

# South Tyneside NHS Foundation Trust

## Inspection report

South Tyneside District 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: [www.cqc.org.uk/provider/RE9/reports](http://www.cqc.org.uk/provider/RE9/reports).

## Ratings

### Overall rating for this trust

Requires improvement 

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

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

# Summary of findings

## Background to the trust

South Tyneside NHS Foundation Trust provides acute hospital services at South Tyneside District Hospital, a full range of community services and some mental health services across South Tyneside, Gateshead, and Sunderland. The services are provided to a population of 430,000 and the trust employs in excess of 3,500 staff.

In February 2016 the trust formed a strategic alliance with a neighbouring NHS foundation trust and established the South Tyneside and Sunderland Healthcare.

Services are commissioned by South Tyneside Clinical Commissioning Group, Sunderland Clinical Commissioning Group, Gateshead Local Authorities and NHS England.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Requires improvement**   

## What this trust does

This trust provides acute services at South Tyneside District Hospital, a full range of community services and some mental health services across South Tyneside, Gateshead and Sunderland.

It provides the following acute core services:

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

The trust provides the following community health services:

- Community health services for children and young people
- Community services for adults and long-term conditions
- Community end of life care
- Community dental services

The trust provides the following community mental health services:

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

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 31 October and 2 November we inspected urgent and emergency care, medical care (including older people's care), surgery and critical care provided by this trust at the South Tyneside hospital site. We inspected these services because they were rated as requires improvement at our last inspection.

Between 6 and 7 November we inspected wards for people with a learning disability or autism and community mental health services for people with a learning disability or autism. We inspected these services because we had not previously inspected them.

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 requires improvement because:

For acute services we rated safe, effective, and well-led as requires improvement, and caring and responsive as good. We rated three of the trust's eight services as requires improvement and one as good. In rating the trust, we took into account the current ratings of the four acute services not inspected this time and the four community services not inspected this time.

For the two mental health services we rated safe, effective, caring, responsive and well led as good for both core services. This is the first time these services have been inspected.

Community services were not inspected at this time; therefore the previous ratings remain the same at this inspection.

We rated well led at the trust level as requires improvement.

- There had been some improvement with regards to the culture in theatre. Processes and trust guidance was being followed more consistently to manage issues. However we were still provided with examples of inappropriate behaviour and not all staff felt able to report this.

# Summary of findings

- There were still some areas of concern in surgery from the previous inspection which had not been addressed. In particular that of mandatory training. Some areas of compliance were extremely low such as resuscitation and safeguarding training. This meant we could not be assured staff were up to date with the latest practices and guidance.
- We observed a number of World Health Organisation (WHO) surgical safety checklists and found this was not been applied consistently. This was supported by audit data provided by the trust.
- The restructuring in theatres was still impacting staff morale and in turn this had led to some inconsistencies in terms of information sharing within the theatre teams.
- The ward manager of the surgical centre inpatient unit did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This was evidenced with gaps in monthly audit data collection.
- Although the directorate leadership team had established a governance structure in other directorate services, the team had not achieved the same oversight of critical care. There were no unit governance arrangements and communication was informal. There was limited clinical or management representation from critical care at the previous three directorate governance meetings. This meant the directorate leadership team did not receive regular formal assurance in terms of unit performance.
- One directorate-wide risk register included the risks from all of the services within the directorate which included surgery and maternity. The directorate leadership team acknowledged the current risk register was challenging due to the diversity of clinical services. This meant it was difficult to maintain oversight of all of the risks in critical care and, the lack of formal governance arrangements meant risks were not reviewed with staff at unit level.
- The ward manager did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This affected their ability to maintain a robust oversight of incidents and the overall effectiveness of the unit.
- We saw that some risks had remained on the risk register as moderate or high for more than three years. Some risks in relation to patient records had not been recognised prior to our inspection.
- Although the department undertook audits we did not have sufficient evidence to demonstrate that these were used to improve care.

However:

- There was a clear leadership structure in the emergency department and the senior managers of the service told us of their vision and focus on achieving the performance standards for the department.
- Morale in the emergency department was generally good, and staff told us of good teamwork amongst the different teams.
- Local governance arrangements in the medicine core service were robust. Ward managers attended divisional governance meetings. A copy of the clinical governance report for the medicine and elderly directorate showed that all patient safety, quality and experience outcomes were reported. Local managers shared this information within their teams.
- Medical ward managers were aware of the risks to their service. The risk register for the division showed overarching risks such as nurse staffing and patient falls as well as risks specific to individual areas.
- We heard positive examples of staff engagement and saw that patient engagement was seen as a priority in terms of the potential reconfiguration of services. Junior doctors, without exception, told us that they would recommend the trust as a place to work.
- Staff were aware of the trust's vision and values, and we saw these displayed throughout the trust.

# Summary of findings

- The governance framework in surgical services had strengthened to monitor performance, and risks. This meant the executive board were sighted on key risk and performance issues.
- Managers and leaders were visible, and there was a resilience within the critical care unit to deliver quality care to patients. Staff told us they were proud to work for the trust and they promoted a patient-centred culture.

## Are services safe?

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

- There was no specific protocol or guidance for reception staff in the emergency department to use to identify patients requiring immediate attention.
- We did not consider the facilities for conducting assessments of adults and children with mental health conditions in the emergency department to be safe for staff or the patient concerned.
- Staff in the emergency department were working with an out-of-date major incident policy. Staff had not practised a major incident for over a year, and major incident equipment checklists were not up-to-date.
- Although staff were aware of incident reporting procedures, they did not always report all incidents. Some staff expressed concerns about lack of reporting because of lack of feedback or perceived action.
- Compliance with the World Health Organisation (WHO) surgical safety checklist was variable. We also found some concerns in relation to medicine fridges in surgical services.
- There was low compliance in some mandatory training modules in all the services we inspected.
- Some appraisal completion rates were below the trust's target of 90%. In surgery completion rates were worse than the previous year and particularly low in theatres at 44%. We were not aware of any plans to address this.
- Compliance with safeguarding training in surgical services and critical care was significantly below the trust target completion rate.
- Although staff were aware of incident reporting procedures, they did not always report all incidents. Some staff expressed concerns about lack of reporting because of lack of feedback or perceived action.
- There were only two members of staff at night in the Elmville short break service. We were concerned if both staff were attending to one patient, there would be no other staff to support other patients at that time.
- Staff did not carry personal alarms. We were concerned about how staff on night shift would raise alarms for assistance if required, when only two members of staff would be on duty.
- There was no electronic case management system in the services for patients with a learning disability or autism. Patient information and assessments were stored electronically but these could be changed without appropriate audit processes in place.

However:

- Medicines were stored and managed safely in the emergency department.
- The environment in the emergency department, on wards, in critical care and in theatre areas was visibly clean and well maintained.
- Staffing numbers allowed the trust to provide safe care to patients.

## Are services effective?

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

# Summary of findings

- Appraisal completion rates for the emergency department and surgical services were below the trust's target of 90%.
- Compliance with Mental Capacity Act training amongst emergency department staff was 25% following a change in the way the training was delivered. This was well below the trust's target at 90%. We found that some care pathways were out-of-date for review and did not contain references to any national, evidence-based guidance.
- There had been no pain audits completed by the trust in the twelve months prior to our inspection, and we did not see any documented evidence that patient's pain relief was evaluated to ensure it was effective. However, patients told us that they received pain relief when they needed it.
- We found low compliance in the completion of the risk of malnutrition screening tools.
- We did not see any evidence that goal-setting or outcome measures were used in patient care records. Some staff told us that the trust focused on discharging patients rather than rehabilitation with long-term goals.
- The 2016/17 RCEM audit results for consultant sign-off failed to meet RCEM standards and ranged from between 2% and 30% for different parts of the audit against a target of 100%
- Between September 2016 and August 2017, the trust's unplanned re-attendance rate to A&E within seven days was generally worse than the national standard of 5% and worse than the England average
- We saw variable performance in national audit outcomes. The trust performed worse than the England average for: patients with lung cancer receiving all eligible secondary medicines; emergency readmission and in-hospital mortality following acute myocardial infarction; and emergency readmission due to chronic obstructive pulmonary disease and bronchiectasis.
- With the exception of the emergency admissions unit there was no seven-day consultant cover for the medical wards.
- Staff reported and trust audit data showed that a number of patients were being consented on the day of surgery; this does not follow best practice guidance.
- The unit lacked some ITU-specific clinical guidelines, such as the management of delirium and weaning for ventilation.. Clinicians did not regularly review clinical policies because scheduled meetings did not take place at the published frequency.
- Although the unit could demonstrate patient data contributions to the Intensive Care National Audit and Research Centre (ICNARC), there was limited evidence to show the unit used this data to improve the service. Medical and nursing staff did not consistently monitor the effectiveness of care and treatment through continuous local and national audits. Although we found staff cared for patients appropriately, the trust could not be assured care and treatment was being delivered in line with national evidence-based guidelines.

The trust had taken appropriate action in response to the lack of a dedicated educational support for nursing staff on the critical care unit by appointing a clinical nurse educator. This post was newly appointed and had begun to make positive changes but the Trust acknowledged there was still much to do. However:

- We saw good examples of multidisciplinary working across all areas.
- Snack packs were available to patients when they had been in the emergency department for a long period of time. We found assessment and monitoring of the nutritional status of patients in surgical services.
- Pain levels were monitored and effective pain relief provided.
- We saw staff seeking patient consent before providing care and treatment. Staff showed a good understanding in relation to mental capacity and deprivation of liberty safeguards. Staff understood the need to gain consent and understood the relevant consent and decision making requirements.

# Summary of findings

- The trust participated in local and national audits.
- Staff supervision rates in services for people with learning disabilities or autism were high and staff valued these sessions.

## Are services caring?

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

- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- We observed privacy and dignity being maintained for patients received care.
- Staff recognised the importance of the emotional needs of patients. Specialist nursing staff and multi faith chaplaincy services were available to provide additional support when required.
- Patients we spoke with were overwhelmingly positive about the service.

However:

- We did not see evidence of individualised care planning or patient and family involvement in the records we reviewed for medical patients.

## Are services responsive?

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

- Performance times and indicators for the emergency department had improved, and the department was documenting time of arrival and time of discharge correctly. The trust had achieved the 95% four hour standard for the previous seven months.
- Average lengths of stay were similar to the national averages for elective and emergency admissions. The trust had made changes designed to improve patient flow since our last inspection. Bed moves at night and the numbers of medical patients being cared for on surgical wards showed an improving picture.
- The trust had improved their response times for dealing with complaints in the last six months.
- Services were planned to meet the needs of the local population.
- The trust's referral to treatment times were consistently higher (better) than the England average.
- The number of cancelled operations were consistently lower (better) than the England average,
- The trust had taken appropriate action in response to the inappropriate arrangements for the care of critically ill patients on the theatre recovery ward. The trust had implemented a new escalation plan and standard operating procedure. Practitioners spoke positively about the impact this had for patients and staff.
- Managers and staff told us improvements in patient flow across the hospital had achieved a positive impact within the critical care unit. Non-delayed out of hour discharges to the ward and delayed discharges had improved over the last 12 months. The delayed discharge average was better than the regional network unit average.
- There was no waiting list for the community mental health service for people with a learning disability of autism. 95% of referrals were assessed within the referral to assessment target of 15 days. Staff were flexible when making appointments to ensure this met the needs of patients. The service provided a duty system to respond to patient crisis or urgent issues.



# Summary of findings

- Staff in community mental health services for people with a learning disability or autism had developed information leaflets to meet the needs of patients.

However:

- For some the overall length of stay for elective and non-elective patients was higher than the England average.
- We lacked assurance that patients across the trust were aware of how to complain and there was limited information in ward areas in relation to this
- Guidelines for the Provision of Intensive Care Services (GPICS) state patients discharged from intensive care units should have access to a follow-up clinic, to facilitate ongoing treatment and provide emotional and psychological support. The trust did not provide this facility.
- The unit did not comply with NICE Clinical Guidelines 83 by providing rehabilitation after critical illness.
- There was limited evidence to demonstrate the unit worked with other health providers to meet the needs of people using the service. There was very little interaction with the North of England Critical Care Network and there was no medical or nursing representation at the meetings.

## Are services well-led?

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

- Although the emergency department undertook audits we did not have sufficient evidence to demonstrate that these were used to improve care.
- In the medicine core service we saw that some risks had remained on the risk register as moderate or high for more than three years. Some risks in relation to patient records had not been recognised prior to our inspection.
- The divisional risk register format meant it was difficult to maintain oversight of all of the risks in critical care and, the lack of formal governance arrangements meant risks were not reviewed with staff at unit level.
- We observed a number of World Health Organisation (WHO) surgical safety checklists and found this was not been applied consistently. This was supported by audit data provided by the trust.
- There had been some improvement with regards to the culture in theatre. Processes and trust guidance was being followed more consistently to manage issues. However we were still provided with examples of inappropriate behaviour and not all staff felt able to report this.
- The ward manager of the surgical centre inpatient unit and critical care unit had budgeted time for non-clinical duties, such as leadership and management responsibilities however this was suspended on any particular day if patient care need was required. As a result we saw gaps in monthly audit data collection and it affected their ability to maintain a robust oversight of incidents and the overall effectiveness of the unit. The ward manager did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This affected their ability to maintain a robust oversight of incidents and the overall effectiveness of the unit.
- We received mixed feedback with regards to staff engagement; there was a degree of uncertainty about the future and the alliance with a local NHS trust.
- There were still some areas of concern from the previous inspection which had not been addressed. In particular that of mandatory training and appraisals. Some areas of compliance were low.

However:

- Morale was generally good; staff told us of good teamwork amongst the different teams and that they were proud to work at the trust.



# Summary of findings

- Staff were aware of the trust's vision and values.
- Managers and leaders were visible and supportive of teams.
- Staff in mental health services for people with learning disabilities or autism were passionate about the service and supporting patients. Morale was very high within the team. Staff strived to identify ways to continually improve the service for patients.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in South Tyneside District Hospital within medical care (including older peoples' care) and surgery.

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

## Areas for improvement

We found areas for improvement including ten breaches of legal requirements that the trust must put right. We found 32 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of legal requirements in four core services.

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

- The gastroenterology team was recognised in the HSJ Awards 2016 as the best in the country for global impact on clinical research.
- The endoscopy service was trialling a pre-assessment service for patients; it had achieved Joint Advisory Group (JAG) on Gastrointestinal Endoscopy accreditation every year since 2006.
- The surgical team had developed its gall bladder service to enable symptomatic patients to have an operation within 48 hours. This was being audited and the leadership team reported informally that it was achieving above 90%.

# 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 three legal requirements. This action related to urgent and emergency services, medical care (including older people's care), surgery and critical care.

#### Acute health services

##### South Tyneside District Hospital

###### Urgent and emergency services

- The trust must ensure the areas used for assessing the mental health of patients in the emergency department are safe, suitable and appropriately located.
- The trust must ensure all staff in the emergency department are supported to become compliant with all aspects of mandatory training.

###### Medical care (including older people's care)

- The trust must ensure all patients on medical wards are assessed for risk of malnutrition.

###### Surgery

- The trust must ensure that nursing and medical staff in the surgical directorate are compliant with mandatory training, in particular resuscitation and safeguarding.
- The trust must ensure all staff are engaged and participate in all steps of the World Health Organisation (WHO) surgical safety checklist, and that this is consistently utilised.

###### Critical care

- The trust must ensure there are formal governance arrangements within critical care.
- The trust must provide evidence-based clinical guidelines, specific to critical care.
- The trust must introduce a comprehensive clinical audit programme to support and monitor compliance within critical care
- The trust must improve the management of risks within critical care.

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

#### Overall trust

- The trust should ensure that information from audits is used to improve quality.
- The trust should ensure all staff undergo an annual appraisal.
- The trust should ensure there are robust actions in place to improve performance against national targets.

# Summary of findings

- The trust should consider employing a dementia specialist nurse to support staff.
- The trust should ensure that information about how to complain is clearly displayed throughout the hospital, that patients have information about how to complain and that complaints are responded to in a timely way.

## Acute health services

### South Tyneside District Hospital

#### Urgent and emergency services

- The trust should ensure major incident equipment in the emergency department is checked at the appropriate frequency.
- The trust should ensure the trust and emergency department update major incident plans and procedures.
- The trust should ensure chairs in the emergency department waiting area are free from tears and splits.
- The trust should continue to ensure that emergency department policies are reviewed and kept up-to-date.
- The trust should ensure staff working on the reception desk in the emergency department have appropriate guidance about which conditions require immediate escalation to a member of the nursing staff.

#### Medical care (including older people's care)

- The trust should ensure oxygen is prescribed on medicine administration charts.
- The trust should ensure all patient care records on the medical wards are stored securely.
- The trust should ensure all staff on medical wards complete patient care records in line with the guidance issued by their registering bodies.
- The trust should ensure all patients on medical wards have an individualised plan of care that includes goal-setting and patient outcome measures.
- The trust should ensure that care pathways for patients on medical wards are reviewed and that these contain references to show that they are in line with evidence-based, best-practice guidance.
- The trust should aim to provide seven-day consultant cover for the medical wards.

#### Surgery

- The trust should ensure the number of controlled drugs record books is reduced on the surgical inpatient unit to reduce the likelihood of errors.
- The trust should ensure staff in theatres complete administration records for controlled drugs fully, including the amount administered and the amount discarded.
- The trust should ensure that fridge temperature monitoring is in place in surgical areas and that action is taken when minimum or maximum temperatures are exceeded.
- The trust should continue to work on improving outcomes in relation to the hip fracture audit and the risk of readmission for elective and non-elective trauma and orthopaedic cases.
- The trust should ensure best-practice guidance is followed in respect of patients consenting to surgery.
- The trust should continue to address areas of concern in relation to culture and inappropriate behaviour in theatres.

# Summary of findings

- The trust should consider protected non-clinical time to ensure management responsibilities on the surgical centre inpatient unit can be delivered.

## Critical care

- The trust should provide a follow-up ITU clinic in line with the national Guidelines for the Provision of Intensive Care Services standards.
- The trust should provide rehabilitation support for critical care patients in line with NICE clinical guideline 83.
- The trust should monitor, record and display nurse staffing levels in critical care to determine the impact of requests to provide support to other wards.
- The trust should ensure there are enough healthcare assistants in the critical care ward staffing establishment to cover all night shifts.
- The trust should ensure there are enough training and development opportunities for critical care nurses.
- The trust should ensure new local safety standards for invasive procedures are implemented in critical care.
- The trust should ensure there is a more formal process for sharing outcomes, themes, trends and lessons learned from incidents with frontline staff in critical care.
- The trust should ensure all appropriate members of staff in critical care contribute to North of England Critical Care Network meetings, sharing learning and best practice with the team.
- The trust should develop the critical care clinical delivery group and establish regular meetings.
- The trust should ensure the critical care ward manager has dedicated non-clinical time to fulfil management duties (in line with the national Guidelines for the Provision of Intensive Care Services).

## Mental health services

### Wards for people with a learning disability or autism

- The trust should consider processes to review restrictive practice on the ward.
- The trust should consider how to document and review ligature anchor points on the ward.
- The trust should review night shift staffing levels to ensure staff and patients are safeguarded.
- The trust should consider the use of staff personal alarms, particularly at night when only two members of staff would be on duty.
- The trust should ensure that the electronic case management system is implemented by February 2018.

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

- The trust should ensure that the electronic case management system is implemented by February 2018. This should include effective processes to identify patient risk.
- The trust should consider how to make patient information leaflets more accessible within the service.

# Summary of findings

## Is this organisation well-led?

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

In April 2016 South Tyneside NHS Foundation Trust agreed an alliance with City Hospitals Foundation Trust with the aim of the two organisations working closer together to achieve safe and sustainable services for the populations they serve.

As part of the Alliance arrangements the Chief Executive of City Hospitals Sunderland joined this Trust in September 2016 and a single executive team was put in place in November 2016 across both organisations.

It is acknowledged that the new executive team inherited significant strategic and operational challenges across many services.

We rated well-led at the trust as requires improvement because:

- Management oversight of risks was inconsistent across the trust and some risk registers were poorly developed. Risks were not always captured and escalated to a corporate risk register. There was not a process which would trigger formal escalation of risks.
- The trust did not have a robust incident reporting culture. Executive leaders acknowledged challenges within the reporting procedure. Staff at core service level told us they did not always report incidents and did not always receive feedback.
- Although staff did raise concerns, we were concerned about the lack of formal structures for them to do so. We found that concerns were often dealt with informally and a minority of staff told us they felt unable to report some poor behaviours.
- There were gaps in terms of strategies for example workforce, organisational development, mental health, dementia and patient and public engagement. Executive leaders were aware of these gaps, were addressing them and submitted some draft strategies following our inspection. The medical director had assumed the executive lead for mental health three weeks prior to our well led review visit and acknowledged the trust had a lot of work to do in this area. The trust did not have a non-executive director lead for the Mental Health Act 1983 (MHA).
- The causes of workforce inequality were not always identified or addressed. There was insufficient attention to appropriately engaging those with particular protected characteristics. Executive leaders acknowledged there was still work to do to promote equality and diversity across the trust.
- There was a limited approach to sharing information with and obtaining the views of people who use services outside of the path to excellence consultation processes.
- The trust had not taken any action to implement the accessible information standard.
- The sustainable delivery of quality care at South Tyneside is put at risk by the financial challenge the trust faces. The trust's financial forecast deficit (excluding sustainable transformational funding) is now £10.1.

However:

- Executive leaders at South Tyneside NHS Foundation Trust had the experience, capability and integrity to ensure that the strategy could be delivered and risks to performance addressed. We were however concerned that some executives had large portfolios and capacity could be a challenge for them.

# Summary of findings

- Executive and non-executive directors told us there was still work to do on the governance and assurance framework however they felt there had been significant improvement over the previous 12 months. We found the multiple committees and sub-committees were unclear and difficult to navigate at times. However the structure was appropriate for the current alliance arrangements.
- Leaders at every level were visible and approachable.
- Executive leaders 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. Non executives and Governors felt well informed by the executive team and reported an open and honest working relationship.
- There was a clear statement of vision and values, driven by quality and sustainability. It had been translated into a path to excellence programme as part of a strategic alliance with a neighbouring acute hospital. The vision, values and strategy had been developed through a structured planning process in collaboration with people who use the service, staff and, external partners. The strategy was aligned to local plans in the wider health and social care economy and services were planned to meet the needs of the relevant population. However, there were a number of gaps in formal individual strategies which were mostly being addressed.
- There were processes to support staff and promote their positive wellbeing. Executive leaders encouraged pride and positivity in the organisation. Overwhelmingly staff were positive about and proud to work in the organisation, even though some expressed anxiety about the future.
- Information used by the trust in reporting and performance management was usually accurate and valid. Data or notifications were consistently submitted to external organisations as required. Information technology systems were used effectively.
- The trust had made good progress ahead of the requirement to meet the national guidelines on reviewing and investigating deaths.

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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



## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
Community	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Mental health	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
<b>Overall trust</b>	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Outstanding ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018

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

## Ratings for South Tyneside District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Surgery	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↑ Mar 2018	Requires improvement ↔ Mar 2018
Critical care	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
Maternity	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Requires improvement Dec 2015	Good Dec 2015
Services for children and young people	Requires improvement Dec 2015	Requires improvement Dec 2015	Good Dec 2015	Good Dec 2015	Requires improvement Dec 2015	Requires improvement Dec 2015
End of life care	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Outpatients	Good Dec 2015	N/A	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
<b>Overall*</b>	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community health services for children and young people	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community end of life care	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
Community dental services	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015
<b>Overall*</b>	Good Dec 2015	Good Dec 2015	Outstanding Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015

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

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with a learning disability or autism	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Community mental health services for people with a learning disability or autism	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
<b>Overall</b>	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018

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

# Acute health services

## Background to acute health services

South Tyneside NHS Foundation Trust provides acute hospital services at South Tyneside District Hospital, a full range of community services and some mental health services across South Tyneside, Gateshead, and Sunderland. The services are provided to a population of 430,000 and the trust employs in excess of 3,500 staff.

In February 2016 the trust formed a strategic alliance with a neighbouring NHS foundation trust and established the South Tyneside and Sunderland Healthcare.

The trust provides the following acute core services:

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

Between 31 October and 2 November we inspected four out of eight of the acute core services; urgent and emergency care, medical care (including older people's care), surgery and critical care provided by this trust at the South Tyneside hospital site. We inspected these services because they were rated as requires improvement at our last inspection.

In April 2016 the trust formed a strategic alliance with a neighbouring NHS foundation trust and established the South Tyneside and Sunderland Healthcare Group serving a population of 430,000 and employing in excess of 3,500 staff.

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?"

## Summary of acute services

**Requires improvement**   

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

- We rated safe, effective, and well-led as requires improvement, and caring and responsive as good.
- We rated three of the trust's eight services as requires improvement and one as good. In rating acute services, we took into account the current ratings of the four acute services not inspected this time. Our rating of acute services is the same as our rating for South Tyneside District Hospital because all the trust's acute services are provided there.

# South Tyneside District Hospital

Harton Lane  
South Shields  
Tyne and Wear  
NE34 0PL  
Tel: 01914041000  
www.stft.nhs.uk

## Key facts and figures

South Tyneside District Hospital provides a variety of hospital services in South Tyneside and community services in Gateshead, South Tyneside and Sunderland.

The hospital has 299 inpatient beds and provides acute services 24 hours a day, seven days a week.

For the twelve month period for April 2016 to March 2017 the hospital saw:

- 32,203 inpatient admissions.
- 186,411 outpatient attendances.
- 69,137 A&E attendances.
- 17,704 children attending A&E.
- 1,172 births / deliveries.

We inspected urgent and emergency services, medical care (including older people's care), surgery and critical care at this hospital.

We visited the accident and emergency department, wards, and theatres as part of our inspection. We spoke with 92 patients, 163 staff and 7 carers or relatives. We reviewed 82 records of care.

## Summary of services at South Tyneside District Hospital

**Requires improvement**   

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

- Although staff were aware of incident reporting procedures, they did not always report all incidents. Some staff expressed concerns about lack of reporting because of lack of feedback or perceived action.
- Compliance with the World Health Organisation (WHO) surgical safety checklist was variable. We also found some concerns in relation to medicine fridges in surgical services.
- There was low compliance in some mandatory training modules in all the services we inspected.

# Summary of findings

- Some appraisal completion rates were below the trust's target of 90%. In surgery completion rates were worse than the previous year and particularly low in theatres at 44%. We were not aware of any plans to address this.
- We found that some patient pathways in the medicine core service were out-of-date and did not have any references to nationally-recognised, evidence-based, best-practice guidance.
- The critical care unit lacked ITU-specific clinical guidelines and staff did not consistently monitor the effectiveness of care and treatment through continuous local and national audits.
- We found low compliance in the completion of the risk of malnutrition screening tools.
- We did not see individualised, patient-centred plans of care, and in some areas we raised concern about the security of care records, although, following our inspection we gained assurance that the trust was taking action to address record security.
- There was a lack of seven-day consultant cover on most medical and elderly-care wards.
- We saw limited information about how to make a complaint displayed throughout the hospital. Patient information leaflets were not readily available.
- We saw that some risks in the medicine core service had remained on the risk register as moderate or high for more than three years. Some risks in relation to patient records had not been recognised prior to our inspection
- There had been some improvement with regards to the culture in theatre. Processes and trust guidance was being followed more consistently to manage issues. However we were still provided with examples of inappropriate behaviour and not all staff felt able to report this.
- Although the surgical services directorate had a governance structure, there were no local governance arrangements within critical care and communication was informal.
- The ward manager of the surgical centre inpatient unit did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This was evidenced with gaps in monthly audit data collection.
- The critical care ward manager did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This affected their ability to maintain a robust oversight of incidents and the overall effectiveness of the unit.

However:

- All areas we visited were predominantly clean and well-maintained.
- Staff provided compassionate care to patients and respected patient privacy and dignity. Patients we spoke with were positive about the service, their relatives told us that they were involved in planning their care and that communication with staff was good.
- Services were planned to meet the needs of local people and referral-to-treatment times were better than the England average. The number of bed moves at night and the numbers of medical patients cared for on surgical wards showed an improving picture.
- Issues from the previous inspection in surgery had been significantly improved with regards to patients being cared for in recovery and the impact of medical boarders on surgical wards. Referral to treatment times and cancelled operations were better than England averages. We found patient care to be individualised.
- Performance indicators for the emergency department were mostly positive, and the trust had achieved the 95% four hour standard for the previous seven months.

# Summary of findings

- Staff were aware of the trust's vision and values, their morale was generally good and they told us they were proud to work at the trust.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

Urgent and emergency services at South Tyneside hospital has an emergency department providing 24 hours service, seven days a week. There were 68,765 attendances between April 2016 and March 2017 at South Tyneside NHS Foundation Trust. The trust provided information highlighting that during October 2017 there was an average of 195 patients per day of which 29.5% were children or young people up to the age of 19.

There was an ambulatory care unit and a minor injuries unit, which included a local general practitioners service during the day. There was a separate children's emergency department managed by the emergency care directorate. Care was provided to patients for up to 24 hours in the paediatric short stay assessment unit (PSSU).

We spoke with 32 patients and 36 staff and looked at 21 records.

## Summary of this service

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

- We found safe and effective to be requires improvement, which was the same as at the previous inspection.
- We did not consider the facilities for conducting assessments of adults and children with mental health conditions to be safe for staff or the patient concerned. The room staff had to use to assess patients for mental health was not appropriate for this use, principally because it contained ligature risks and so did not meet Psychiatric Liaison Accreditation Network's (PLAN) Quality Standards. Records for mental health assessments sometimes lacked details of the assessment.
- Procedures and policies for major incidents were found to be out-of-date; there had been no practice with staff for a major incident for over a year, and major incident checklists were not up-to-date.
- Chairs in the waiting areas were split or torn. This was an infection control risk and had been identified at our previous inspection.
- Some mandatory training compliance rates fell below 65% against a trust target of 90%. We were particularly concerned about resuscitation training for medical staff, which was 43% and nursing staff compliance with infection prevention control training which was 56%. Compliance with Mental Capacity Act training was at 25%.
- Appraisal completion rates were below the trust's target at 74% against a target of 90% and worse than completion the previous year of 88%.

However:

- During this inspection we found that caring, responsive and well-led were good.
- There were systems to report incidents. Staff had received mandatory training and records seen were clear and legible. Staffing numbers allowed the department to provide safe care to patients.
- Staff had access to and used national guidance and protocols. Snack packs were available for patients, and pain assessments were carried out during the initial assessments. Staff received regular appraisals, which were an opportunity to discuss development and learning. Staff described effective joint-working arrangements to meet the needs of patients.

# Urgent and emergency services

- Staff provided compassionate care to patients and respected patient privacy and dignity. Patients we spoke with were positive about the service.
- We found during this inspection that performance times and indicators for the department had improved and the department was documenting time of arrival and time of discharge correctly. This had been raised as a concern at the previous inspection. Services were planned with the emergency department delivery boards and the strategic group.
- There was a clear leadership structure in the department, and the senior managers of the service told us of their vision and focus on achieving the performance standards for the department. Risk registers were in place, and senior staff could describe the governance arrangements. Morale was generally good across the department.

## Is the service safe?

**Requires improvement** ● → ←

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

- There was no specific protocol or guidance for reception staff to use to identify patients requiring immediate attention.
- Ambulances waiting more than 60 minutes to transfer the care of patients to the emergency department had increased by more than 7% over the previous 12 months.
- We did not consider the facilities for conducting assessments of adults and children with mental health conditions to be safe for staff or the patient concerned.
- While we were assured staff would know what to do if a major incident occurred, it remained the position that staff were working with an out-of-date major incident policy. Staff had not practised a major incident for over a year, and major incident equipment checklists were not up-to-date.
- Some mandatory training compliance rates fell below 65% against a trust target of 90%. We were particularly concerned about resuscitation training for medical staff, which was 43% and nursing staff compliance with infection prevention control training which was 56%.

However:

- The department did have systems and processes to report incidents, learn from them and improve.
- Adults and children using the service were protected from abuse because staff had received training in safeguarding and knew how to report any issues. Safeguarding processes were in place and used, and staff had good support from the psychiatric liaison team.
- Medicines were stored and managed safely. The environment was clean and supported access for those with mobility issues. Patient records seen were clear, legible, detailed and stored safely, although records of mental health assessments sometimes lacked details of the assessment.
- Staffing numbers allowed the department to provide safe care to patients. The department was able to respond to medical emergencies, and individual risks to patients were assessed when receiving treatment.
- The trust provided information for the time of arrival to initial assessment or triage. This data showed that between April 2017 and September 2017 the data ranged from nine minutes to ten minutes.

# Urgent and emergency services

## Is the service effective?

**Requires improvement** ● → ←

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

- The 2016/17 RCEM audit results for consultant sign-off failed to meet RCEM standards and ranged from between 2% and 30% for different parts of the audit against a target of 100%
- Between September 2016 and August 2017, the trust's unplanned re-attendance rate to A&E within seven days was generally worse than the national standard of 5% and worse than the England average. In latest period, August 2017 trust performance was 9% compared to the England average of 7%.
- Appraisal completion rates were below the trust's target at 74% against a target of 90% and worse than completion the previous year of 88%.
- Compliance with Mental Capacity Act training 25% which was below the trust's target at 90%.

However:

- Guidance and protocols were available and used, such as the Sepsis Six Protocol. The department participated in the Royal College of Emergency Medicine (RCEM) audits.
- Snack packs were available to patients when they had been in the department for a long period of time, and pain scores were part of the initial assessment for patients.
- The children's emergency department had an educational lead nurse who assisted in organising training.
- Staff described effective joint working arrangements to meet the needs of patients. This included support from PLT, specialist learning disability nurses, frailty team, psychiatry, dieticians and discharge nurses.

## Is the service caring?

**Good** ● → ←

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

- Staff were compassionate with children and adults who used the service, for instance, by using a variety of techniques to support patients to access treatment. To support patient confidentiality all treatment was provided behind closed doors or drawn curtains where possible. Maintaining privacy of patients whose details appeared on the electronic whiteboards was a challenge to staff because of the physical environment.
- Emotional support was provided, for example, through the use of themed seasonal decoration in the children's treatment area. We noticed that in all waiting areas TVs were provided to provide entertainment to patients while they waited for treatment or diagnostic results. We came across examples of staff giving reassurance or helping patients at risk by providing meals and signposting them to other agencies for further help.
- The department strived to understand the needs of and involve patients and/or their family/carers so that patients received person-centred care. For instance, in the children's treatment area, groups of local school children were invited into the department every second Tuesday. This helped those children to understand what the environment felt like and what the staff did, with the aim of putting the children at ease should they need to attend in the future.

# Urgent and emergency services

- Friends and Family survey results showed in the latest period, July 2017, performance was 89% compared with the England average of 85%. All patients we spoke with were positive about the service.

## Is the service responsive?

**Good** ● ↑

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

- Previous inspections found responsive to be requires improvement. We found during this inspection that performance times and indicators for the department had improved, and the department was documenting time of arrival and time of discharge correctly.
- Services were planned with the emergency department delivery boards and the strategic group. Performance was discussed at department business meetings.
- A private room was available for use in the department, and there was access for patients to a frailty team, learning disability nurses and a psychiatric liaison team. Translation services were available as required.
- We found during this inspection that escalation procedures were in place and documented.
- Performance indicators for the emergency department were mostly positive, and the trust had achieved the 95% four hour standard for the previous seven months.

## Is the service well-led?

**Good** ● ↑

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

- There was a clear leadership structure in the department and the senior managers of the service told us of their vision and focus on achieving the performance standards for the department.
- Senior managers were aware of risks such as the issues around major incident plans, and a risk register was in place.
- Morale was generally good, and staff told us of good teamwork amongst the different teams.
- There were governance arrangements in place and governance meetings for the services.
- A daily huddle was used in the emergency department to share information with staff. Performance reports were available for senior managers to assess quality and performance-related information.

However:

- Although the department undertook audits we did not have sufficient evidence to demonstrate that these were used to improve care.

## 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

The medical care service at South Tyneside District Hospital provides care and treatment for general medicine, care of the older person, diabetes & endocrinology, infectious diseases, gastroenterology and specialist & rehabilitation services. There are 177 medical inpatient beds within this service.

The trust had 21,059 medical admissions between June 2016 and May 2017. Emergency admissions accounted for 8,081 (57%), 191 (4%) were elective, and the remaining 12,787 (39%) were day case.

Admissions for the top three medical specialties were:

- General medicine - 12,787
- Gastroenterology - 3,028
- Medical oncology - 2,480

South Tyneside Hospital was last inspected as part of our comprehensive inspection programme in May 2015. During the 2015 inspection we inspected and rated all five key questions. Overall, we rated medical services as requires improvement. We rated caring as good and safe, effective, responsive and well-led as requires improvement.

We decided to inspect the medicine core service to find out if the problems from the previous inspection had been addressed, and to look at the issues raised by our monitoring of the service.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During the inspection we visited all nine wards. This included the acute medical wards, the elderly care wards and the endoscopy unit.

We spoke with 41 members of staff, including all grades of nursing and medical staff, ward clerks, pharmacy staff, the senior leadership team and therapists. We also spoke with 38 patients and five relatives and carers. We observed care and treatment being provided. We reviewed 44 care records (including medical notes, nursing and therapy documentation and prescription charts).

We observed a ward huddle, a ward round, a multidisciplinary team meeting, a bed-management meeting and a discharge team huddle.

## Summary of this service

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

- We rated safe, caring, responsive and well-led as good. We rated effective as requires improvement.
- Staff were aware of how and when to report incidents including safeguarding concerns. We saw that staff received feedback and lessons learned were shared. All areas we visited were predominantly clean and well-maintained. Staff practised safe infection-control techniques, and audit results were positive. There were low numbers of hospital-acquired infections. Equipment was available, and this was serviced in line with manufacturer's recommendations. Staff assessed patients for risk of deterioration and escalated their care when necessary. Nurse staffing levels had improved and staffing reviews had been completed, resulting in an uplift of registered nurses.

# Medical care (including older people's care)

- We saw good examples of multidisciplinary working. The majority of staff had a yearly appraisal. Staff told us they were encouraged and supported to professionally develop. We saw staff seeking patient consent before providing care and treatment. We saw that capacity assessments were completed for all patients where appropriate. Most staff we spoke with had a clear understanding about what would constitute a deprivation of liberty and were aware of when they would apply for an urgent authorisation.
- Patients, relatives and carers gave predominantly positive feedback. Patients told us they felt safe on the wards. Patients told us that the staff were caring and compassionate. One person described the staff as outstanding. We observed staff treating patients compassionately and with dignity and respect. Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Services were planned to meet the needs of local people and referral-to-treatment times were better than the England average. The endoscopy unit was providing evening appointments for people who worked to reduce absence from work. In addition, the service was trialling a pre-assessment service to reduce the number of patients failing to attend, and to ensure patients were fully informed about their procedure. The number of bed moves at night and the numbers of medical patients cared for on surgical wards showed an improving picture. We saw some positive examples of staff supporting vulnerable patients such as those living with dementia.
- Staff told us that their line managers were visible, approachable and supportive. We saw positive leadership at ward and team level. Staff were aware of the trust's vision and values, and we saw these displayed. In addition, some wards had their own mission statements displayed. The senior leadership team had a clear future strategy for the services. Staff of all disciplines, on all wards we visited, were friendly and positive. Staff told us that they prioritised patient safety, were team focused and were 'like a family'. Local governance arrangements were robust. Ward managers attended divisional governance meetings. Ward managers were aware of the risks to their service. We saw numerous examples of improvements and innovation.

However:

- There was low compliance in some mandatory training modules.
- We did not see individualised, patient-centred plans of care, and in some areas we raised concern about the security of care records, although, following our inspection we gained assurance that the trust was taking action to address record security.
- We had concerns that the planned staffing on some wards did not meet the recommended one registered nurse to eight patients. Medicine reconciliation was mostly below the trust target of 80%.
- We found that some patient pathways were out-of-date and did not have any references to nationally-recognised, evidence-based, best-practice guidance.
- Patients told us they received pain relief in a timely manner however pain relief was not evaluated, and there had been no pain audits completed by the trust in the twelve months prior to our inspection.
- We found low compliance in the completion of the risk of malnutrition screening tools.
- We did not see evidence of goal setting or patient outcome measures being used.
- We saw variable performance in national audit outcomes, with the trust performing worse than the England average in a number of key audits.
- There was a lack of seven-day consultant cover on most medical and elderly-care wards.
- The trust was failing to meet performance targets for complaints responses, and we saw limited information about how to make a complaint displayed throughout the hospital.

# Medical care (including older people's care)

- We raised concern in some areas about the security of patients' care records.
- Some staff we spoke with told us they felt uncertain about the future due to the trust's alliance with a neighbouring trust.

## Is the service safe?

**Good** ● ↑

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

- All grades of staff were aware of their safeguarding responsibilities. We saw information displayed on all wards and staff were aware of the policies and of the trust safeguarding team, who were available for support.
- All areas we visited were visibly clean and well-maintained. Compliance with infection-control audits was positive.
- Staff told us they had sufficient equipment to support patients safely. We saw that equipment was serviced in line with manufacturer's recommendations and had been tested for electrical safety; it was labelled as clean and ready for use. Substances hazardous to health were stored securely on all but two wards. Emergency equipment, such as resuscitation equipment, was checked in line with policy.
- We saw that the majority of patients had risk assessments completed. National Early Warning scores (NEWS) were recorded, and, where necessary, patients were escalated appropriately. Sepsis recognition and treatment was improving. Patient safety alerts were responded to appropriately.
- Planned and actual nurse staffing levels were displayed on the wards. Ward managers told us that they were able to fill any gaps in their rosters with bank and agency staff. At the time of our inspection there were no gaps in the medical staffing establishment.
- Medicines were stored securely, and controlled drug registers showed that weekly balance checks were completed. We did not see any discrepancies.
- All staff we spoke with were aware of and said they were competent in the use of the trust's incident reporting system. Staff said they received feedback from incidents. We saw evidence that incidents were discussed at team meetings and ward huddles.
- Staff were aware of their duty of candour and could give examples about when they would use this. We saw that duty of candour had been used appropriately when incidents in which patients sustained moderate or serious harm occurred.
- Wards collated patient safety data and took part in the monthly NHS safety thermometer. We saw patient safety data displayed on most wards we visited.

However:

- The trust set a compliance target for mandatory training of 90%. Overall 75% of staff within this service were compliant, which was lower than the trust's target. However ward managers showed us evidence of staff being booked on to training sessions to achieve compliance.
- Information provided by the trust indicated that two cases of clostridium difficile had been attributed to cross infection. We had a concern on one ward that bed spacing was not in line with Health Building Note guidance.
- We had concerns about patient records; we found that these were not always completed in line with guidance from national registered staff bodies, and they were not stored securely on some wards.



# Medical care (including older people's care)

- We found that oxygen was not always prescribed on medicine administration charts.

## Is the service effective?

**Requires improvement** ● → ←

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

- We found that some care pathways were out-of-date for review and did not contain references to any national, evidence-based guidance.
- There had been no pain audits completed by the trust in the twelve months prior to our inspection, and we did not see any documented evidence that patient's pain relief was evaluated to ensure it was effective. However, patients told us that they received pain relief when they needed it.
- We found low compliance in the completion of the risk of malnutrition screening tools.
- We did not see any evidence that goal-setting or outcome measures were used in patient care records. Some staff told us that the trust focused on discharging patients rather than rehabilitation with long-term goals.
- We saw variable performance in national audit outcomes. The trust performed worse than the England average for: patients with lung cancer receiving all eligible secondary medicines; emergency readmission and in-hospital mortality following acute myocardial infarction; and emergency readmission due to chronic obstructive pulmonary disease and bronchiectasis.
- With the exception of the emergency admissions unit there was no seven-day consultant cover for the medical wards.

However:

- We saw good examples of multidisciplinary working across all areas, including the wards, the bed-management meeting and the discharge team.
- Staff appraisal rates were positive, and staff told us that they were supported at induction and to professionally develop.
- Staff could send referrals to other disciplines through the electronic patient status system. Staff could also access details of patients past medical history through shared systems with local GPs.
- We saw staff seeking patient consent before providing care and treatment. We saw that capacity assessments were completed for all patients where appropriate. Most staff we spoke with had a clear understanding about what would constitute a deprivation of liberty and were aware of when they should apply for an urgent authorisation.

## Is the service caring?

**Good** ● → ←

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

- We spoke with 38 patients and five relatives and carers and received predominantly positive feedback. Patients told us they felt safe on the wards.
- Patients told us the staff were caring and compassionate. One person described the staff as outstanding. We observed staff treating patients compassionately and with dignity and respect.

# Medical care (including older people's care)

- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.

However:

- We did not see evidence of individualised care planning or patient and family involvement in the records we reviewed.

## Is the service responsive?

**Good** ● ↑

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

- Services were planned to meet the needs of the local population. Referral-to-treatment times for medicine were better than the England average.
- Average lengths of stay were similar to the national averages for elective and emergency admissions. The trust had made changes designed to improve patient flow since our last inspection. Bed moves at night and the numbers of medical patients being cared for on surgical wards showed an improving picture.
- The endoscopy unit was providing evening appointments for patients who worked, to reduce absence from work. In addition, the service was trialling a pre-assessment service to reduce the number of patients failing to attend, and to ensure patients were fully informed about their procedure.
- The trust's electronic patient status system allowed staff to identify vulnerable patients such as those living with dementia. We saw some positive examples of dementia-friendly environments and other initiatives.
- Translation services were available when needed. A patient we spoke with told us he had been supported with his diet and prayer needs.
- We saw that the details of complaints and any learning were shared through huddles and team meetings. Ward managers told us how they dealt with complaints. The trust had improved their response times for dealing with complaints in the last six months.

However:

- The trust did not employ any dementia specialist nurses. There was a community-based learning disabilities team, who staff could access for support when needed. There was a lack of patient-centred individualised care planning.
- We saw only limited information about how to make a complaint displayed on the wards we visited.

## Is the service well-led?

**Good** ● ↑

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

- Staff told us that their line managers were visible, approachable and supportive. Ward managers and their deputies were aware of the senior team and told us that it was supportive. However, more junior staff told us they did not know who the senior team members were.
- Staff were aware of the trust's vision and values, and we saw these displayed throughout the wards we visited. In addition, some wards had their own mission statements displayed.

# Medical care (including older people's care)

- The strategy for the service was to maintain high-quality, sustainable care for the local population. However the leadership team's priority was to ensure that services remained sustainable.
- Staff of all disciplines on all wards we visited were friendly and positive. Staff told us they prioritised patient safety, were team focused and were 'like a family'. We witnessed positive working relationships amongst all staff.
- Local governance arrangements were robust. Ward managers attended divisional governance meetings. A copy of the clinical governance report for the medicine and elderly directorate showed that all patient safety, quality and experience outcomes were reported. Local managers shared this information within their teams.
- Ward managers were aware of the risks to their service. The risk register for the division showed overarching risks such as nurse staffing and patient falls as well as risks specific to individual areas.
- We heard positive examples of staff engagement and saw that patient engagement was seen as a priority in terms of the potential reconfiguration of services. Junior doctors, without exception, told us that they would recommend the trust as a place to work.
- We saw numerous examples of improvements and innovation.

However:

- We raised concern in some areas about the security of patients' care records. Following our inspection we were assured that the trust was taking action to address this concern and to ensure the security of records.
- We saw that some risks had remained on the risk register as moderate or high for more than three years. Some risks in relation to patient records had not been recognised prior to our inspection.
- Some staff we spoke with told us they felt uncertain about the future due to the alliance with a neighbouring trust.

## 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

Surgical services at South Tyneside District Hospital provides elective and emergency surgical care to patients.

The surgical centre opened in December 2016 and comprised a 42 bedded inpatient unit and a day surgery unit with 26 beds. Orthopaedic care was provided on ward 7, where there were 21 beds.

The trust had 7,124 surgical admissions between June 2016 and May 2017. Emergency admissions accounted for 1,947 (26%), 4,409 (61%) were day case, the remaining 858 (11%) were elective admissions.

The trust was last inspected in May 2015, when all five domains were inspected, and an overall rating of requires improvement was given. Safe and responsive were rated requires improvement, effective and caring were rated good and well-led was rated inadequate.

The main areas of concern from the last inspection and the areas the trust were told they must address were:

- Review compliance with mandatory training and in particular training in safeguarding, medical device management, medicines management and Mental Capacity Act and Deprivation of Liberty Safeguards.
- Ensure that medical staff receive mandatory training including fire prevention and child and adult safeguarding.
- Ensure all necessary patient risk assessments, for example, venous thromboembolism (VTE) and early warning scores for deteriorating patients are completed and recorded appropriately.
- Ensure assurance processes are in place to confirm the 'five steps to safer surgery' (part of the WHO surgical safety checklist) is being consistently completed.
- Review the policy, processes, procedures, training, support arrangements for the safe care and treatment of medical 'boarders' within surgical wards and the impact on services.
- Ensure that when patients complain about their care, there is an effective process in place for staff to receive feedback and learning.
- Implement an escalation plan approved by operating theatre and critical care nursing and clinical leads that ensures that appropriate support systems are available on a timely basis if critical care patients are nursed in recovery room.
- Ensure that all theatre staff caring for Level 2 and Level 3 ITU patients have received the appropriate training that training records are retained.
- Ensure that all medical devices receive portable appliance testing as required.
- Ensure that COSHH risk assessments are completed for all areas storing substances hazardous to health to ensure that these are stored securely.
- Ensure resuscitation equipment checks are carried out regularly and consistently across all areas of the department.
- Ensure that all employees receive an annual appraisal.

We also said the trust should:

# Surgery

- Review the continuing concerns raised by staff of bullying and harassment and the difficult working environment within theatres.
- Review the concerns raised by medical staff from the trauma and orthopedics department about individual bullying and harassment leading to concerns about patient care.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During this inspection we visited the operating theatres and recovery area, the surgical centre, which included the day surgery and inpatient unit, the orthopaedic ward (ward 7) and the pre-assessment unit. We spoke with 22 patients and relatives and 65 members of staff. We observed staff delivering care and looked at 13 patients' records and prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public, who contacted us directly to tell us about their experiences.

## Summary of this service

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

- Our rating for safe stayed the same; the trust had addressed some of the areas of concern highlighted at the last inspection. For example there was an escalation plan for when critical care patients needed to be cared for in recovery. However mandatory training rates and compliance with the World Health Organisation (WHO) surgical safety checklist was variable. We also found some concerns in relation to medicine fridges.
- Our rating for effective stayed the same. Care and treatment was evidence based and patient outcome measured were recorded via national audits.
- Our rating for caring stayed the same. Care was patient centred and compassionate; we received positive feedback from the patients and relatives we spoke with.
- Our rating for responsive improved. Issues from the previous inspection had been significantly improved with regards to patients being cared for in recovery and the impact of medical boards on surgical wards. Referral to treatment times and cancelled operations were better than England averages. We found patient care to be individualised.
- Our rating for well-led improved. The concerns around the difficult working environment in theatre had improved. Changes in leadership had had a positive impact. However we were concerned that there were a number of areas highlighted at the previous inspection that had not improved.

## Is the service safe?

**Requires improvement**   

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

- We did not observe consistency with the World Health Organisation (WHO) surgical safety checklist. For example, with accountable-item checks we observed a team brief without whole-team engagement. This was supported by audit data of the checks by the trust. The 'stop at red' campaign needed to be embedded and we observed that the 'stop before you block' safety initiative was not adhered to.

# Surgery

- Mandatory training compliance for nursing staff was below the trust target in the seven modules provided by the trust. This was worse than the previous inspection. Mandatory training for medical staff was below the trust target in three of the seven modules.
- Staff were aware of their safeguarding responsibilities. However safeguarding training compliance was variable between surgical areas ranging from 10% to 100%. We could therefore not be assured all staff were fully up to date with current guidance.
- We lacked assurance that medication fridges were always at the correct temperatures. On ward 7 the maximum temperature (exceeding eight degrees) was recorded on eight consecutive days and on a separate occasion for 13 days with no evidence of escalation. We also found some gaps in temperature recording on the surgical inpatient unit.

However:

- We observed that ward and theatre areas were visibly clean. The surgical centre was a spacious environment and the side rooms in the inpatient area allowed for flexing of beds.
- We observed appropriate infection prevention and control measures including the use of personal protective equipment.
- There were processes in place to identify patients who were deteriorating. We saw that patients had risk assessments completed. A standard operating policy was in place for when critical care patients were in the recovery area.
- From the records we reviewed we saw they were fully completed and in line with national guidance. However, patient records were not always stored securely.
- Operating theatres staffing met the Association for Perioperative Practice (AfPP) staffing recommendations. Nurse and medical staffing was appropriate to meet the needs of the patients they cared for.
- All staff were aware of how to report incidents. Safety huddles took place daily within teams to highlight any risks and share learning. However some staff in theatres expressed concerns about lack of reporting because of lack of feedback or perceived action.
- Safety thermometer data was collected and displayed in ward areas.

## Is the service effective?

Good   

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

- Care and treatment followed evidence based practice and guidance. Nationally recognised patient pathways were in use.
- We found assessment and monitoring of the nutritional status of patients.
- Pain levels were monitored and effective pain relief provided.
- The trust participated in local and national audits. Within general surgery the expected risk of readmission for elective and non-elective cases was lower (better) than the England average. The service performed well in the national bowel cancer audit and the national emergency laparotomy audit. Patient reported outcome measures (PROMS) were in line with or better than the England average.
- We observed and patient records had evidence of good multi-disciplinary working. We observed effective information sharing at daily huddles.

# Surgery

- Ward rounds took place each day to ensure timely and senior review of patients.
- Staff showed a good understanding in relation to mental capacity and deprivation of liberty safeguards. Staff understood the need to gain consent and understood the relevant consent and decision making requirements.

However:

- The expected risk of readmission for elective and non-elective admissions in trauma and orthopaedics was higher (worse) than the England average. In the hip fracture audit the trust performed worse than the national standard in several areas, including length of stay and the risk-adjusted 30-day mortality rate.
- Whilst the overall appraisal rate for staff had improved since the last inspection from 60% to 65%, there were still areas of low compliance. For example in theatres it was 44% and we were not aware of any plans to address this.
- Staff reported and trust audit data showed that a number of patients were being consented on the day of surgery; this does not follow best practice guidance.

## Is the service caring?

Good   

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

- The patients and relatives we spoke with gave positive feedback. They reported staff were caring and compassionate.
- We observed privacy and dignity being maintained for patients received care.
- Staff recognised the importance of the emotional needs of patients. Specialist nursing staff and multi faith chaplaincy services were available to provide additional support when required.
- From speaking with patients and their relatives and reviewing care records, we found evidence of their involvement in care planning and delivery.

## Is the service responsive?

Good  

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

- Services were planned to meet the needs of the local population. Services adapted to meet the changing needs, for example the orthopaedic outreach service.
- We saw evidence of care which took into account the individual needs of patients. We saw examples of support and care planning for vulnerable patients such as those with a learning disability.
- The trust's referral to treatment times were consistently higher (better) than the England average.
- The number of cancelled operations were consistently lower (better) than the England average.

However:

- For some the overall length of stay for elective and non-elective patients was higher than the England average.
- We lacked assurance that patients were aware of how to complain and there was limited information in ward areas in relation to this.

# Surgery

## Is the service well-led?

**Requires improvement** ● ↑

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

- There had been some improvement with regards to the culture in theatre. Processes and trust guidance was being followed more consistently to manage issues. However we were still provided with examples of inappropriate behaviour and not all staff felt able to report this.
- We received mixed feedback with regards to staff engagement; there was a degree of uncertainty about the future and the alliance with a local NHS trust.
- There were still some areas of concern from the previous inspection which had not been addressed. In particular that of mandatory training. Some areas of compliance were extremely low such as resuscitation and safeguarding training. This meant we could not be assured staff were up to date with the latest practices and guidance.
- We observed a number of World Health Organisation (WHO) surgical safety checklists and found this was not been applied consistently. This was supported by audit data provided by the trust.
- Work was ongoing to clarify and strengthen roles and responsibilities within band six and seven staff. The restructuring in theatres was still impacting staff morale and in turn this had led to some inconsistencies in terms of information sharing within the theatre teams.
- The ward manager of the surgical centre inpatient unit did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This was evidenced with gaps in monthly audit data collection.

However:

- There had been changes in local leadership, staff were positive about this and felt more supported.
- Staff were aware of the trust's vision and values and we saw these displayed in the areas we visited. Some areas had also developed their own mission statements.
- The governance framework had strengthened to monitor performance, and risks. This meant the executive board were sighted on key risk and performance issues.
- The use of national safety standards for invasive procedures (NatSSIPs) and local safety standards for invasive procedures (LocSSIPs) was supporting the implementation of safer patient care in theatres.
- Staff morale was good in ward areas and staff felt supported and able to escalate any concerns.

## 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.

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# Critical care

Requires improvement   

## Key facts and figures

The critical care unit is a combined level two and level three facility. Level two care is for patients who require pre-operative optimisation, extended post-operative care, or single organ support. Level three care is for patients who require advanced respiratory support or a minimum of two organ support.

The unit has a four-bed ward area and two side rooms. The unit provides four level three beds and two level two beds but is able to flex to meet demand. The unit can provide six level three beds if required.

Critical care at South Tyneside District Hospital was previously inspected in May 2015. All five domains were inspected and an overall rating of requires improvement was given. Safe, effective, responsive and well-led were rated as requires improvement, and caring was rated as good.

The main areas of concern from the last inspection in May 2015 and the actions the trust were told they must take were:

- Implement an escalation plan approved by operating theatre and critical care nursing and clinical leads that ensures that appropriate support systems are available on a timely basis if critical care patients are nursed in recovery room.
- Conduct a full environmental risk assessment for the Intensive Therapy / High Dependency Unit (ITU) and take action to mitigate the risks posed by lack of storage space.
- Implement dedicated pharmacy support for the intensive care unit.

We also said that the trust should take action to:

- Develop a strategy to ensure dedicated educational support for critical care staff.

During this inspection we spoke with two families and 21 members of staff. We observed care and treatment and looked at four care records.

## Summary of this service

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

- Although the surgical services directorate had a governance structure, there were no local governance arrangements within critical care and communication was informal.
- The unit did not adhere to all national standards such as NICE clinical guidelines 83 which meant patients did not receive rehabilitation care after critical illness.
- The service did not provide a follow-up clinic for patients discharged from critical care.
- Mandatory training compliance was low in some modules and only 19% of nurses had completed safeguarding adults training.
- Although the ward manager had budgeted managerial time they had not always been able to take this due to clinical demand.

# Critical care

- The unit lacked ITU-specific clinical guidelines and staff did not consistently monitor the effectiveness of care and treatment through continuous local and national audits.

However:

- The trust had taken appropriate action to in response to all of the concerns we raised at the previous inspection.
- There was a new storage cupboard and a dedicated room for relatives. The trust had also improved the patient shower facilities.
- The trust had appointed a dedicated ITU pharmacist. Medical and nursing staff spoke positively about the improvements they had introduced in the unit to improve the management of medicines.
- The trust had recently appointed a clinical nurse educator who worked at the unit two days a week.
- The trust had implemented a new escalation plan and standard operating procedure to ensure critical care patients were nursed appropriately in theatre recovery.
- Staff told us they were proud to work for the trust and promoted a patient-centred culture.
- Patients received effective care and treatment, planned and delivered in line with evidence-based practice.
- Patients and families felt medical staff communicated with them effectively, kept them involved and informed about care and treatment, promoted the values of dignity and respect, and were kind and compassionate.
- On a day-to-day basis, nursing and medical staff assessed, monitored, and managed risks to patients. Practitioners completed comprehensive risk assessments and services were available 24 hour a day, seven days a week.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although managers and staff knew their responsibilities for reporting incidents and raising concerns, staff did not report all incidents in line with the GPICS standards and the trust policy. For example, nurses told us they did not report all out of hours transfers to the ward or incidents when critical care patients were cared for outside of the unit in theatre recovery. This meant managers and staff did not have full oversight of the number of times such events occurred.
- Mandatory training compliance was low in the majority of modules. Staff told us it was difficult to complete training due to staffing demands on the unit.
- Although the majority of nursing staff had completed safeguarding children training, and understood their responsibilities in relation to safeguarding adults and children, the compliance level for safeguarding adults was low at 19%.
- While the unit met GPICS safe nurse staffing ratios, overtime and agency staff were utilised to achieve this. In addition, the unit did not have enough healthcare assistants in the establishment to cover night shifts. Staff complained the unit was regularly short-staffed. When there were sufficient numbers of staff they were deployed elsewhere in the hospital and managers did not maintain robust oversight of this.
- The unit did not have local safety standards for invasive procedures (LocSSIPs). Clinicians explained the unit was in the process of implementing these.

# Critical care

However:

- The trust had taken appropriate action to improve the unit environment. There was a new storage cupboard and a dedicated room for relatives. The trust had also improved the patient shower facilities. All equipment conformed to GPICS standards and staff had completed all appropriate checks.
- The trust had appointed a dedicated ITU pharmacist. Medical and nursing staff spoke positively about the improvements they had introduced in the unit to improve the management of medicines.
- The unit had a designated clinical lead and an appropriate number of consultants, supported by a team of middle-grade doctors. A consultant was available every day and led two ward rounds, in line with GPICS standards. During the night, a consultant was available on-call while a dedicated ITU registrar was available on site.
- On a day-to-day basis, nursing and medical staff assessed, monitored, and managed risks to patients. Practitioners completed comprehensive risk assessments and the critical care outreach team were available 24 hour a day, seven days a week. Critical care outreach nurses worked with staff across the hospital to assess and mitigate risks to deteriorating patients, and facilitate prompt escalation, when appropriate.
- The unit and the equipment was visibly clean and we saw evidence of daily cleaning checklists. There had been no cases of Clostridium difficile (C.diff), methicillin resistant Staphylococcus aureus (MRSA), and methicillin sensitive Staphylococcus aureus (MSSA) in the previous 12 months prior to the inspection.

## Is the service effective?

**Requires improvement** ● → ←

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

- The unit lacked ITU-specific clinical guidelines, such as the management of delirium and weaning for ventilation. Clinicians did not regularly review clinical policies because scheduled meetings did not take place at the published frequency.
- Although the unit could demonstrate patient data contributions to the Intensive Care National Audit and Research Centre (ICNARC), there was limited evidence to show the unit used this data to improve the service. Medical and nursing staff did not consistently monitor the effectiveness of care and treatment through continuous local and national audits. Although we found staff cared for patients appropriately, the trust could not be assured care and treatment was being delivered in line with national evidence-based guidelines.
- Whilst the trust had taken appropriate action in response to the lack of a dedicated educational support for nursing staff on the unit, the newly-appointment clinical nurse educator had only been in post for a few months. They worked at the unit two days a week had yet to impact with the required improvement.

However:

- Nursing and medical staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. For example, the unit met the GPICS standard in relation to nurses who had achieved a post registration award in critical care nursing.
- The hospital mortality for all patients was within expectations and about the same as the England average for low risk patients.
- Patients had access to effective pain relief and staff used evidence-based pain-scoring and assessment tools to assess the impact of pain

# Critical care

- We saw evidence of good multidisciplinary team working. The unit had dedicated pharmacists and physiotherapists, who visited patients daily.

## Is the service caring?

**Good** ● → ←

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

- Staff created a visible, patient-centred culture and staff worked in partnership with patients and their families.
- Practitioners were motivated and inspired to offer the best possible care to patients, including meeting their emotional needs.
- Patients and families spoke positively about the unit. Feedback from surveys was positive and highlighted the care and commitment practitioners showed towards the patients in their care.
- Throughout our inspection, we observed staff delivering compassionate and sensitive care that met the needs of patients and families.
- Staff treated patients and families with dignity and respect, involved them in their care and explained what they were doing.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Guidelines for the Provision of Intensive Care Services (GPICS) state patients discharged from intensive care units should have access to a follow-up clinic, to facilitate ongoing treatment and provide emotional and psychological support. The trust did not provide this facility.
- The unit did not comply with NICE Clinical Guidelines 83 by providing rehabilitation after critical illness.
- There was limited evidence to demonstrate the unit worked with other health providers to meet the needs of people using the service. There was very little interaction with the North of England Critical Care Network and there was no medical or nursing representation at the meetings.
- There was a lack of available patient information on the unit about how to make a complaint.

However:

- The trust had taken appropriate action in response to the inappropriate arrangements for the care of critically ill patients on the theatre recovery ward. The trust had implemented a new escalation plan and standard operating procedure. Practitioners spoke positively about the impact this had for patients and staff.
- The trust had taken appropriate action in response to the lack of appropriate shower facilities for patients on the unit.
- Managers and staff told us improvements in patient flow across the hospital had achieved a positive impact within the critical care unit. Non-delayed out of hour discharges to the ward and delayed discharges had improved over the last 12 months. The delayed discharge average was better than the regional network unit average.

# Critical care

## Is the service well-led?

**Requires improvement** ● → ←

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

- Although the directorate leadership team had established a governance structure in other directorate services, the team had not achieved the same oversight of critical care. There were no unit governance arrangements and communication was informal. There was limited clinical or management representation from critical care at the previous three directorate governance meetings. This meant the directorate leadership team did not receive regular formal assurance in terms of unit performance.
- One directorate-wide risk register included the risks from all of the services within the directorate which included surgery and maternity. The directorate leadership team acknowledged the current risk register was challenging due to the diversity of clinical services. This meant it was difficult to maintain oversight of all of the risks in critical care and, the lack of formal governance arrangements meant risks were not reviewed with staff at unit level.
- The ward manager did not have dedicated non-clinical time to fulfil leadership and management responsibilities. This affected their ability to maintain a robust oversight of incidents and the overall effectiveness of the unit.
- Staff did not feel senior managers within the trust actively engaged with them, although the chief executive and director of nursing had recently visited the unit to seek the views of staff about current issues.

However:

- Managers had taken appropriate action in response to the concerns we identified at the previous inspection in May 2015.
- Managers and leaders were visible, and there was a resilience within the unit to deliver quality care to patients. Staff told us they were proud to work for the trust and they promoted a patient-centred culture.
- Although the unit did not currently have a clear vision or strategy, the recent alliance with a local NHS trust had introduced a series of clinical service reviews to identify new and innovative ways of delivering high quality care. Managers explained the service review of critical care was in its infancy and the strategic development of the unit would be included in overarching programme of clinical service reviews.

## Areas for improvement

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

# Mental health services

## Background to mental health services

South Tyneside NHS Foundation Trust provides community mental health services for people with learning disability or autism. The service provides specialist multi-disciplinary assessment and intervention to individuals aged 18 and over with learning disabilities with complex health care needs. The team also provides advice and support to the individual, their carer(s) and other professionals.

Elmville short break service (wards for people with learning disability or autism) forms part of the learning disability service within South Tyneside NHS Foundation Trust and provides short break health care provision for adults with learning disabilities whom also have associated health needs. There are five planned respite beds and two crisis beds. These crisis beds are only available to patients who were registered to receive respite care from the service.

This is the first time the Care Quality Commission has inspected these services.

## Summary of mental health services

**Good** 

This is the first time we have inspected these services and we rated them as good overall because:

- There were sufficient skilled and competent staff to meet the needs of patients. Staff managed caseloads effectively. Staff completed mandatory training and received regular supervision and appraisals. Staff sickness rates were very low and there were no vacancies within the service. Bank staff at Elmville were experienced learning disability staff who knew the service well.
- Staff carried out effective patient assessments, including risk assessments. Physical health needs were assessed and any issues addressed. Patients had individualised care and intervention plans which were reflective of their needs and risks. Patients and family members were involved in decisions about treatment and care.
- Staff demonstrated a good understanding of safeguarding procedures and made referrals when appropriate. Staff had a thorough knowledge of the Mental Capacity Act and carried out capacity assessments when required.
- Staff knew how to report and record incidents, although there were low rates of incidents within the service. There were good processes in place to share learning from incidents across the trust.
- The staff team was made up of professionals from a range of disciplines, meaning patients had direct access to speech and language therapy, occupational therapy, physiotherapy and nursing interventions. Patients also had access to psychiatry and psychology interventions when needed.
- Staff knew patients well and were kind, caring and compassionate when delivering treatment and care. Feedback from patients and family members was positive.
- Staff were passionate about the service and morale was high. Managers within the service were highly regarded by staff.

# Summary of findings

- However:
- There was no electronic patient case management system in place. Patient information and assessments were stored electronically but these could be changed without appropriate audit processes in place. Processes to flag these risks were not robust.. The trust planned to implement an electronic case management system into the service in February 2018.
- There was a lack of patient information leaflets within the service, although staff printed these off upon request.
- There was no female only lounge available in the unit, although staff used rooms on the ward appropriately to meet individual patient needs. Patients' privacy and dignity was maintained as all bedrooms were en-suite and patients were supported to use the adapted bathroom.
- Doors were locked on the unit (for example bedroom doors and kitchen door). Staff said these would be unlocked based on individual patient assessment.
- No ligature assessment of the environment had been carried out, although staff were aware of these. Patients were individually risk assessed and none had been identified to be at risk of ligature due to their complex health needs.
- There were only two members of staff at night. We were concerned if both staff were attending to one patient, there would be no other staff to support other patients at that time.
- Staff did not carry personal alarms, despite them being available. We were concerned about how staff on night shift would raise alarms for assistance if required, when only two members of staff would be on duty.

# Wards for people with a learning disability or autism

Good 

## Key facts and figures

Elmville short break service forms part of the learning disability service within South Tyneside NHS Foundation Trust and provides short break health care provision for adults with learning disabilities whom also have associated health needs. There are five planned respite beds and two crisis beds. These crisis beds are only available to patients who were registered to receive respite care from the service.

This is the first time the Care Quality Commission has inspected this service.

The inspection was unannounced.

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service premises and looked at the quality of the environment
- observed a patient admission
- spoke with one patient and four family members
- spoke with the head of nursing (community services), the business manager and matron
- spoke with the manager of the service
- spoke with five other staff members; including a qualified nurse, health care assistants and cleaning staff
- looked at four care records of patients
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

We have not rated this service before. We rated it as good because:

- There were sufficient skilled and competent staff to meet the needs of patients during the day. Staff completed mandatory training and received regular supervision. Staff were supported to attend additional training to meet the needs of patients. Staff sickness and vacancy rates were low. Bank staff were experienced learning disability staff who knew the service and patients well.
- Staff knew patients and their families well and had a thorough understanding of patient needs and risks. Comprehensive assessments including assessment of risk were regularly reviewed and updated, including at each admission for respite. Family members were very involved in assessment processes.
- Patients had individualised care plans which were reflective of their needs and risks. These included the views of patients and families. Patients with specific dietary needs had speech and language therapy assessments and care plans which reflected these.
- Staff were kind, caring and compassionate with a good understanding of the needs of patients. Family members knew staff well and felt listened to by staff.



# Wards for people with a learning disability or autism

- Staff had a good understanding of how to report incidents, even though there were low numbers of incidents. There were effective processes in place to learn from incidents when these did occur.
- Staff were passionate about the service and morale was high. Managers within the service were highly regarded by staff.

However:

- There was no female only lounge available in the unit, although staff used rooms on the ward appropriately to meet individual patient needs. Patients' privacy and dignity was maintained as all bedrooms were en-suite and patients were supported to use the adapted bathroom.
- Doors were locked on the unit (for example bedroom doors and kitchen door). Staff said these would be unlocked based on individual patient assessment.
- No ligature assessment of the environment had been carried out, although staff were aware of these. Patients were individually risk assessed and none had been identified to be at risk of ligature due to their complex health needs.
- There were only two members of staff at night. We were concerned if both staff were attending to one patient, there would be no other staff to support other patients at that time.
- Staff did not carry personal alarms, despite them being available. We were concerned about how staff on night shift would raise alarms for assistance if required, when only two members of staff would be on duty.
- There was no electronic patient case management system in place. Patient information and assessments were stored electronically but these could be changed without appropriate audit processes in place. The trust planned to implement an electronic case management system into the service in February 2018.

## Is the service safe?

We have not rated this service before. We rated it as good because:

- The ward was clean, well maintained and equipped to meet the needs of patients.
- Staff sickness and vacancy rates were low. Bank staff were experienced learning disability staff who were familiar with the service and patients.
- There were sufficient skilled and competent staff during the day to meet the needs of the patients.
- Staff knew patients and their families very well and had a good understanding of patient needs and risks.
- Staff completed comprehensive risk assessments for patients. Risks were regularly reviewed and updated, including at each admission.
- All staff completed safeguarding training. Staff had a good knowledge of safeguarding procedures.
- Staff had a good understanding of how to report incidents, even though there were low numbers of incidents.
- There were effective processes in place to learn from incidents when these did occur.

However:

- There was no female only lounge. Staff did support patients to make effective use of the available rooms on the ward to meet patient needs. Patients' privacy and dignity was maintained as all bedrooms were en-suite and patients were supported to use the adapted bathroom.

# Wards for people with a learning disability or autism

- There were only two members of staff at night. We were concerned if both staff were attending to one patient, there would be no other staff to support other patients at that time.
- Staff did not carry personal alarms. We were concerned about how staff on night shift would raise alarms for assistance if required, when only two members of staff would be on duty.
- There was no electronic case management system. Patient information and assessments were stored electronically but these could be changed without appropriate audit processes in place.

## Is the service effective?

**Good** ●

We have not rated this service before. We rated it as good because:

- Staff completed comprehensive assessments to identify the needs of patients in the service. These were updated at every respite admission to reflect any changes.
- Patients had individualised care plans which were reflective of their needs and risks. These plans were personalised and included the views of patients or carers.
- Staff liaised with community and primary care services which patients accessed at home to ensure continued care and treatment during their admission to respite care.
- Staff supported patients with specific dietary requirements and worked closely with speech and language therapists to develop specific care plans.
- Staff supervision rates were high and staff valued these sessions.
- Staff were supported to attend additional training to meet the needs of patients including communication skills and positive behaviour support.
- Staff had a good understanding of the Mental Capacity Act and used this appropriately.

## Is the service caring?

**Good** ●

We have not rated this service before. We rated it as good because:

- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- Patients and family members told us that staff were friendly and helpful.
- Family members were very involved in assessment process, the development of care plans and felt involved in decisions about treatment and care.
- Patients and families could provide feedback on the service and felt listened to by staff.

## Is the service responsive?

**Good** ●

# Wards for people with a learning disability or autism

We have not rated this service before. We rated it as good because:

- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- Patients and family members told us that staff were friendly and helpful.
- Family members were very involved in assessment process, the development of care plans and felt involved in decisions about treatment and care.
- Patients and families could provide feedback on the service and felt listened to by staff.
- The ward was fully accessible to patients with complex health needs including patients who used wheelchairs.
- Staff had received additional training to meet the communication needs of patients and used individualised communication aids.
- There were low levels of complaints, with none received between April to October 2017. Staff received 28 compliments during the same period.
- Families told us they knew how to complain and felt able to discuss any issues with staff.

## Is the service well-led?

**Good** ●

We have not rated this service before. We rated it as good because:

- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- Patients and family members told us that staff were friendly and helpful.
- Family members were very involved in assessment process, the development of care plans and felt involved in decisions about treatment and care.
- Patients and families could provide feedback on the service and felt listened to by staff.
- Staff were passionate about the service and supporting patients. Morale was very high within the team.
- Staff spoke highly of managers within the service and senior managers within the trust.
- There were effective structures in place to support communication within the service.
- There were effective processes in place to manage and oversee risk within the service.

## Areas for improvement

### Action the provider **SHOULD** take to improve

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

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

Good 

## Key facts and figures

South Tyneside NHS Foundation Trust provides community mental health services for people with learning disability or autism. The service provides specialist multi-disciplinary assessment and intervention to individuals aged 18 and over with learning disabilities with complex health care needs. The team also provides advice and support to the individual, their carer(s) and other professionals.

This is the first time the Care Quality Commission has inspected this service.

The inspection was announced (staff knew we were coming) one working day before our visit to ensure everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service premises and looked at the quality of the environment
- attended and observed a number of treatment sessions including, a physiotherapy orthotics clinic, an occupational therapy session and a health follow-up session
- observed a multi-disciplinary team meeting and care programme approach meeting
- spoke with two service users
- spoke with six carers
- spoke with the head of nursing (community services), the business manager and matron
- spoke with the manager of the service
- spoke with eight other staff members; including nurses, occupational therapists, speech and language therapists, administrator and physiotherapy assistant
- spoke with the psychiatrist from the mental health trust who worked into the service
- looked at 12 care records of patients
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

This was the first time the service had been rated. We rated it as good because:

- There were sufficient skilled and competent staff to meet the needs of patients. Staff managed caseloads effectively. Staff completed mandatory training and received regular supervision and appraisals. Staff sickness rates were very low and there were no vacancies within the service.
- Staff carried out effective patient assessments, including risk assessments. Physical health needs were assessed and any issues addressed. Patients had individualised intervention plans which were reflective of their needs and risks. Patients and family members were involved in decisions about treatment and care.

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

- Staff demonstrated a good understanding of safeguarding procedures and made referrals when appropriate. Staff had a thorough knowledge of the Mental Capacity Act and carried out capacity assessments when required.
- Staff knew how to report and record incidents, although there were low rates of incidents within the service. There were good processes in place to share learning from incidents across the trust.
- The staff team was made up of professionals from a range of disciplines, meaning patients had direct access to speech and language therapy, occupational therapy, physiotherapy and nursing interventions. Patients also had access to psychiatry and psychology interventions when needed.
- Staff knew patients well and were kind, caring and compassionate when delivering treatment and care. Feedback from patients and family members was positive.
- Staff were passionate about the service and morale was high. Managers within the service were highly regarded by staff.

However:

- There was no electronic patient case management system in place. Patient information and assessments were stored electronically but these could be changed without appropriate audit processes in place. Processes to flag risk were not robust. The trust planned to implement an electronic case management system into the service in February 2018.
- There was a lack of patient information leaflets within the service, although staff printed these off upon request.

## Is the service safe?

**Good** ●

This was the first time the service had been rated. We rated safe as good because:

- There were sufficient skilled and competent staff to meet the needs of the patients. Caseloads were manageable.
- Staff training compliance rates were high.
- Staff sickness rates were very low and there were no vacancies in the service.
- Staff completed comprehensive risk assessments for patients. Risks were regularly reviewed and updated, including lone working risks.
- All staff completed safeguarding training. Staff had a detailed knowledge of safeguarding procedures and made safeguarding referrals where appropriate.
- Staff had a good understanding of how to report incidents, even though there were low numbers of incidents.
- There were effective processes in place to learn from incidents when these did occur.

However:

- There was no electronic case management system. Patient information and assessments were stored electronically but these could be changed without appropriate audit processes in place. Processes to flag risk were not robust.

## Is the service effective?

**Good** ●

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

This was the first time the service had been rated. We rated effective as good because:

- Staff completed comprehensive assessments to identify the needs of patients in the service. Staff used appropriate assessment tools.
- Patients had individualised intervention plans which were reflective of their needs and risks. These plans were personalised and included the views of patients or carers where appropriate.
- Patients physical health needs were assessed and patients were supported to attend relevant health checks.
- The staff team was made up of professionals from a range of disciplines, meaning patients had direct access to speech and language therapy, occupational therapy, physiotherapy and nursing interventions.
- Patients had access to psychiatry and psychology interventions.
- Staff supervision and appraisal rates were high and staff valued these.
- Multi-disciplinary meetings were well attended, and patient centred.
- Staff had a very good understanding of the Mental Capacity Act and used this appropriately.

## Is the service caring?

**Good** ●

This was the first time the service had been rated. We rated caring as good because:

- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- Patients and family members told us that staff were friendly and helpful.
- Patients and family members were involved in the development of intervention plans and felt involved in decisions about treatment and care.
- Patients and families could provide feedback on the service and felt listened to by staff.

## Is the service responsive?

**Good** ●

This was the first time the service had been rated. We rated responsive as good because:

- There was no waiting list for the service. 95% of referrals were assessed within the referral to assessment target of 15 days.
- Staff were flexible when making appointments to ensure this met the needs of patients.
- The service provided a duty system to respond to patient crisis or urgent issues.
- Staff had developed information leaflets to meet the needs of patients.
- The premises was accessible for any patients receiving appointments on site.
- There were low levels of complaints, with none received between August 2016 and July 2017.

However:

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

- There was a lack of patient information leaflets within the service, although staff printed these off upon request.

## Is the service well-led?

**Good** ●

This was the first time the service had been rated. We rated well-led as good because:

- Staff were passionate about the service and supporting patients. Morale was very high within the team.
- Staff spoke highly of managers within the service and senior managers within the trust.
- There were effective structures in place to support communication within the service.
- There were effective processes in place to manage and oversee risk within the service.
- Staff had a good understanding of performance indicators and these were prominently displayed within the service.
- Staff strived to identify ways to continually improve the service for patients.

## 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 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance



# Our inspection team

Sandra Sutton, Head of Hospital Inspection chaired this inspection and Helen Vine, Inspection Manager led it. An executive reviewer, Deborah Sanders, supported our inspection of well-led for the trust overall.

The team included nine inspectors, one executive reviewer, 14 specialist advisers, and one expert by experience.

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