- The service actively engaged in activities to monitor and improve quality and outcomes. Patient outcome data was in line with or slightly better when compared to similar units.
- As of June 2018, 100% of nursing and medical staff had undertone an annual appraisal, exceeding the trust target of 95%.
- The training and development of all staff was a key priority for the service. This was evident through discussions with staff and from speaking to the clinical educators. Staff were proactively supported to learn and develop their skills and share learning and clinical supervision for staff was in place.
- We observed and saw from reviewing records good examples of multidisciplinary team working to support patient care.
- Training compliance for nursing and medical staff in mental capacity, met or was just below the trust target. Staff demonstrated a good level of knowledge in relation to consent, deprivation of liberty safeguards and could describe the processes to follow when restraint was used.

However:

- The number of staff with a post registration award in critical care nursing did not meet GPICS recommendations, this was partly as a result of staff turnover and the availability of places on the course. However, the trust was actively working towards improving this. Sixty five percent of staff had completed their step two and three competencies. Step three competencies are used to underpin academic critical care programmes of study. The service has also developed an in-house course in partnership with a university. The first cohort had started in September, once the first cohort of staff had completed this service would be much closer to achieving the GPICS standard.

## Is the service caring?

**Outstanding**  

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

- We observed a strong, visible person-centred culture inspired by the nursing and clinical leadership within the units. Small touches such as bedside patient information magnets with details such as 'I have school aged children', evidenced this.
- From reviewing documentation, it was evident that the psychological needs of patients were always considered as part of their care. For example, the critical care rehabilitation pathway document included an intensive care psychological assessment tool.
- Staff recognised and responded to the emotional needs of their patients and relatives. Patients and relatives described how they were made to feel comfortable and 'at home' on the units by the staff.
- The service held critical care patient experience meetings. Reviewing patients records and discussions with patients and relatives showed individual preferences and needs were reflected in the care they received.

# Critical care

- Feedback from the patients and relatives we spoke with was consistently positive. We observed care and interactions which were kind and compassionate and patient's privacy and dignity was maintained at all times.
- Obtaining patient feedback within critical care can be a challenge, many units do not collect friends and family test (FFT) data. The service collected FFT data and data showed 100% of respondents would recommend the service, there was a response rate of 21% which was just below the national average of 28%.
- Additional methods for obtaining patient feedback were in place using technology such as iPads and a website developed by the service. This included asking simple questions about the care received and for any additional comments.
- Compassion and dignity audits were in place and monitored by the ward health check metrics. Recent data from June 2018 showed compliance for both units was 100%.
- Staff involved patients and those close to them in decisions about their care and treatment. Relatives and patients told us they felt well-informed and staff communicated with them in a way they could understand.
- Each Wednesday a pet as therapy (PAT) dog, Maggie visited the units to interact with both patients, visitors and staff.

## Is the service responsive?

Good ● ↑

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

- There had been significant focus on improving access and flow in critical care. The improvements were evident in the hospitals ICNARC data. The last inspection highlighted concerns in the number of out of hours discharges and unplanned readmission to the unit. Both had improved.
- The number of bed days with a delay of more than eight hours was better than that of similar units and the number of non-clinical transfers was in line with that of other units.
- Since the previous inspection a patient flow team had been put in place. They managed access and flow on a day to day basis. Data was inputted on to CEM books to allow consistent recording of information to support risk based decision making.
- The previous inspection had identified concerns with patients being cared for in recovery. The number of occasions this occurred was small and no patient remained there for longer than two hours. The escalation and management process was supported by clear flow charts which staff could articulate.
- Staff were able to identify and plan care to meet people's individual needs. They felt confident in providing care for patient who may require additional support, for example those with a learning disability or living with dementia.
- We saw good use of patient diaries, and systems to engage with relatives to understand the individual needs of patients. We were provided with examples of changes made in response to patient feedback.
- Follow up clinics were in place and appointments were offered to all levels three patients and those who had been on the unit for more than 72 hours.
- The unit received a low number of complaints and we saw evidence of complaints being discussed at governance and team meetings.

However;

- There were limited washing and showering facilities for family members who stayed over at the hospital.

# Critical care

## Is the service well-led?

**Outstanding** ☆ ↑

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

- We reviewed documents related to the unit's vision and strategy. The senior management team told us there had been full staff engagement in its development. This was strongly evident from the staff we spoke with during the inspection and there was information displayed throughout the units.
- The quality improvement strategy for critical care was stretching and challenging looking at innovative ways of working to achieve the highest standards of care for patients. The strategy was based on the five domains in the National Outcomes Framework (2012) and the CQC framework and involved external partners, staff and service users. Each element was linked to a workstream with a clear aim and list of interventions to enable that to be achieved.
- We observed strong medical and nursing leadership within the service in all areas we inspected. Each was motivated and focused on providing the highest standards of patient care.
- We found high levels of staff engagement and subsequent high levels of staff moral within the units we visited. Staff spoke in a positive way about the trust and were proud of the work they did. There was an open culture where concerns could be raised and staff were involved and encouraged to help seek solutions.
- We found good cross site working and a genuine feeling from staff that they were one critical care unit working together. The joint working for managing staffing and access and flow supported this.
- There were clear and embedded governance structures and processes. We found evidence of clinical oversight and ownership. The risk register was reflective of the risks to the service with evidence of recent review.
- Staff were aware of their individual roles and levels of accountability. There were effective systems for managing performance and risk and this information was easily available through dashboards and metrics.
- The service was proactively engaging with families and patients. Innovative approaches were used to gain feedback using technology.
- We were provided with several examples of innovative working. There was a strong focus on research and continuous improvement. Key to this was the supportive development of staff.
- There had been a significant focus on the well-being of staff and the psychological needs of patients.

## Outstanding practice

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

## Areas for improvement

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

# Leeds Dental Institute

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LS2 9LU  
Tel: 01132440111  
[www.leedsteachinghospitals.com/patients/aboutus/hospitals/dental\\_institute.php](http://www.leedsteachinghospitals.com/patients/aboutus/hospitals/dental_institute.php)

## Key facts and figures

Leeds Dental Institute is a partnership between the trust and the University of Leeds. The institute provides routine dental care, specialist treatment and advice to the population of Leeds and the surrounding region. The institute only admits patients electively, following referral by a dentist or doctor.

The specialties provided are Oral and Maxillofacial Surgery, Oral Medicine, Paediatric Dentistry, Orthodontics, Restorative Dentistry, Dental & Maxillofacial Radiology.

The institute has an oral and paediatric dentistry day case unit with five trolleys and a sedation unit with four dental chairs and two recovery chairs. Neither unit is open overnight.

The institute supports the training of medical and dental staff, dental hygienists, dental therapists, dental technicians and dental nurses and carries out research.

There are also three outreach teaching centres in south Leeds, Bradford and Hull that are run by the institute to provide dental care in the community and as part of the student's learning experience.

We received feedback from 12 patients and spoke with 22 members of staff. We looked at dental care records for 10 people.

Our inspection between 25 and 27 September 2018 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of services at Leeds Dental Institute

**Outstanding** 

This service has not been inspected before. We rated it them as outstanding because:

- Staff completed mandatory training relevant to their roles. They were encouraged to do so and this was actively monitored by managers.
- Safeguarding processes were well embedded within the culture of the service. Staff had a good understanding of the signs and symptoms of abuse and neglect. There was good engagement with the trusts safeguarding team.

# Summary of findings

- Premises and equipment were clean and well maintained. Emergency equipment and medicines were readily available which reflected nationally recognised guidance. X-ray equipment was serviced and maintained in line with the Ionising Radiation Regulations (IRR 2017).
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff were aware of the process for reporting significant events and incidents. There were systems in place to reduce the likelihood of wrong site surgery. We saw examples of completed safe surgery checklists and World Health Organisation (WHO) surgical safety checklists.
- Care and treatment was provided in line with current evidence based guidance and standards such as the National Institute for Health and Care Excellence, British Orthodontic Society, British Society of Periodontology and the Faculty of General Dental Practice. Patients were provided with oral health advice in line with the Department of Health's 'Delivering Better Oral Health' toolkit 2013.
- The service was proactive pursued opportunities to participate in audit and research. They carried out audits and research projects which had led to improved patient outcomes. These were at local, national and international levels. These included the use of three dimensional scans to create surgical stents to aid surgery. These had reduced surgery time and recovery times and increased aesthetic outcomes.
- There was good multidisciplinary working. These included within the service and also externally with patients GPs or consultants.
- Patients told us that staff were compassionate and caring. From May 2017 to April 2018 the friends and family test (FFT) response rate for Leeds Dental Institute was 81.3%. The overall percentage of patients who said they would recommend the institute to friends and family over these 12 months was 98.4%.
- The service was responsive to patients' individual needs. For example, reasonable adjustments had been made to enable wheelchair users or those with restricted mobility to access care. Translation services were available for patients who did not have English as a first language.
- The service monitored referral to treatment waiting times and took action to reduce these if required.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. There were effective governance arrangements in place to support the smooth running of the service.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff were proud to work at the service and there was good morale. They were aware of how to raise concerns if the need arose.
- There were good lines of communication with other organisations and the local dental community.
- Learning, continuous improvement and innovation was well embedded within the culture of the service. We were told of new and innovative research such as the "Don't smile" project. This involved the theatrical performance to disseminate research to at-risk seldom-heard adolescents in areas of social deprivation and high oral health inequality. They were also heavily involved with work with digital dentistry, the genetic function in the development of enamel abnormalities, skeletal tissue repair and regeneration and looking at the link between periodontal disease and rheumatoid arthritis.

However:

# Summary of findings

- There were issues about dental unit water lines. Testing of the dental unit water lines had identified that many dental chairs showed the existence of colony forming units. Management and staff were aware of the issue and a system was in place to reduce the risks associated with this.
- Mandatory training rates for resuscitation and safeguarding were below the trust target.



# Surgery

## Key facts and figures

Leeds Dental Institute is a partnership between the trust and the University of Leeds. The institute provides routine dental care, specialist treatment and advice to the population of Leeds and the surrounding region. The institute only admits patients electively, following referral by a dentist or doctor.

The specialties provided are Oral and Maxillofacial Surgery, Oral Medicine, Paediatric Dentistry, Orthodontics, Restorative Dentistry, Dental & Maxillofacial Radiology.

The institute has an oral and paediatric dentistry day case unit with five trollies and a sedation unit with four dental chairs and two recovery chairs. Neither unit is open overnight.

The institute supports the training of medical and dental staff, dental hygienists, dental therapists, dental technicians and dental nurses and carries out research.

There are also three outreach teaching centres in south Leeds, Bradford and Hull that are run by the institute to provide dental care in the community and as part of the student's learning experience.

We received feedback from 12 patients and spoke with 22 members of staff. We looked at dental care records for 10 people.

Our inspection between 25 and 27 September 2018 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of this service

This service has not been inspected before. We rated it as outstanding because:

- Staff completed mandatory training relevant to their roles. They were encouraged to do so and this was actively monitored by managers.
- Safeguarding processes were well embedded within the culture of the service. Staff had a good understanding of the signs and symptoms of abuse and neglect. There was good engagement with the trusts safeguarding team.
- Premises and equipment were clean and well maintained. Emergency equipment and medicines were readily available which reflected nationally recognised guidance. X-ray equipment was serviced and maintained in line with the Ionising Radiation Regulations (IRR 2017).
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff were aware of the process for reporting significant events and incidents. There were systems in place to reduce the likelihood of wrong site surgery. We saw examples of completed safe surgery checklists and World Health Organisation (WHO) surgical safety checklists.
- Care and treatment was provided in line with current evidence based guidance and standards such as the National Institute for Health and Care Excellence, British Orthodontic Society, British Society of Periodontology and the Faculty of General Dental Practice. Patients were provided with oral health advice in line with the Department of Health's 'Delivering Better Oral Health' toolkit 2013.

# Surgery

- The service was proactive pursued opportunities to participate in audit and research. They carried out audits and research projects which had led to improved patient outcomes. These were at local, national and international levels. These included the use of three dimensional scans to create surgical stents to aid surgery. These had reduced surgery time and recovery times and increased aesthetic outcomes.
- There was good multidisciplinary working. These included within the service and also externally with patients GPs or consultants.
- Patients told us that staff were compassionate and caring. From May 2017 to April 2018 the friends and family test (FFT) response rate for Leeds Dental Institute was 81.3%. The overall percentage of patients who said they would recommend the institute to friends and family over these 12 months was 98.4%.
- The service was responsive to patients' individual needs. For example, reasonable adjustments had been made to enable wheelchair users or those with restricted mobility to access care. Translation services were available for patients who did not have English as a first language.
- The service monitored referral to treatment waiting times and took action to reduce these if required.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. There were effective governance arrangements in place to support the smooth running of the service.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff were proud to work at the service and there was good morale. They were aware of how to raise concerns if the need arose.
- There were good lines of communication with other organisations and the local dental community.
- Learning, continuous improvement and innovation was well embedded within the culture of the service. We were told of new and innovative research such as the "Don't smile" project. This involved the theatrical performance to disseminate research to at-risk seldom-heard adolescents in areas of social deprivation and high oral health inequality. They were also heavily involved with work with digital dentistry, the genetic function in the development of enamel abnormalities, skeletal tissue repair and regeneration and looking at the link between periodontal disease and rheumatoid arthritis.

However:

- There were issues about dental unit water lines. Testing of the dental unit water lines had identified that many dental chairs showed the existence of colony forming units. Management and staff were aware of the issue and a system was in place to reduce the risks associated with this.
- Mandatory training rates for resuscitation and safeguarding were below the trust target.

## Is the service safe?

**Good** ● **Not rated**

This service has not been inspected before. We rated it as good because:

- Staff had good access to mandatory training to support their roles. There were systems in place to monitor staff training.

# Surgery

- Patients were protected from abuse as there were effective systems and processes in place to identify and report abuse and neglect. There were two dedicated safeguarding leads within Leeds Dental Institute for staff to contact if required. One of the paediatric consultants had put together a single sided basic guide for dental staff of what to do and who to contact in the event of a safeguarding concern.
- Clinical and general areas were clean and uncluttered. There was a process in place to send used dental instruments and equipment to an off-site decontamination facility.
- Equipment was well maintained. X-ray equipment was serviced and maintained in line with the Ionising Radiation Regulations (IRR 2017). Local rules were available for each X-ray machine within Leeds Dental Institute.
- Risks to patients were well managed. For example, resuscitation trollies were readily available at locations throughout Leeds Dental Institute. There were training videos about the orientation of the resuscitation trollies and an introduction to the medical emergencies quick reference guides. Staff were familiar with the issues surrounding sepsis and the pathways to follow. We saw evidence that the World Health Organisation (WHO) surgical safety checklists were completed prior to removal of teeth under general anaesthetic.
- Staffing levels were well managed and there were processes in place to monitor this.
- Records were complete, well managed and accurate. Record keeping audits were regularly carried out to ensure staff followed trusts guidance. There were action plans formulated as a result of these audits.
- Medicines used in the provision of conscious sedation were well managed. Prescription pads were stored securely to prevent their misuse.
- There was a system in place for staff to report significant events, incidents and near misses. Staff were aware of the process. As a result of a never event approximately 18 months ago the safer surgery checklist had been modified. A training video had been developed explaining how to use the new safer surgery checklist.

However:

- Water testing of the dental unit water lines demonstrated that many dental chairs had shown the existence of colony forming units. These chairs were treated with a disinfectant. Many of these dental chairs did not respond to the disinfectant treatment.
- Mandatory safeguarding training for dental nurses was only level one.

## Is the service effective?

**Outstanding** 

This service has not been inspected before. We rated it as outstanding because:

- Treatment was provided in line with nationally recognised guidance and standards. This included guidance set out by the National Institute for Health and Care Excellence, British Orthodontic Society, British Society of Periodontology and the Faculty of General Dental Practice.
- Conscious sedation was provided safely, and staff followed the guidance set out by the Scottish Dental Clinical Effectiveness Programme “Conscious Sedation in Dentistry” 2017.
- Patients were provided with appropriate written and verbal information about fasting prior to general anaesthesia.
- Patients were assessed on an individual basis for the need for pain relief. Patients undergoing a general anaesthetic were given appropriate pain relief to manage post-operative pain.

# Surgery

- The service was actively engaged in activities to monitor and improve quality and outcomes for patients. These included the use of three dimensional scans to create surgical stents to use when carrying out surgical procedures. These reduced the surgery time, recovery time and improved the final aesthetics. The maxillo-facial dental laboratory used modern digital technology to print highly realistic prosthetic eyes for use in maxillo-facial prosthesis.
- Opportunities to participate in benchmarking and peer review are proactively pursued. For example, the service was currently involved with a project looking at the effectiveness of low-level laser therapy for preventing or treating oral mucositis caused by radiotherapy and had been involved in a clinical trial looking into the effectiveness of hyperbaric oxygen for the prevention of osteoradionecrosis (HOPON). The maxillo-facial team carried out audits of the success of dental implants placed to facilitate rehabilitation of head and neck cancer patients. The results from June 2018 showed a 97% early implant survival and 94% of these cases had been fully restored.
- Staff were competent and were encouraged to complete additional training relevant to their roles. There was an effective skill mix used throughout the service.
- The service was committed to working collaboratively and had found innovative and different ways to deliver more joined-up care to people who use the service. For example, the orthodontic and paediatric departments had a clinic every month dedicated to pre-molar transplantation. Results of this work had been published in dental journals. The maxillo-facial clinicians held weekly meetings with the oncology and pathology departments to discuss upcoming cases and treatment plans.
- Staff provided oral health advice in line with the Department of Health's 'Delivering Better Oral Health' toolkit 2013. Many dental nurses had completed additional training to provide oral hygiene advice to patients at high risk of dental disease.
- Staff were aware of the importance of gaining and recording consent. They were familiar with the process of gaining consent and utilised NHS consent forms to support this. They were familiar with the Mental Capacity Act 2005 and the concept of Gillick competence.

## Is the service caring?

**Good** ●

This service has not been inspected before. We rated it as good because:

- We observed staff treating patients with dignity and respect. Patient feedback was positive. They told us that staff were friendly, helpful and understanding.
- Staff were aware of the importance of confidentiality. Privacy and confidentiality was maintained in the reception areas and shared clinical areas.
- The oral medicine department had a dedicated non-clinical quiet room for breaking bad news to patients.
- From May 2017 to April 2018, the overall percentage of patients that would recommend the service was 98.4%.
- Patients were fully involved in decision about their treatment. Staff described the different methods they used to assist patients. These included using models, books, X-ray images and information leaflets.

## Is the service responsive?

**Good** ●

# Surgery

This service has not been inspected before. We rated it as good because:

- The service was configured to reflect the needs of vulnerable people. It was fully accessible for wheelchair users, patients with push chairs or patients with limited mobility.
- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas, written in languages other than English, informing patients translation service were available.
- From June 2017 to May 2018 the trust's referral to treatment time (RTT) for admitted pathways for the oral medicine/ oral & maxillofacial surgery department was consistently better than the England average. Over this time period, 87.4% of patients at the trust were referred for treatment within 18 weeks compared with the England average of 62.2%. This was partly as a result of the development of a "one stop" minor oral surgery clinic where the assessment and treatment was carried out at a single visit.
- Patient complaints were dealt with by a senior member of staff. We looked at records relating to two complaints which had been received. These provided a detailed, open and honest response to the patient.

## Is the service well-led?

**Outstanding** 

This service has not been inspected before. We rated it as outstanding because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was a deeply embedded system of leadership development and succession planning. Six senior members of staff had recently been put on a course to develop their leadership skills. As a result of this course systems and processes had been put in place to improve the safety and effectiveness of the service.
- There was compassionate, inclusive and effective leadership at all levels. Leaders and managers were visible, and we witnessed positive interaction between them and staff. Staff felt appreciated and supported by senior staff and managers and were aware of the process to raise concerns.
- There were effective governance arrangements in place to support the smooth running of the service. Weekly triumvirate meeting involving the clinical director, general manager and the dental nurse manager. There were monthly clinical governance meetings which were chaired by the clinical director. The heads of each department attended the clinical governance meeting. Information from these meetings were filtered down to staff through monthly departmental meetings.
- The service maintained a risk register which was reviewed on a regular basis and discussed at the monthly governance meetings. Actions were put in place to reduce the likelihood of the risk causing harm to patients or staff.
- Services were developed with the full participation of those who use them, staff and external partners as equal partners. The service was heavily involved with the local managed clinical network for oral surgery, oral medicine and maxillo-facial surgery. This had led to the development of a new referral pathway for oral medicine. They had developed a referral guide to assist primary care dentists in deciding the most appropriate pathway to refer the patient. The general manager liaised with NHS England about referral pathways and waiting times and attended the local dental network meetings.
- There was a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology. There was a dedicated research unit called the Dental Translational and Clinical Research Unit (DenTCRU). There had been a recent innovative research project using theatrical performance to disseminate

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research to at-risk seldom-heard adolescents in areas of social deprivation and high oral health inequality. As a result of this project students who had watched the theatrical performance became involved in providing oral health education and toothbrushing instruction with help from final year undergraduate dental students to primary school children at their school. Other research projects included work involving the use of digital imaging in dentistry, the genetic function in the development of enamel abnormalities, skeletal tissue repair and regeneration and looking at the link between periodontal disease and rheumatoid arthritis. Many of these research projects had received awards.

- The Leeds Dental Institute provided training for undergraduate dental students from the University of Leeds. They used virtual reality dental training simulators which enabled the dental students to practice drilling teeth virtually before carrying out treatment on patients.

## Outstanding practice

We found examples of outstanding practice in this service. 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](http://www.cqc.org.uk))

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Sarah Dronsfield, Head of hospital inspections chaired this inspection, Berry Rose and Ruth Dixon, Inspection managers led it. An executive reviewer, John Vaughan, supported our inspection of well-led for the trust overall.

The team included 19 inspectors, 1 executive reviewer and 20 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.