Care Quality Commission

# South Tyneside and Sunderland NHS FT

## Inspection report

Sunderland Royal Hospital
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Tyne And Wear
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## Ratings

| Overall trust quality rating | Good |
|---|---|
| Are services safe? | **Requires improvement** |
| Are services effective? | **Good** |
| Are services caring? | **Good** |
| Are services responsive? | **Good** |
| Are services well-led? | **Good** |
| Are resources used productively? | **Not sufficient evidence to rate** |

# Summary of findings

## Our reports

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.

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.

We usually award the Use of Resources rating based on an assessment carried out by NHS Improvement. Then our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating would combine our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating. However due it was determined that due to the recent merger there was insufficient data available to give a rating to the Use of Resources.

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.

The evidence appendix appears under the reports tab on our website here: www.cqc.org.uk/provider/R0B/reports. A detailed Use of Resources report is available under the Inspection summary tab ().

## Background to the trust

South Tyneside and Sunderland NHS Foundation Trust (STSFT) was formed in April 2019 from the merger of the City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust.

STSFT provides acute hospital services and a full range of community and mental health services to a population of more than 430,000 people living in and around the borough of South Tyneside and the city of Sunderland as well Gateshead and County Durham.

In addition, to this the trust provides a range of specialist services accessed by patients across the whole of the North East and beyond serving a population of almost 1 million people.

From 2018 to 2019 the trust reported having approximately 1034 inpatient and critical care beds across 42 wards, 60,590 inpatient episodes (overnight stays), and over 925,982 outpatient appointments. There were 70,063 planned day case procedures and 7,363 planned operations and procedures with an overnight stay, 4.011 births, 179,383 diagnostics tests and 193,471, A&E attendances.

The trust employs around 8000 members of staff.

The trust operates from the following hospital and community sites;

- South Tyneside District Hospital
- Sunderland Royal Hospital
- Sunderland Eye Infirmary
- Sunderland Children's centre

# Summary of findings

- Palmer Community Hospital, Jarrow
- Clarendon, Hebburn
- Elmville Short Break Service, Monkton Hall, Jarrow
- St Benedict's Hospice, Ryhope
- Intermediate Care and Rehabilitation unit (ICAR)
- Durham diagnostics and treatment centre
- Gateshead equipment services
- Washington Primary Care Centre
- Pallion Urgent Care Centre

The following Clinical Commissioning Group's (CCG) commission the majority of the trust's services, based on the needs of their local population;

- South Tyneside CCG
- Sunderland CCG
- Durham Dales, Easington and Sedgefield CCG
- North Durham CCG
- The trust works in partnership with local authorities, NHS England and the local mental health trust.

## Overall summary

**This trust has not been inspected before. We rated it as Good**

## What this trust does

South Tyneside and Sunderland NHS Foundation Trust (STSFT) provide the following acute services at three hospital sites; South Tyneside District Hospital, Sunderland Royal Hospital and Sunderland Eye Infirmary;

- 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

Surgical and outpatient services are also provided at Durham Diagnostics and Treatment Centre. This is a purpose built facility to help manage patient waiting lists. It has a day surgery ward, operating theatre and provides dialysis.

# Summary of findings

South Tyneside and Sunderland NHS Foundation Trust provides a full range of community services, with Palmer Community Hospital as a hub. Services included:

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

South Tyneside and Sunderland NHS Foundation 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

The trust also has a hospice, St Benedict's which has 14 in-patient beds.

## 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.

This is the first time we have inspected South Tyneside and Sunderland NHS Foundation Trust since the merger of the City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust.

We inspected between 14 January and 05 February 2020 including; urgent and emergency care, medical care (including older people's care), surgery, critical care, maternity, services for children and young people, end of life and outpatients provided by this trust. In addition, we inspected the following community services; end of life care, adults, dental, sexual health, urgent care centre, services for children and young people and inpatients. We also inspected wards for people with a learning disability or autism and community mental health services for people with a learning disability or autism.

Some concerns were identified in relation to the children and young people services at Sunderland Eye Infirmary so we also undertook a responsive inspection of the services safety. This was inspected but not rated.

This inspection was part of our continual checks on the safety and quality of healthcare services.

# Summary of findings

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

We rated it as good because:

- We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement. We took into account the ratings across each of the seven services.
- St Benedict's hospice was rated as outstanding.
- Community services were rated as outstanding. Of the seven services inspected, two were rated outstanding and five were rated as good.
- Durham diagnostics and treatment centre was rated as good, however we were unable to rate effective and caring in surgical services due to insufficient evidence or a lack of activity and data during the inspection. We do not rate effective in outpatient services.
- Sunderland Royal hospital was rated as requires improvement. Of the eight services inspected, four were rated as requires improvement, the four were rated as good.
- South Tyneside District hospital was rated as good. Of the seven services we inspected, six were rated as good and one was rated as requires improvement.
- Sunderland Eye Infirmary was rated as good. The three services inspected were each rated as good.
- Community mental health services included services for people with a learning disability or autism and wards for people with learning disabilities or autism, were inspected and rated as requires improvement. One service was as rated good and one was rated as requires improvement.
- We rated well-led for the trust overall as good.
- The trust's use of resources is inspected and usually rated separately. It was determined that due to the recent merger there was insufficient data available to give a rating.

### Are services safe?

We rated safe as requires improvement because:

- In some services appraisals and mandatory compliance rates fell below the trust target. The facilities in the emergency department for conducting assessments of patients with mental health conditions were not compliant with national guidance. We were concerned about staffing levels across a number of core services. Some services did not always control infection risk well. In the emergency department waiting times from arrival to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. The maintenance and use of facilities and equipment did not always keep people safe. Some services did not use the trust's systems and processes to safely prescribe, administer, record and store medicines. We had concerns some staff did not always recognise incidents and near misses and reported them appropriately for example the use of mechanical or pharmacological restraint as a reportable incident. Staff did not always complete and update risk assessments for children.

However:

# Summary of findings

- The service provided mandatory training in key skills, including safeguarding training, to all staff. Staff had training on how to recognise and report abuse. Staff completed and updated risk assessments for each adult patient and took action to remove or minimise risks. Staff kept detailed records of patients' care and treatment.

## Are services effective?

We rated effective as good because:

- The service provided care and treatment based on national guidance and best practice. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. Key services were available seven days a week. Staff supported patients to make informed decisions about their care and treatment.

However:

- Some staff had limited understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. We found some printed guidelines which were out of date.

## Are services caring?

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.

## Are services well-led?

We rated well-led as good because:

- Local leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

However:

- In some services identified risks had been on the risk registers for a number of years and mitigating actions were not sufficient to reduce their impact. Whilst some services had a vision for what they wanted to achieve, the strategies were not yet developed. Some services needed more work to ensure effective governance processes were in place.

## Use of resources

The trust's use of resources is inspected and rated separately. It was determined that due to the recent merger there was insufficient data available to give a rating.

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found some examples of trust wide outstanding practice and also in the following core services.

- Urgent and emergency services at Sunderland Royal Hospital
- Medical care services at Sunderland Royal Hospital
- Surgical services at Sunderland Royal Hospital and Sunderland Eye Infirmary
- Critical care services at Sunderland Royal Hospital
- Maternity services at Sunderland Royal Hospital
- End of life services at St Benedict's Hospice
- Outpatient services at Sunderland Royal Hospital and Sunderland Eye Infirmary
- Community adults
- Community Inpatients
- Community end of life care services
- Community dental services
- Community sexual health services

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

## Areas for improvement

We found areas for improvement including a number of breaches of legal requirements that the trust must put right. We also found 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 six requirement notices to the trust. Our action related to breaches of legal requirements in several 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.

# Summary of findings

## Outstanding practice

Trust wide

- Staff had been asked to sign up to the 'rainbow pledge' to show they could be approached as a 'friendly ear' for discussion or support. The rainbow badges were launched by the leadership team in September 2019 to promote inclusivity, compassion and respect, to value diversity and to promote an open, honest culture. Participating staff signed a pledge which was logged by the equality, diversity and inclusion lead. Approximately 1500 (20%) of staff had made the pledge.

Urgent and emergency services at Sunderland Royal Hospital

- The trust had become a global digital exemplar (GDE) site; a nationally recognised NHS provider delivering improvements in the quality of care, through the use of digital technologies and information. GDE sites share learning and experiences with other trusts to enable them to quickly and effectively implement similar technologies.
- The emergency department was focused on a career progression framework for ENPs. Staff spoke highly of this and told us it was well supported by consultants; practitioners were signed up to the Royal College of Emergency Medicine (RCEM) portfolio for completion of work and submission of evidence.
- Staff had been asked to sign up to the 'rainbow pledge' to highlight they could be approached as a 'friendly ear' for discussion or support. The rainbow badges were launched by the leadership team in September 2019 to promote inclusivity, compassion and respect, to value diversity and to promote an open, honest culture. Participating staff signed a pledge which was logged by the equality, diversity and inclusion lead.

Medical care services at Sunderland Royal Hospital

- Facilities and premises were innovatively designed to meet the complex needs of patients and provide treatment in a conducive environment. An example of this was the Alexandra centre which was a dementia-friendly unit used as a day therapy suite for cognitively frail inpatients.

Surgical services at Sunderland Royal Hospital

- Within theatres there was a state-of-the-art Vascular theatre with a laser guided angiography system. This was the first of its kind in the UK and one of only a handful worldwide. This enabled delivery of high-quality imaging with advanced applications. The 3D images allowed the theatre to be able to provide a wide range of endovascular, cardiac, hybrid and open surgical procedures.
- There was a purpose built 'block room'. This provided Regional Anaesthesia for multiple specialties.

Surgical services at Sunderland Eye Infirmary

- Access and flow through the cataract unit was effective data, peer review reports we have reviewed showed better than the performance at other units as the average in eight in this unit were achieving approximately 12 per day. The cataract unit had also developed a counselling system with patients' pre-admission where they talked to the patient about the plan of care and detailed the experience they would receive, staff we spoke with said that this had improved do not attend rates.
- We also observed that patients receiving treatment in the cataract unit received one- to- one nursing care as the nurse allocated to them on admission stayed with the patient through their journey through the unit and to discharge staff we spoke with said that this decreased patient's anxiety.

Critical care services at Sunderland Royal Hospital

# Summary of findings

- A band six member of staff had improved the services for patients by ensuring unnecessary blood sampling was minimised. This in turn had also ensured the risk of anaemia was minimised, the hospitals carbon footprint was reduced and improved cost efficiency. This initiative had been presented at the critical care nurses forum and the local health economy work-streams, the nurse involved had received an award for this.
- Staff we spoke with told us about their involvement in supporting patient wishes. This had included supporting a patient to propose to their partner, arranging a birthday party and also arranging a blessing of rings for an elderly couple.
- Complementary and musical therapies were also available for patients, this included acupuncture, reiki and massage. This was provided by three therapists who were based in the hospitals Macmillan team and who had experience of critical care patients. We were told that if patients did not want or need the therapies relatives and staff could take advantage of this service.
- The unit had a number of initiatives in place for the loved ones of patients who were expected to pass away. The unit was involved in a raft of research studies. Details of these were displayed on the unit.
- The unit had developed an external website which was designed to provide support to anyone working in a critical care environment. The website included educational resources, critical care survival guides, curriculum and portfolio assessment requirements, links to further reading, career advice and feedback.

Maternity services at Sunderland Royal Hospital

- The service was actively engaged in a wide variety of research trials and staff throughout the service were committed to recruiting women and promoting the benefits of clinical research, which was evidenced in the service's high recruiting rates to clinical trials.

Outpatient services at Sunderland Royal Hospital

- The trust performed better than the England average for most referral to treatment targets and most specialties performed better than the England average for waiting times for urgent and cancer appointments.
- Staff had implemented a "clinic on the day" process to ensure all activities were completed on the day of the clinic. This ensured appointment letters were typed, investigations booked and review appointments were completed and booked, or patient pathways closed before the patient left the clinic.

Outpatient services at Sunderland Eye Infirmary

- The services across the outpatient eye infirmary were achieving the referral to treatment indicators and between April to August 2019 the trust's referral to treatment time (RTT) for non-admitted pathways, the trust's referral to treatment time (RTT) for incomplete pathways was better than the England overall performance. The Sunderland Eye Infirmary outpatient's department, referral to treatment rates (percentage within 18 weeks) for incomplete pathways for ophthalmology, performance was 97.0%, compared to the England average of 85.2%.

End of life services at Sunderland Royal Hospital

- Mortality reviews were completed for every patient whom had received care and treatment through the hospice. This included patients whom subsequently died at home following hospice discharge.

End of life services at St Benedict's Hospice

- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. It also worked with others in the wider system and local organisations to plan and deliver a bespoke model of care.

# Summary of findings

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and very inclusive. The hospice matron had undertaken work around the syringe driver incidents which was acknowledged nationally.
- There was compassionate, inclusive and effective leadership at all levels within the Hospice.
- There was an extremely strong and effective focus on continuous learning and improvement at all levels of the service, including through appropriate use of external accreditation and participation in research.
- Mortality reviews were completed for every patient whom had received care and treatment through the hospice. This included patients whom subsequently died at home following hospice discharge.
- We saw the service had developed dashboard systems to clearly identify risk, deterioration, MDT involvement and overall assessment scores for each patient cared for at the hospice
- The service used 'Life Kitchen' to enhance and improve the nutritional experience for patients using the service.
- Chaplains as part the end of life steering group had developed an additional electronic record which outlined patients' spiritual needs and chaplaincy involvement.
- The hospice raised funding through events such as the St Benedict's Hospice Great Wall of China Trek 2019 incorporating up to 30 community members, and Light up a Life 2019 which encouraged the local community to remember a loved one by adding a light to the tree of remembrance.

Community adults

- The service electronic patient system reflected the patient led caring approach of the service and included a scheduling system appointment process where staff could book follow up appointments during visits and at clinics, so they could book a time convenient to the patient where possible. This was extremely flexible, and we saw numerous patients' appointments changed to reflect their care and social needs. The system also allowed managers to monitor appointments and change staff appointments in real time to meet the changing needs of patients and ensure urgent or new referrals were allocated as soon as possible.
- The service had a large commitment to deliver insulin injections. In South Tyneside they delivered 18,000 insulins during September to November 2019, and in Sunderland 27,000. The service had rolled out projects to increase nursing staff capacity. This included training nursing assistants to increase their skill levels to support diabetic patients with blood glucose monitoring and administering insulin.
- The service completed assessments to ascertain whether people needed urgent medical attention or referral for additional support/treatment. A co-ordinator was on duty to triage referrals and they were able to use clinical judgements to identify appropriate referrals and prioritise their urgency. This meant that patients were directed to the right service first time. The community integrated teams completed holistic assessments of patients' health and social needs within their home, and worked closely with GP's and other agencies, such as the local council. First assessment appointments were prioritised according to patient needs and risk factors. Patients had individual risk assessments which were comprehensive, reviewed regularly and shared between any teams working with the same patient.
- Community integrated teams' multi-disciplinary meetings (MDT) were centred on each GP practice areas and care homes where community staff were commissioned to provide care. There was an MDT co-ordinator within the community teams who organised these meetings and they were responsible for ensuring those patients who needed extra support were on the agenda with the relevant range of professionals present to discuss co-ordinated care plans.

# Summary of findings

MDT's were held weekly or fortnightly dependant on the size of the GP practice. The co-ordinators role had enabled the service to ensure GP practice MDT's concentrated on those patients with complex needs requiring the presence of a doctor as well as a lower level of MDT for health professionals to discuss those cases not as complex. This ensured that staff were not attending overly long meetings and that the right staff were at the right meeting.

Community Inpatients

- We observed the weekly exercise group. This was therapist led and aligned again to NICE guidance. The group started with warm up routines to music, and then exercise with staff available to adapt or assist as necessary. Therapy staff explained what each exercise was beneficial for. Following warm down routines, the group moved onto a discussion and warm drinks were served. There was discussion of falls prevention which was patient led, with questions about exercise, medication, footwear and home hazards. Handouts were then distributed to enable patients to continue exercise. The group was described by the observer as fun, with staff encouraging and patients well engaged. This was an innovative way of delivering evidence based interventions and the rationale for these with an aim to increase awareness of factors related to falls and practical strategies to reduce the risk.
- The activity programmes also identified that some patients were at risk of social isolation or loneliness and this was also an aim of offering a choice of activity that patients could choose to be involved in or not. Social isolation and loneliness had been identified as an issue for some patients admitted to the service, and staff had introduced a number of strategies to deal with this, including recruiting volunteers for the service and linking with other community based services that could continue after discharge.
- The service had recent experience with patients whose needs had changed whilst in the service, and who were diagnosed as now approaching the end of their lives. They had developed good links with the specialist palliative care team and had been able to ensure they offered support to both patients and families. One patient had requested to stay at the service rather than return home and staff had been able to plan end of life care with them and ensured their wishes were followed.

Community end of life care services

- The pilot of the in-hours palliative care team comprised both district nurses and palliative care nurses. The team could respond to patients with urgent care need who may have previously attended a hospice as a day patient.
- Palliative care nurses were developing a training package for teachers and parents of children with complex health needs to enable them to have conversations about death and dying with children and support them to identify their wishes earlier.

Community dental services

- The oral health promotion team had developed a detailed strategy of how they intended to improve the oral health of the local population. They had referred to national guidance including the CQC Smiling Matters Summary Document (June 2019).
- They had developed the Adult Mouth Care Programme to offer training programmes to a wide range of adult care settings across the three localities including; nursing/residential homes, learning disabilities and mental health. The programme included completing an audit and an outcomes based toolkit of the oral care delivered in homes and offering specialist oral health care training for managers and staff.
- The service set up Preventative Dental Unit's (PDU) for weekly sessions. This was where patients are referred by a clinician with a full treatment plan offering toothbrushing advice and guidance, dietary advice and application of fluoride varnish and plaque scoring.

# Summary of findings

- In addition to the adult care settings the team also reached out to vulnerable groups and some examples given were adult training centres, mental health groups, women's refuges, drug and alcohol centres and the travelling community.
- The service actively engaged in activities to monitor and improve quality and outcomes. This was evident from the comprehensive oral health promotion programme and the nasal inhalation sedation offered. Data showed sustained good outcomes for patients. Opportunities to participate in benchmarking and research were proactively pursued by the service.

Community sexual health services

- Staff within the service had produced three poster presentations at the World Congress Abdominal and pelvic pain event in 2019 and one at the BASHH Spring conference in 2019. These covered topics such as a service audit on the management and outcomes of Vulvodynia and Unilateral Vulval Pain, an unusual presentation of Crohn's Disease. The service had also produced a paper on re-evaluating the guidance on sexual infections in fertility services which had been accepted for publication.
- 'Grab packs' containing screening kits for chlamydia and gonorrhoea were available in each location in South Tyneside and Gateshead. These were left outside the treatment areas.
- The service had also worked collaboratively with local pharmacies and GP practices. Grab packs had been made available in more than 60 locations in the area, so that people could access them outside of the clinic opening times. This had resulted in more than 2000 people using a self-testing kit to screen for chlamydia and gonorrhoea.
- The service was developing a learning function within their website to enable information sharing and education for other health professionals, for example, GP's.
- The service had revised and developed a number of policies and procedures to provide guidance to other specialities within the trust. These included, developing new Herpes guidance for Obstetrics and Gynaecology, introducing mycoplasma testing to Gynaecology department and updating the HIV in pregnancy pathway.
- Regionally the service had developed a pathway for STI screening in fertility services, produced a National Transgender sexual health Standards document for BASHH and produced useful resources for regional use for patients experiencing genital pain.
- Out of hours a starter pack was available for treatment of treatment, pre and post exposure prophylaxis for HIV.
- The service at Sunderland was working towards the 'you're welcome' accreditation. This is a set of quality criteria for young people friendly, health services. It provides a framework to help commissioners and services improve the suitability, accessibility, quality and safety of health services for young people.

## Areas for improvement

**Action the trust MUST take is necessary to comply with its legal obligations.**

**Action the trust MUST take to improve in urgent and emergency services:**

South Tyneside District Hospital

- The service must ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance. Regulation 18(1).
- The service must ensure that mandatory training compliance, including resuscitation and Mental Capacity Act and Deprivation of Liberty Safeguards training, meets the trust target. Regulation 12(1)(2)(c).

# Summary of findings

Sunderland Royal Hospital

- The service must ensure mandatory training compliance meets the trust target. Regulation 12(1)(2)(c).
- The service must review designated mental health assessment rooms regularly to identify any changes that may impact on patient safety. Regulation 12(1)(2)(d).
- The service must ensure measures are implemented to control the spread of infections, in line with trust policy. Regulation 12(1)(2)(h).

**Action the trust MUST take to improve in surgical services:**

Durham Diagnostics and Treatment Centre

- The service must ensure that it continues to improve the processes to manage performance, efficiency and utilisation within the Durham diagnostic and treatment centre. Regulation 17(1)(2)(a).

**Action the trust MUST take to improve in critical care:**

South Tyneside District Hospital

- The service must ensure that all equipment conforms to the relevant safety standards. It must be regularly serviced and maintained in accordance with the manufacturer's guidance, or if this equipment is no longer in use it should be removed from the department. Regulation 12(2)(e).

Sunderland Royal Hospital

- The service MUST ensure that all equipment conforms to the relevant safety standards. It must be regularly serviced and maintained in accordance with the manufacturer's guidance. Regulation 12 (1) (2) (b) (e) (f).
- The service MUST ensure all staff are aware of and consistently follow the trust policy to safely prescribe, administer, record and store and dispose of medicines. Regulation 12 (1) (2) (g).
- The service MUST ensure staff recognise the use of mechanical or pharmacological as restraint and ensure this is incident reported. Regulation 17 (1) (2) (c).
- The service MUST ensure staff always follow national guidance when patients lack capacity to give consent. Staff must always use measures that limited patients' liberty appropriately. Regulation 11 (1).

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

South Tyneside District Hospital

- The service must review and revise the maternity dashboard so that performance can be easily benchmarked against regional or peer-group averages, and national and trust targets (where applicable). Regulation 17(1)(2)(a).
- The service must ensure a robust audit plan is in place and key audits are conducted, including record keeping, medicines management and infection prevention and control audits. Regulation 17 (1)(2)(a)(b).
- The service must ensure they have an up to date and robust risk register in place, and there is appropriate oversight and management of this. Regulation 17(1)(2)(a)(b).

Sunderland Royal Hospital

- The service must ensure all staff are engaged with and participate in all steps of the World Health Organisation (WHO) surgical safety checklist, the checklist is fully completed, and observational and record audits are undertaken to monitor compliance. Regulation 12(1)(2)(a)(b).

# Summary of findings

- The service must ensure daily checks of emergency equipment (including adult and neonatal resuscitation equipment, and the difficult airway trolley), are undertaken and robustly documented, and equipment is replenished when required. Regulation 12(1)(2)(e)(f).
- The service must ensure there are enough qualified midwives to meet minimum staffing levels and improve compliance with one-to-one care in labour. Community midwives escalated into the hospital must receive an induction to the area(s) they are required to cover. Regulation 18(1)(2)(a).
- The service must ensure simulations of obstetric emergencies are undertaken on the hospital site (such as staff responding to an emergency buzzer or alert); and conduct a baby abduction drill. Regulation 18(1)(2)(a).
- The service must revise and review maternity and obstetric dashboards so that performance can be easily benchmarked against regional or peer-group averages, and national and trust targets (where applicable). Regulation 17(1)(2)(a).
- The service must ensure a robust audit plan is in place and key audits are conducted, including record keeping, medicines management and infection prevention and control audits. The service must ensure relevant actions identified by local audits are acted on. Regulation 17(1)(2)(a)(b).
- The service must monitor the reporting of staffing related incidents in an objective and reliable manner; and should consider implementing more robust (NICE 'red flag') recording and monitoring procedures that do not rely on individual reporting by staff. Regulation 17(1)(2)(a)(b).
- The service must ensure they have an up to date and robust risk register in place, and there is appropriate oversight and management of this. Regulation 17(1)(2)(a)(b).

**Action the trust MUST take to improve in services for children and young people:**

Sunderland Royal Hospital

- The service must ensure that children and young people with a mental health condition are risk assessed for their mental health needs, self-harm or suicide and are cared for in a safe environment that has been appropriately risk assessed. Regulation 12(1) (2a) (2b).
- The service must ensure that staff are appropriately trained in caring for children and young people with mental health conditions. Regulation 12(1) (2c).
- The service must ensure that nursing staff on paediatric wards have sepsis awareness training and have access to recognised sepsis tools. Regulation 12(1) (2c).
- The service must ensure staff have access to up to date evidence-based policies and procedures. Regulation 17(1).
- The service must ensure they have the systems and processes to assess, monitor and mitigate risks. Regulation 17(1) (2b).
- The service must ensure they meet national standards for paediatric nurse staffing. Regulation 18 (1).
- The service must ensure they meet national standards for paediatric medical staffing. Regulation 18 (1).

Sunderland Eye Infirmary

- The service must ensure that staff caring for children and young people have completed training/competencies to enable them to care for children and young people. Regulation 18 (2) (a).
- The service must ensure that nurse staffing meets national guidance. Regulation 18 (1).

# Summary of findings

- The service must ensure that there is a member of staff trained in advanced paediatric life support (APLS) on every shift. Regulation 12 (1) (2)(d).
- The service must ensure there are formal arrangements in place for paediatric assistance and transfer if required. Regulation 12 (1) (2) (b).
- The service must ensure the environment where children and young people are cared for is secure and access limited to those who need it. Regulation 15 (1)(b).

**Action the trust MUST take to improve in Community urgent care centre:**

- The service must ensure that tools used to identify deteriorating patients are embedded. Regulation 12(2)(a).
- The service must comply with Accessible Information Standards by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability/sensory loss. Regulation 9 (3).

**Action the trust MUST take to improve in Community mental health services for people with learning disabilities and autism:**

- Senior managers must ensure robust systems and processes are in place to identify, manage, mitigate and if appropriate escalate risks for the service. This must ensure senior managers and the board members have clear oversight of service risks. Regulation 17(1) (2) (a)(b).
- Senior managers must ensure that plans to improve management and leadership capacity within the service are fully implemented. Regulation 17(1) (2) (a)(b).
- The trust must ensure staff team meetings take place on a regular basis. Regulation 17(1) (2) (a)(b).
- The trust must consider how to reduce the isolation of the learning disabilities team and explore ways to develop understanding of the learning disability service amongst other teams within the trust. Regulation 17(1) (2) (a)(b).

**Action the trust MUST take to improve in wards for people with a learning disability or autism**

- The service must provide appropriate environmental risk assessment and mitigation for the wards of all ligature risks including the use of ligature cutters and staff trained to use these, if required. Regulation 12 (1) (2) (a)(b).
- The service must ensure patients are provided with an appropriate system to call staff in the event of an emergency. Regulation 12 (1) (2) (a)(b).
- The service must risk assess for emergency equipment including emergency medication required on the ward for resuscitation in line with the patient group and current national guidance. Where risks are identified, the trust must ensure this is equipment is provided safely for staff to use. Regulation 12 (1)(2) (a)(b).
- The service must ensure staff receive regular formal clinical supervision in accordance with trust policy. Regulation 18 (2) (a).
- Senior managers must ensure robust systems and processes are in place to identify, manage, mitigate and if appropriate escalate risks for the new safe haven unit. This must ensure senior managers and the board members have clear oversight of service risks. Regulation 17 (1) (2) (a)(b).
- Senior managers must ensure that plans to improve management and leadership capacity within the service are fully implemented. Regulation 17 (1) (2) (a)(b).
- The service must ensure staff team meetings take place on a regular basis. Regulation 17 (1) (2) (a)(b).
- The service must consider how to reduce the isolation of the learning disabilities team and explore ways to develop understanding of the learning disability service amongst other teams within the trust. Regulation 17 (1) (2) (a)(b).

# Summary of findings

**Action the trust SHOULD take is necessary to comply with its legal obligations.**

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

- The trust should continue to embed and develop understanding of community services within the executive team to enable them to fully understand the challenges and integrate the different teams.
- The trust should continue to embed and strengthen governance processes to ensure these were robust in all areas and services.
- The trust should ensure that all risks to services are captured with mitigation in place and that risks are reviewed.
- The trust should ensure Duty of Candour requirements are clearly documented and undertaken in a timely way.
- The trust should continue to develop dashboards and data collection across all services to support effective analysis of staff and service performance.

**Action the trust SHOULD take to improve in urgent and emergency services:**

South Tyneside District Hospital

- The service should ensure that all nursing staff receive an appraisal.
- The service should ensure that all medical and nursing staff have opportunities for ongoing supervision.
- The service should ensure all building work is completed to ensure patient and staff safety within the department.
- The service should ensure all risk assessments are completed fully to ensure patient and staff safety.
- The service should ensure it can demonstrate participation in all national level audits.
- The service should ensure all staff follow trust policy with regard to infection prevention and control.
- The service should ensure that all staff are aware of the vision and strategy for the department.
- The service should ensure it has current, ongoing action plans to address the failure to meet national performance standards.

Sunderland Royal Hospital

- The service should ensure patients receive antibiotics within one hour of a sepsis diagnosis, in line with trust policy.
- The service should review processes to ensure patients waiting in the emergency department for long periods of time have access to their regular medicines.
- The service should ensure initial assessment times are in line with national guidance.
- The service should ensure all staff access the most up to date guidance on the intranet, which reflects current trust practice.
- The service should have a Mental Health Act policy to provide trust specific support to staff.
- The service should ensure all nursing staff receive an annual appraisal.
- The service should aim to bring waiting times from arrival to treatment and arrangements to admit, treat and discharge patients in line with national standards.

Sunderland Eye Infirmary

- The trust should ensure that mandatory training compliance, including resuscitation training, meets the trust target for all staff.

# Summary of findings

- The trust should aim to bring arrival to treatment times in line with national standards.
- The trust should ensure expiry dates of consumable stock are checked regularly.

**Action the trust SHOULD take to improve in medical care:**

South Tyneside District Hospital

- The service should continue to ensure that there are sufficient numbers suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients dependency levels.
- The service should ensure that there is a standardised process that is understood and applied consistently by all staff when applying for Deprivation of Liberty Safeguards.
- The service should ensure that all nursing staff receive an appraisal.
- The service should ensure that there is a robust system to safely prescribe, administer, record and store medicines.
- The service should have a plan to review and improve the referral to treatment time for admitted pathways for thoracic medicine and rheumatology which were below the England average for admitted RTT (percentage within 18 weeks).
- The service should review the processes in relation to the ordering of medicines to ensure patients receive their medicines when prescribed.

Sunderland Royal Hospital

- The service should continue to ensure that there are sufficient numbers suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients dependency levels.
- The service should ensure that confidential records are stored securely in line with national guidance.
- The service should ensure that there is a standardised process that is understood and applied consistently by all staff when applying for Deprivation of Liberty Safeguards.
- The service should ensure that all nursing staff receive an appraisal.
- The service should continue to monitor the average length of stay for elective and non-elective patients to improve performance standards measured against the England average.

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

South Tyneside District Hospital

- The service should ensure training compliance for medical staff, particularly in resuscitation and Adult Basic Life Support, is improved.
- The service should ensure learning from never events is shared with all staff.
- The service should ensure nursing staff have an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The service should ensure theatres are effectively utilised.
- The service should ensure systems to manage performance are consistently used to improve performance and that all risks are identified and escalated appropriately with clear mitigating actions.
- The service should ensure all staff feel fully engaged in service developments to plan and manage services.

Sunderland Royal Hospital

# Summary of findings

- The service should work towards replacing theatre equipment to ensure it is fit for purpose.
- The service should work to replace decontamination equipment within the urology and head and neck service.
- The service should ensure hand hygiene audit data is collected and submitted each month.
- The service should ensure learning from never events is shared with all staff.
- The service should ensure mental Capacity Assessments are completed in line with trust and best practice guidance.
- The service should continue to work to improve theatre utilisation.
- The service should work to reduce the number of patient moves at night.
- The service should review the risk registers and those risks that have been in place for a number of years and ensure updated actions are in place.
- The service should continue to engage with staff and patients to inform service developments.

Durham Diagnostics and Treatment Centre

- The service should improve its engagement with patients, staff, equality groups, the public and local organisations to plan and manage services.
- **The service should improve its monitoring of surgical safety checklists.**
- The service should ensure that records are detailed showing all patients' care and treatment.

**Action the trust SHOULD take to improve in critical care:**

South Tyneside District Hospital

- The service should ensure the plans to upgrade the department are prioritised to make the unit compliant with relevant health building note guidelines.
- The service should ensure it has sufficient numbers of registered nurses within the establishment.
- The service should ensure medicines are not over stocked.
- The service should ensure all staff are fully compliant with all aspects of mandatory training.
- The service should ensure all staff have an up to date appraisal.
- The service should ensure the damage to the flooring in the unit is repaired.
- The service should ensure that all substances subject to control of substances hazardous to health regulations are kept in a locked room.
- The service should ensure they have sufficient numbers of allied health professionals to meet the guidelines for the provision of intensive care services (GPICS) standards.
- The service should ensure they have sufficient numbers of dedicated pharmacists in line with the GPICS standards.
- The service should ensure it has enough clinical educators, in line with the GPICS standards, to support staff with their education and development.
- The service should ensure guidance documents are reviewed and kept up to date. The service should ensure where possible staff use the intranet to access documents.

# Summary of findings

- The service should ensure the strategy to turn the vision into action is developed.

Sunderland Royal Hospital

- The service should ensure all staff are fully compliant with all aspects of mandatory training.
- The service should ensure the damage to the flooring in the unit is repaired.
- The service should ensure they have sufficient numbers of allied health professionals staff to meet the GPICS standards.
- The service should ensure they have sufficient numbers of dedicated pharmacists in line with GPICS standards.
- The service should ensure guidance documents are reviewed and kept up to date. The service should ensure where possible staff use the intranet to access documents.
- The service should ensure the strategy to turn the vision into action is developed.
- The service should ensure all staff have an up to date appraisal.
- The service should ensure it has enough clinical educators, in line with GPICS standards, to support staff with their education and development.

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

South Tyneside District Hospital

- The service should monitor and manage compliance with mandatory training, including safeguarding children level two training, and attain compliance targets within designated timescales.
- The service should consider reviewing and revising the electronic system used by managers to monitor appraisal compliance and attain compliance targets within designated timescales.

Sunderland Royal Hospital

- The service should monitor and manage compliance with mandatory training, including safeguarding children level two training, and attain compliance targets within designated timescales.
- The service should consider reviewing and revising the electronic system used by managers to monitor appraisal compliance and attain compliance targets within designated timescales.
- The service should consider working to ensure that midwives in the hospital and community have the opportunity and capacity to attend staff meetings.
- The service should consider reviewing out of hours (community midwifery) cover for the home birth service.
- The service should consider revising and reviewing maternity and obstetric dashboards so that performance can be easily benchmarked against regional or peer-group averages, and national and trust targets (where applicable).
- The service should consider developing a standard operating procedure in place for use of the second emergency theatre on delivery suite, so that processes are formalised.
- The service should continue to monitor the proportion of Apgar scores of less than seven at five minutes, and implement processes and documentation controls to bring it into line with or below the England average.
- The service should work to ensure that a situation, background, assessment, recommendation (SBAR) handover is used in all areas in the maternity service, including theatres, in line with trust policy.

**Action the trust SHOULD take to improve in services for children and young people:**

# Summary of findings

Sunderland Royal Hospital

- The service should ensure that staff clearly document when the paediatric early warning scores are escalated.
- The service should ensure staff correctly follow infection control procedures.
- The service should assess the environment on the neonatal unit to ensure it is suitable for the purpose for which it is being used.

Sunderland Eye Infirmary

- The service should ensure that children's services take formal responsibility for the children managed at the eye infirmary.

**Action the trust SHOULD take to improve in services for end of life care:**

South Tyneside District Hospital

- The service should consider acquiring a concealment cover for bariatric patients so that they can be transported to the mortuary in a dignified manner.
- The service should ensure the draft end of life strategy is ratified and embedded within the existing governance processes.
- The service should ensure that improvement plans for end of life care services have agreed timescales for implementation.

Sunderland Royal Hospital

- The service should ratify the end of life strategy.
- The service should seek to further collate and review patient and family feedback to improve services.
- The service should record and monitor referral to treatment times and national care of the dying audit data to ensure services are in line with provider targets.

St Benedict's Hospice

- The service should ratify the end of life strategy.

**Action the trust SHOULD take to improve in services for outpatients:**

South Tyneside District Hospital

- The service should ensure clinical governance activities are formalised and embedded across outpatients' departments at all sites.
- The service should continue working to reduce the number of patients overdue their review appointment across all specialties and sites within the trust and continue thorough oversight of all patients waiting for appointments.
- The service should continue to improve the compliance with appraisals across the outpatient department.
- The service should consider ways to ensure the storage room is secure and clean.

Sunderland Royal Hospital

- The service should ensure signage is made and installed to help people find areas of the department more easily.
- The service should continue to ensure the waiting time for urgent appointments and cancer appointments at Sunderland Royal Hospital meet national requirements.

# Summary of findings

- The service should continue working to reduce the number of patients without a review appointment across all specialties and sites within the trust and continue thorough oversight of all patients waiting for appointments.
- The service should continue to develop the clinic utilisation tool to identify and improve capacity for clinics across all sites.
- The service should ensure the outpatients strategy and plans for the future are shared effectively with all outpatients staff.
- The service should ensure clinical governance activities are formalised and embedded across outpatients departments at all sites.

Durham Diagnostics and Treatment Centre

- The service should consider patient needs when appointments are rearranged at short notice and at a different site from their original appointment.
- The service should consider working to reduce the number of patients without a review appointment across all specialties and sites within the trust and continue thorough oversight of all patients waiting for appointments.
- The service should ensure senior managers from the theatres directorate are engaged, supportive and available to staff and endeavour to understand the full role and function of the outpatients service.
- The service should consider developing the clinic utilisation tool to identify and improve capacity for further clinics and avoid underuse of DDTC.
- The service should ensure the outpatients strategy and plans for the future are shared effectively with outpatients staff.
- The service should ensure clinical governance activities are formalised and embedded across outpatients departments at all sites.

**Action the trust SHOULD take to improve in Community health services for adults:**

- The service should ensure that all staff completed their mandatory training.
- The service should ensure that annual appraisals are completed.

**Action the trust SHOULD take to improve in Community health services for children and young people:**

- The service should review the system in place at Children's centre Durham Road to ensure that clinical supplies are in date and audited to avoid out of date stock.
- The service should ensure staff use personal protective equipment when providing clinical interventions.
- The service should review the arrangements at Palmer community hospital in relation to confidentiality when two physiotherapy sessions are taking place simultaneously.
- The service should continue with the plans of monitoring caseloads and introducing additional management support to ensure the 0-19 service improves the compliance with the developmental reviews for children.
- The service should continue to address the challenges of the organisational structural differences for community services for children and young people across Sunderland and South Tyneside to improve communication and consistency.
- The service should consider applying for accreditation for children and young people's services provided.

# Summary of findings

- The service should review the resources available for the occupational therapy department and explore options for improving the environment at Palmer Community Hospital to ensure they meet the needs of children accessing the service.

**Action the trust SHOULD take to improve in Community health inpatients:**

- The service should ensure that slings are stored appropriately.
- The service should consider collecting formal therapy outcome data or using specific rehabilitation measures to assess outcomes.
- The service should develop a vision and future plan for intermediate care.
- The service should improve data quality and collection of clinical data.

**Action the trust SHOULD take to improve in Community sexual health services**

- The service should continue to develop triage processes and consider implementing a consistent triage system across all locations.
- The service should consider ways of strengthening and developing joint governance systems for the services within the trust to provide oversight of performance and risk as a whole.

**Action the trust SHOULD take to improve in Community urgent care centre:**

- The service should ensure that new policies, yet to be ratified, are ratified and embedded promptly.
- The service should ensure that resus trolley checks are undertaken as per the trusts planned schedule.
- The service should consider displaying health promotion posters or information on the walls of the waiting area.
- The service should consider displaying notices in the reception area informing patients of translation services and tools which were available.

**Action the trust SHOULD take to improve in Community mental health services for people with learning disabilities and autism:**

- The trust should ensure that there are sufficient staff employed to meet the needs of patients, specifically in relation to physiotherapy and speech and language therapy.
- The trust should ensure that there are robust systems in place to engage and consult with staff on planned changes to the service.
- The trust should ensure that there are robust systems in place to monitor patients on waiting lists and review waiting times for access to assessment and treatment.
- The trust should continue to explore ways to improve access to electronic systems with the local mental health trust.

**Action the trust SHOULD take to improve in wards for people with a learning disability or autism**

- The service should ensure staff maintain all clear stickers to reflect the last calibrated and tested documentation in line with their process.

# Summary of findings

## Is this organisation well-led?

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

We rated well led at the trust good because;

- Executive leaders had the knowledge, skills and abilities to run the services. They ensured there was sustainable, inclusive and effective leadership and they supported staff to develop their skills and take on more senior roles.
- Within the acute services, they understood the challenges to quality and sustainability and managed priorities and issues the service faced.
- The trust had a clear vision for what it wanted to achieve and strategies and programmes of work to turn it into action. These were developed with all relevant stakeholders and focused on the sustainability and quality of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The board of directors and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. This had been achieved whilst going through a merger which was a significant achievement.
- Governance processes were in place across the trust and with partner organisations. Staff were aware of their roles and responsibilities and who they were accountable to. The arrangements with partners and third-party providers were governed and managed effectively
- There were effective performance reporting systems in place and there were processes in place to ensure financial pressures did not compromise the quality of care.
- The trust had become a Global Digital Exemplar and had successfully implemented electronic patient records across the trust and the information systems were secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Within community services more work was needed to ensure they understood the challenges to quality, sustainability and that they managed the priorities and issues the service faced to fully demonstrate this.
- The executive team needed to continue with their programme of work to ensure there was equity across all services in terms of their visibility.
- Due to the changes to the organisation further work was required to strengthen and embed governance processes in some areas.

# Summary of findings

- Although the trust had systems for identifying risks and to mitigate or reduce them, further work was required to ensure all risks from community services were captured. Risks related to equipment had also been on the register for some time.
- Documentation related to the duty of candour requirements could be strengthened to evidence the trust was fully meeting the requirements.
- Although the trust collected data and analysed it, further work was required to introduce and embed an integrated and systematic approach to collecting quality data consistently across all services.

## 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<br>Jun 2020 | Good<br>Jun 2020 | Good<br>Jun 2020 | Good<br>Jun 2020 | Good<br>Jun 2020 | Good<br>Jun 2020 |

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

## Rating for acute services/acute trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| South Tyneside District Hospital | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Sunderland Royal Hospital | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| Sunderland Eye Infirmary | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Durham Diagnostics Treatment Centre | Good Jun 2020 | Not rated | Good Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| St Benedict's Hospice | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 |
| **Overall trust** | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |

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

## Ratings for a combined trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Acute | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Community | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 |
| Mental health | Requires improvement Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| **Overall trust** | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |

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 Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| Medical care (including older people's care) | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Surgery | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Critical care | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Maternity | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| End of life care | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Outpatients | Good Jun 2020 | Not rated | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| **Overall*** | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |

*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 Sunderland Royal Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 |
| Medical care (including older people's care) | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Surgery | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Critical care | Requires improvement Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| Maternity | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| Services for children and young people | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| End of life care | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Outpatients | Good Jun 2020 | Not rated | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| **Overall*** | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |

*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 Sunderland Eye Infirmary

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Urgent and emergency services | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Surgery | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Outpatients | Good Jun 2020 | N/A | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| **Overall*** | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Good Jun 2020 |

*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 Durham Diagnostics and Treatment Centre

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Surgery | Good Jun 2020 | Not rated | Not rated | Requires improvement Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 |
| Outpatients | Good Jun 2020 | N/A | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| **Overall*** | Good Jun 2020 | Not rated | Good Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 |

*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 St Benedict's Hospice

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| End of life care | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 |
| **Overall*** | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 |

*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 Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 |
| Community health services for children and young people | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Community health inpatient services | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Community end of life care | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Community dental services | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Community urgent care service | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 |
| Community health sexual health services | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 |
| **Overall*** | Good Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 | Outstanding Jun 2020 | Good Jun 2020 | Outstanding Jun 2020 |

*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 | Requires improvement Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |
| Community mental health services for people with a learning disability or autism | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 |
| **Overall** | Requires improvement Jun 2020 | Requires improvement Jun 2020 | Good Jun 2020 | Good Jun 2020 | Requires improvement Jun 2020 | Requires improvement Jun 2020 |

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.

Care Quality Commission

# Acute health services

## Background to acute health services

The trust provides eight acute core services but not all services are provided at all acute locations.

South Tyneside District Hospital provides urgent and emergency care, medical care (including older people's care), surgery, critical care, maternity, end of life care and outpatient services.

Sunderland Royal Hospital provides urgent and emergency care, medical care (including older people's care), surgery, critical care, maternity, children and young people, end of life care and outpatient services.

Sunderland Eye Infirmary provides urgent and emergency care, surgery and outpatient services. Durham diagnostics and treatment centre provides surgery and outpatient services and St Benedict's provides hospice care services.

For more information please see the background to the trust section.

## Summary of acute services

**Good**

We rated it as good because:

- We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement.
- We rated South Tyneside District Hospital as good. We rated safe, effective, caring, responsive and well-led as good.
- We rated Sunderland Royal Hospital as requires improvement. We rated safe and well-led as requires improvement. We rated effective, caring and responsive as good.
- We rated Sunderland Eye Infirmary as good. We rated safe, effective, caring and well led as good. We rated responsive as outstanding.
- We rated Durham diagnostics and treatment centre as good. We rated safe, caring and well led as good. We rated responsive as requires improvement. We did not have sufficient evidence to rate effective.
- We rated St Benedict's Hospice as outstanding. We rated responsive and well led as outstanding. We rated safe, effective and caring as good.

Please see the inspection findings for the acute services below.

Care Quality Commission

# Sunderland Royal Hospital

Kayll Road
Sunderland
Tyne and Wear
SR4 7TP
Tel: 0191 565 6256
www.stsft.nhs.uk

## Key facts and figures

The hospital has an emergency department which has trauma unit status within the regional trauma network, meaning trauma care is provided when appropriate, but the majority of serious cases are diverted to major trauma centres. A new, purpose-built, department was opened in 2018.

The hospital medical care services provides care and treatment, there are 365 medical beds across 13 wards. Medical specialties include renal medicine, oncology, haematology, rheumatology, gastroenterology, metabolic medicine and thoracic medicine. Rehabilitation and elderly medicine include care of the elderly, neurology, neurophysiology, neurorehabilitation and stroke services. The trust had 13,491 medical admissions from April to June 2019.

The hospital provides pre-assessment and a range of elective and emergency surgical services including trauma and orthopaedics, general, orthodontics, oral-maxillofacial, vascular, general, bariatric, breast, colorectal, upper gastrointestinal, ear, nose and throat (ENT), urology and pain services. The regional vascular centre provides a major arterial acute and elective surgery service to patients across Durham, South Tyneside and Sunderland. There were 13 surgical wards providing 232 surgical inpatient beds and 40 surgical trollies across the wards and units.

The hospital has one critical care unit with 18 single rooms but is commissioned to provide 16 beds. The unit provides level two care (patients who require preoperative optimisation, extended post-operative care or single organ support) and level three care (patients who require advanced respiratory support or a minimum of two organ support). The beds flexed between level two and level three as required. A critical care outreach team was available 24 hours a day, seven days a week. The critical care service was part of the North East Critical Care Network. The units did not accept paediatric admissions. However, they held paediatric resuscitation equipment in the event of an emergency or if a young person required stabilisation prior to a transfer.

Maternity services at the hospital are purpose built and the service opened in 2000. Services include antenatal clinics, an antenatal day unit, the delivery suite and an early pregnancy assessment unit. The hospital has 35 maternity beds, split across two wards including the antenatal/postnatal ward which has 13 beds and the delivery suite which has 22 beds. One room has a birthing pool to facilitate water births. There is one purpose-built obstetric theatre within the hospital for emergency procedures while elective procedures take place in main theatres. A further LDRP room has been set up to provide a second obstetric theatre if required. From April to June 2019, there were approximately 800 deliveries at the hospital. Community midwives are based at Clarendon House.

The hospital has 60 children's beds located within three wards and a neonatal unit with 24 beds. The directorate of paediatrics and child health provides services to children from birth to 16 (school leaving age). One ward specialises in ear, nose and throat, orthopaedics and trauma, community dental and some general surgery. Another ward comprises

# Summary of findings

of 12 cubicles and admits babies from birth to two years. The third ward is a 22 bedded ward for acute and planned medical and surgical admissions for children from aged two to school leavers. The neonatal unit has eight intensive care / high dependency care cots and 12 special care cots, two mother and baby rooms and two isolation cubicles. Outpatient services are provided from the Niall Quinn children's outpatient department.

The hospital provides end of life care. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. The trust reports that end of life care can be delivered in any area of the trust and as such a wide range of guidance is available to ensure that this care is delivered to the highest standard. The trust had a total of 578 deaths from April 2019 to July 2019.

The hospital provided outpatients services from a main outpatients department situated in the Chester Wing, as well as some separate specialty-based services such as a chest clinic and trauma and orthopaedics clinics. The department provided clinic services to a range of specialties including consultation and examination rooms and nursing and healthcare assistant staff to support medical and specialist staff and their patients. There was separate provision for children's outpatients, managed by children's services. There were 220,128 outpatient appointments between April 2019 and June 2019.

## Summary of services at Sunderland Royal Hospital

**Requires improvement**

We rated it as requires improvement because:

- We rated safe and well led as requires improvement. We rated effective, caring and responsive as good.
- We rated four core services as requires improvement and four core services were rated as good.
- In some services mandatory compliance rates fell below the trust target. The facilities in the emergency department for conducting assessments of patients with mental health conditions were not compliant with national guidance. We were concerned about staffing levels across a number of core services. Some services did not always control infection risk well. In the emergency department waiting times from arrival to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. The maintenance and use of facilities and equipment did not always keep people safe. Some services did not always use the trust's systems and processes to safely prescribe, administer, record and store medicines. We had concerns some staff did not always recognise incidents and near misses and reported them appropriately, for example, the use of mechanical or pharmacological restraint as a reportable incident. Staff did not always complete and update risk assessments for children.
- In some services identified risks had been on the risk registers for a number of years and mitigating actions were not sufficient to reduce their impact. We saw limited examples of cohesive working across the trusts two critical care units. Leaders in the surgical services did not have effective processes in place to actively and openly engage with patients and staff to plan and manage services. Whilst some services had a vision for what they wanted to achieve, the strategies were not yet developed. Some services needed more work to ensure effective governance processes were in place. In children and young people services it was not clear how information was shared more widely and acted upon and in critical care there was limited oversight in relation to medicines management.

However:

- Most staff had training on how to recognise and report abuse. Most services kept detailed records of patients' care and treatment. Staff kept most areas visibly clean and well organised. Surgical services used systems to identify and prevent surgical site infections. Staff identified adult patients at risk of deterioration and there were clear escalation processes in place. Risk assessments were completed appropriately for adult patients.

# Summary of findings

- The service provided care and treatment based on national guidance and best practice. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. Key services were available seven days a week. In medicine the service achieved grade B overall in the Sentinel Stroke National Audit Programme. Staff gave patients practical support and advice to lead healthier lives.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. The trust had a delirium and dementia outreach team (DDOT). The team was highly visible and easily accessible and supported ward staff to care for frail patients. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- Local leaders had the skills and abilities to run the services. Staff told us they were visible and approachable in the service for patients and staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Urgent and emergency services

**Requires improvement**

## Key facts and figures

South Tyneside and Sunderland NHS Foundation Trust has three emergency departments located at Sunderland Royal Hospital (SRH), South Tyneside District Hospital and Sunderland Eye Infirmary. The Pallion Urgent Care Centre is adjacent to the Sunderland Royal Hospital (ED); it is now run by a private provider, but the trust maintains overall management responsibility and provides staffing support with emergency nurse practitioners.

Sunderland Royal Hospital emergency department provides urgent and emergency care for adults and children. The department has trauma unit status within the regional trauma network, meaning trauma care is provided when appropriate, but the majority of serious cases are diverted to major trauma centres. A new, purpose-built, department was opened in 2018.

The adult ED has a spacious waiting area with reception and initial assessment desk, and two triage cubicles. The main department is split into defined areas for the provision of different levels of treatment, and there is a four-bedded resuscitation area.

The paediatric ED has a separate waiting area, reception and triage rooms. The department is again split into defined areas and there is one designated paediatric resuscitation bay, which is adjacent to the adult resuscitation area but separated by double doors. There is a short-stay assessment unit within the paediatric ED.

Patients can be referred to the emergency ambulatory care unit (EACU), currently located on the floor above the ED on ward D44, and to the adjacent integrated assessment unit (IAU). Both adult and paediatric ED's are open 24 hours a day, seven days a week.

Our inspection was announced (staff knew we were coming) and took place from 14 to 17 January 2020. During our inspection we visited all areas of the adult and paediatric emergency departments and the emergency ambulatory care unit. We observed care and treatment being delivered, analysed performance information and reviewed patient care documentation. We spoke with 34 members of staff of all grades and disciplines, 16 patients and eight relatives. We looked at 15 complete patient records, tracked the arrival of 10 patients by ambulance, and looked at specific documentation relating to consent, mental capacity, prescription of medicines and completion of pathways and risk assessments.

## Summary of this service

We rated it as requires improvement because:

- Mandatory training levels for medical staff did not meet the trust's compliance target of 90%. The service did not always control infection risk well. Times to initial assessment were higher than the England average and we saw an increasing number of ambulance handover delays.
- Patients diagnosed with sepsis did not always receives antibiotics in a timely manner. We were not assured there was oversight of safety in the mental health assessment room. Patients with long waits for admission did not always have access to their regular medication.
- We saw staff utilising different versions of trust guidance.
- Waiting times from arrival to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. We saw a consistent deterioration in performance in both areas.

# Urgent and emergency services

However:

- The service had enough staff with the right qualifications, skills, and experience to keep patients safe from avoidable harm. Records, medicines and incidents were managed safely within the department.
- Staff always had access to up-to-date, accurate and comprehensive information, and care and treatment was based on national guidance.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service took account of patients' individual needs. It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service. Staff felt respected, supported and valued. The service had clear governance and risk management systems in place. Information was managed well in the department.

## Is the service safe?

**Requires improvement**

We rated it as requires improvement because:

- Medical staff were not compliant with the trust's 90% target for all mandatory training modules: resuscitation training compliance was 52% and infection prevention and control compliance was 60%.
- The isolation of patients with suspected influenza was not always in line with trust policy.
- From April to December 2019, the percentage of patients receiving antibiotics within one hour of sepsis diagnosis was between 35% and 53%, which did not meet the trust target of 90%. However, we saw the trust had oversight of this and was taking action to improve.
- We were not assured there was sufficient oversight of patient safety in the designated mental health assessment room. We escalated this to senior staff at the time of inspection but were not provided with evidence of action being taken.
- From August to December 2019 we saw an increase in times to initial assessment in the adults' ED and a high number of delayed ambulance handovers. This showed a consistently deteriorating picture.
- There was no process in place to ensure patients waiting in the emergency department for long periods of time had access to their regular medicines.

However:

- All areas of the department were visibly clean and well organised. The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff identified patients at risk of deterioration and there were clear escalation processes in place. Risk assessments were completed appropriately using the electronic system.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. The electronic, paper-free system ensured records were clear, up-to-date, secure and easily available to all staff providing care.

# Urgent and emergency services

- The service managed medicines safely and electronic prescribing and dispensing systems were embedded in the department, which minimised occurrences of risk and error.
- The service reported and investigated patient safety incidents well; lessons learned were shared with the whole team and the wider service.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Guidance was easily accessible to all staff and there was a process in place to ensure it was updated regularly. Guidance documents could be accessed directly through a patient's electronic care record.
- Staff gave patients enough food and drink to meet their needs, whilst being mindful of religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, using recognised tools. Pain relief was administered in a timely way and patients with communication difficulties were supported.
- Staff monitored the effectiveness of care and treatment and the department participated in a range of local and national audits. The findings were used to make improvements and achieve good outcomes for patients.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We found that training was well supported by senior management and staff were encouraged to develop.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other effectively and held regular multidisciplinary meetings to discuss patient care.
- Staff supported patients to make informed decisions about their care and treatment.

However:

- We saw there were still two versions of certain policies on the trust intranet and staff did not always access the most up to date version.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We observed many positive interactions between staff, patients, carers and relatives during our inspection, in both the adult and paediatric ED's. We found all staff to be polite, respectful, professional and non-judgmental in their approach.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.

# Urgent and emergency services

- Staff supported and involved patients, families and carers to understand their condition and make decisions.
- The department obtained patient feedback about experiences of care and we saw examples of this being used to improve services. Feedback from patients we spoke with during inspection was consistently positive and they said staff were kind and caring.
- In both the paediatric and adult ED's, relatives and families told us they had been treated compassionately and respectfully.

## Is the service responsive?

**Requires improvement**

We rated it as requires improvement because:

- We reviewed performance in the department and found times from arrival to treatment were not in line with national guidance; we saw a consistent deterioration from July to December 2019. The Royal College of Emergency Medicine (RCEM) recommends the time patients wait from arrival to treatment should not exceed one hour; the average time to treatment in the adults' ED in December 2019 was 115 minutes.
- Arrangements to admit, treat and discharge patients were not always in line with national standards, although senior managers and department staff maintained oversight of this and held regular performance meetings. The Department of Health's standard for emergency departments states 95% of patients should be admitted, transferred or discharged within four hours of arrival; performance in this area showed a consistent decline, and in December 2019 had deteriorated to 52.7%.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. Facilities and premises were appropriate for the services being delivered.
- Patients from the ED could be referred to the emergency ambulatory care unit (EACU) and a restructure was due to take place to incorporate this into the area adjacent to the ED to form a same-day emergency care (SDEC) unit, to improve patient care and departmental flow.
- The percentage of patients leaving the trust's urgent and emergency care services before being seen for treatment was lower than the England average and it was easy for people to give feedback about their care.

## Is the service well-led?

**Good**

We rated it as good because:

- The ED had a clear leadership structure, comprising of a directorate manager, clinical director and matron. All staff we spoke with told us that leaders of all levels were approachable, supportive and well respected, and that there was regularly a visible management presence in the department.
- We saw the department was busy but well organised; staff of all levels communicated well and made use of wireless communications' devices, meaning all could be contacted easily and in a timely manner.

# Urgent and emergency services

- Managers were aware of increasing demands on the service and told us they worked continually to develop new ways in which to manage this. Examples we saw during inspection were the restructure of the SDEC area to increase patient flow and improve speciality referral, and the development and progression of the emergency nurse practitioner (ENP) role.
- We found both the adult and paediatric departments had a culture of openness and inclusivity. Staff we spoke with felt they were valued and respected by colleagues and senior staff.
- We saw established governance arrangements in both departments, with regular meetings feeding into directorate and trust level governance. We reviewed governance meeting minutes and saw they all followed a set agenda, with detailed discussion around complaints, risks and incidents; documentation was clear with actions recorded.
- The department continually monitored performance and held regular, multidisciplinary performance meetings. We saw effective input and support from the senior management team and there was a clear escalation plan in place.
- We were assured senior managers had a comprehensive overview of risk and risk management within the department. Actions were reported and reviewed regularly.
- The department's electronic information and records system provided staff with a constant oversight of performance, issues and department status. Electronic management of information and records in the department was accessible, secure and embedded.
- We saw good examples of staff, patient and public engagement during our inspection.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

**Good**

## Key facts and figures

We last inspected Sunderland Royal Hospital (SRH) as part of a comprehensive inspection in April 2018. Sunderland Royal Hospital and South Tyneside Hospital NHS trust merged in April 2019.

The medical care service at the South Tyneside and Sunderland NHS Foundation Trust provides care and treatment a number of specialties and has 556 medical inpatient beds located across 20 wards. A site breakdown can be found below:

- South Tyneside District Hospital: 200 beds are located within seven wards
- Sunderland District Hospital: 356 beds are located within 13 wards

Medical specialties include renal medicine, oncology, haematology, rheumatology, gastroenterology, metabolic medicine and thoracic medicine. Rehabilitation and elderly medicine include care of the elderly, neurology, neurophysiology, neurorehabilitation and stroke services.

*(Source: Routine Provider Information Request AC1 - Acute context tab / Sites tab)*

The trust had 13,491 medical admissions from April to June 2019.

Admissions for the top three medical specialties were:

- Gastroenterology: 3,212
- Respiratory medicine: 1,874
- Clinical oncology: 1,698

*(Source: Hospital Episode Statistics)*

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and had systems in place to monitor compliance.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

# Medical care (including older people's care)

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. For example, they had achieved Joint Advisory Group accreditation for their endoscopy services. The service achieved grade B overall in the Sentinel Stroke National Audit Programme (SSNAP).

However:

- We were not assured the service always had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels but staff told us skill mix was not always appropriate and staff were regularly moved to work in other areas.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so; however, not all medical staff had completed training on how to recognise and report abuse.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, we were not assured that paper records were stored securely on all medicine wards.

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and had systems in place to monitor compliance.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

However:

- We were not assured the service always had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff told us skill mix was not always appropriate and staff were regularly moved to work in other areas.

# Medical care (including older people's care)

- Fill rates for qualified nurses and non-qualified care staff varied in the six months before inspection and did not rise above 86% for qualified staff during the day and 82% at night. These shortfalls in qualified nurse staff had been met by an increase in non-qualified care staff fluctuating from 120% during the day and 111% at night. The trust had actively recruited nursing and healthcare staff and a number of new starters were ready to commence employment in the weeks following the inspection.
- We were not assured that paper records were stored securely on all medicine wards.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. For example, they had achieved Joint Advisory Group accreditation for their endoscopy services.
- The service achieved grade B overall in the Sentinel Stroke National Audit Programme (SSNAP).
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Although there was a process surrounding staff appraisal; not all nursing staff had received an appraisal to assess their work performance and promote their professional development. Appraisal compliance for nursing staff was 85% which did not meet the trust target of 90%.
- Although staff knew how to support patients who lacked capacity to make their own decision; Mental Capacity Act and Deprivation of Liberty Safeguards training compliance did not meet the trust target of 90%. Training compliance for medical staff was 77%. The process was not consistently understood and applied by all staff when applying for Deprivation of Liberty Safeguards.

## Is the service caring?

**Good**

# Medical care (including older people's care)

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The majority of patients, we spoke with described their care in positive terms.
- The service had introduced a therapy activity box for patients with dementia and cognitive impairment. The service had a centre for groups and activities.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Outstanding** ☆

We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. The medicine division used innovative approaches to provide pathways of care that were focussed on the individual and involved collaboration with other service providers designed to meet the needs of patients through co-ordination of services to ensure continuity of care.
- The service was inclusive and took account of patient's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Initiatives such as a frailty and community geriatrics service was in use which identified older patients with frailty attending the hospital and worked collaboratively with existing admission practices with input from a frailty nurse practitioner.
- The trust worked with the local authority to ensure a continuity of discharge from hospital and had developed a discharge hub. This involved trust and local authority staff in the identification of patient needs on return to their home and ongoing care needs.
- The service had a delirium and dementia outreach team (DDOT). The team was highly visible and easily accessible and supported ward staff to care for frail patients.
- Facilities and premises were innovatively designed to meet the complex needs of patients and provide treatment in a conducive environment. An example of this was the Alexandra centre which was a dementia-friendly unit used as a day therapy suite for cognitively frail inpatients.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards. The average length of stay for medical elective patients at Sunderland Royal Hospital was 3.8 days, which is lower than England average of 5.8 days.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine in geriatric medicine, neurology, gastroenterology and cardiology were above the England average for admitted RTT (percentage within 18 weeks).
- The service had a frailty team to improve outcomes for frail people by providing a comprehensive geriatric assessment (CGA) and emergency healthcare plans (EHCP) which had reduced the length of stay of patients and optimised patient's medication.

# Medical care (including older people's care)

- The trust was trialling a frailty service based in accident and emergency. A business case had been approved and senior management were in discussion with the local clinical commissioning groups to support differing funding options.
- The medicine service had received 59 complaints from April to September 2019, the trust took an average of 25 working days to investigate and close these. This was in line with their complaints policy.

## Is the service well-led?

**Good**

We rated it as good because:

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations.
- The service had good systems to identify risks, plans to eliminate or reduce them and cope with both the expected and unexpected.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## 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

**Good**

## Key facts and figures

Our inspection activity was announced (staff knew we were coming) as this service was inspected as part of a comprehensive inspection of the Trust.

Before our inspection we reviewed data which the Trust had provided to us on reported incidents, staff training and appraisal, outcomes, results of national audits and other safeguarding information sent to us over the preceding year.

At the Sunderland Royal Hospital site, the Trust delivers a fully comprehensive elective and emergency surgical service which includes vascular, general, bariatric, breast, colorectal, upper gastrointestinal, trauma and orthopaedics, ear, nose and throat (ENT), orthodontics, oral-maxillofacial, urology, pain services and pre-assessment. The regional vascular centre provides a major arterial acute and elective surgery service to patients across Durham, South Tyneside and Sunderland.

Sunderland Royal Hospital has 232 surgical inpatient beds and 40 surgical trollies across the wards and units.

During the inspection we spoke with 29 patients and two carers. We reviewed eight sets of care records and 14 World Health Organisation's Five Steps to Safer Surgery checklists. We observed 10 operating procedures and four handover meetings. We spoke with the managers or acting managers for each of the wards and 78 other staff members; including matrons, doctors and nurses.

## Summary of this service

We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and staff collected safety information and used it to improve the service.
- Staff gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Surgery

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

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems to identify and prevent surgical site infections and kept equipment and the premises visibly clean. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities and kept people safe. Staff were trained to use the equipment and managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Decontamination of equipment within the urology and head and neck service was a risk due to the malfunction or breakdown of the washer disinfectors. There were other risks related to aging equipment and a lack of equipment in theatre and recovery areas.
- Hand hygiene audit data was not being routinely collected each month for surgical ward areas.
- Not all staff were aware of learning from never events.

## Is the service effective?

**Good**

We rated it as good because:

# Surgery

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment using local and national audits. They used the findings to make improvements and achieve good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- We were provided with examples where patients were kept nil by mouth for long periods of time and no fasting audits had been undertaken by the trust since April 2019. We were also provided with some negative feedback was given about food choices.
- Data showed that all patients at SRH had a higher than expected risk of readmission for elective and non-elective admissions when compared to the England average.
- From records we reviewed and from trust audit data, we found Mental Capacity Assessments were not always completed in line with Trust policy.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

We rated it as good because:

# Surgery

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The average length of stay for all specialities was below (better than) the England average and referral to treatment times were above national standards in four out of five specialities. Initiatives such as the introduction of a 'Block room' had supported access and flow for surgical patient pathways.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Information on theatre utilisation showed the service was not meeting trust targets.
- There were a large number of patient moves at night.

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an improving culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation.

However:

- Whilst risks to the service were identified, and had been reviewed in 2019, several had been on the risk register for a number of years and mitigating actions were not always sufficient to reduce their impact.

# Surgery

- Leaders did not have effective processes in place to actively and openly engage with patients and staff to plan and manage services.
- We saw limited examples of participation in research.

## Outstanding practice

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

## Areas for improvement

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

# Critical care

**Requires improvement**

## Key facts and figures

South Tyneside and Sunderland NHS Foundation Trust has two critical care units. Sunderland Royal hospital has 18 beds but is commissioned to provide 16 beds. South Tyneside hospital has a six-bedded unit. Both units provide level two (patients who require preoperative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care.

Sunderland Royal hospital intensive care unit (ICU) had 18 singled rooms. The beds flexed between level two and level three as required.

A critical care outreach team provided a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team was available 24 hours a day, seven days a week.

The critical care service was part of the North East Critical Care Network. The units did not accept paediatric admissions. However, they held paediatric resuscitation equipment in the event of an emergency or if a young person required stabilisation prior to a transfer.

Our inspection was part of an announced comprehensive inspection of the whole trust, this was due to City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust merging in April 2019.

We inspected all five key questions during this inspection. We visited the intensive care unit. We spoke with two patients, six relatives and 26 members of staff.

We observed the clinical environment, staff delivering care and looked at four patient records. We reviewed trust policies and performance information from, and about, the trust.

## Summary of this service

We rated it as requires improvement because:

- We rated safe and well led as requires improvement. We rated caring as outstanding. We rated effective and responsive as good.
- The maintenance and use of facilities and equipment did not always keep people safe. We found vital equipment in use, such as ventilators, which appeared to have not been service and maintained. When this was brought to the attention of staff they were not aware if the equipment has been serviced and maintained in line with manufacturers guidance.
- The service did not always have enough equipment to maintain patient safety. Some general ward beds were in use, due to a lack of equipment replacement. Staff told us the numbers of patients developing pressure damage had increased due to the unit not having appropriate profiling beds in place. This was logged on the risk register.
- Staff did not always use the trust's systems and processes to safely prescribe, administer, record and store medicines. We saw occasions where staff had failed to follow the trust's policy when managing controlled drugs.
- Staff did not always record incidents in line with trust policy. We had concerns that most staff did not recognise the use of mechanical or pharmacological restraint as a reportable incident.

# Critical care

- Whilst staff supported patients with capacity to make informed decisions about their care and treatment, they did not always follow national guidance when patients lacked capacity to give consent.
- They did not always use measures that limited patients' liberty appropriately. Staff showed limited understanding of the legislation around the deprivation of liberty safeguards and use of pharmacological and mechanical restraint.
- We found some folders with printed guidance documents which were out of date for review. Staff did have access to up to date resources on the trusts intranet.
- The service did not yet have a strategy to turn the vision into action.
- More work was needed to ensure leaders had effective oversight processes in place, for example in relation to maintenance of medical equipment and medicines management.
- We were concerned that some of the risks identified at our previous inspection had not been addressed.

However:

- The service provided mandatory training in key skills to all staff. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. Staff completed and updated risk assessments for each patient. The service had enough nursing and medical staff with the right qualifications, skills, training and experience.
- Staff gave patients enough food and drink to meet their needs. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Key services were available seven days a week. Staff gave patients practical support and advice to lead healthier lives.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Leaders and teams used systems to manage performance effectively. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.

## Is the service safe?

**Requires improvement**

We rated it as requires improvement because:

- The maintenance and use of facilities and equipment did not always keep people safe. We found vital equipment in use, such as ventilators, which appeared to have not been service and maintained. When this was brought to the attention of staff they were not aware if the equipment has been serviced and maintained in line with manufacturers guidance.

# Critical care

- Equipment on the unit, that had been identified as needing replacing at our previous inspection was still being used. This included ventilators and syringe drivers.
- The service did not always have enough equipment to maintain patients safety. Some general ward beds were in use, due to a lack of equipment replacement. Staff told us the numbers of patients developing pressure damage had increased due to the unit not having appropriate profiling beds in place. This was logged on the risk register.
- The service did not use the trust's systems and processes to safely prescribe, administer, record and store medicines. We had significant concerns about staff failing to follow the trust's policy in relation to the safe management of controlled drugs.
- We had concerns that staff did not always recognise incidents and near misses and reported them appropriately. We had concerns that most staff did not recognise the use of mechanical or pharmacological restraint as a reportable incident.
- The service had recently recruited one whole time equivalent (WTE) pharmacist, this is not enough for a unit of this size.

However, we also found:

- The service provided mandatory training, including safeguarding training in key skills to all staff and made sure most staff completed it.
- The service controlled infection risk well. They kept equipment and the premises visibly clean and managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff kept detailed records of patients' care and treatment.

## Is the service effective?

**Good**

We rated it as good because:

- Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service had effective seven day services.

However, we also found:

# Critical care

- Staff did not always follow national guidance when patients lacked capacity to give consent. We had concerns that not all staff were aware of the legislation and available guidance to be followed if, in their best interest, a patient who lacked capacity needed to be pharmacologically or mechanically restrained. They did not always use measures that limited patients' liberty appropriately.
- Staff had access to the trust's intranet which held up to date policies to plan and deliver high quality care according to evidence-based practice and national guidance. However, we saw some printed copies of guidelines which were out of date.
- The service did not have enough clinical educators to meet the GPICS standards and to support staffs education and training needs.

## Is the service caring?

**Outstanding** ☆

We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from people who used the service and those close to them was continually positive about the way staff treated people. Staff go the extra mile.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients living with mental health needs.
- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.
- Staff we spoke with gave us many examples of going the extra mile in their care of patients and their involvement in supporting patient wishes. This had included supporting a patient to propose to their partner, arranging a birthday party and also arranging a blessing of rings for an elderly couple. Musicians played in the unit each week.
- Complementary therapies were available for patients, this included acupuncture, reiki and massage. We were told if patients did not want or need the therapies relatives and staff could take advantage of this service.
- The unit had a number of initiatives in place for the loved ones of patients who were expected to pass away. This included precious memory cards, sent to bereaved families, which contained a packet of forget me not seeds. They also provided guardian angel charms which were given to adults and children, necklaces with healing crystals and in loving memory bracelets. There were also memory boxes available for adults and children and 'guess how much I love you' books for children. The unit could organise hand and foot prints.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. People who used the services were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. People's emotional and social needs were highly valued by staff and are embedded in their care and treatment.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account.
- Relationships between patients, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.

# Critical care

- Staff recognised and respected the totality of people's needs. They always accounted for people's personal, cultural, social and religious needs.
- Staff showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered. The unit were involved in a project to create a garden area for patients. Oxygen and suction equipment would be available in the garden area which would enable staff to take patients outdoors. In addition, staff encouraged relatives to bring photographs and other mementos from patients' homes so they could 'get to know' the patients.
- One relative we spoke with told us they were assured their relative was safe when they were unable to be present on the unit. Others told us staff kept them informed about the patient's condition every time they visited.

## Is the service responsive?

**Good**

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement**

We rated it as requires improvement because:

- We identified that some of the risks identified at our previous inspection, for example the replacement of equipment, had not yet been addressed.
- More work was needed to ensure leaders had effective oversight of the unit and governance processes in place to ensure safe and effective care was provided to all patients.
- The leaders did not always recognise issues, and take action to address concerns, such as the use of equipment which had not been serviced.
- We were concerned that leaders did not fully understand the legislation around the use of restraint. This meant they were unable to address these risks and support more junior staff.
- There was also limited oversight in relation to medicines management.
- The service did not yet have a strategy to turn the vision into action.

However:

# Critical care

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

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.

# Maternity

**Requires improvement**

## Key facts and figures

The trust reported that further to an extensive period of planning and public consultation, commissioners in Sunderland and South Tyneside confirmed their decision to implement a new service model for obstetrics and gynaecology following the merger of the previous City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust on 1 April 2019.

The new service model, which came into being early in August 2019, centres consultant-led maternity care at the Sunderland Royal Hospital site with the launch of a new midwifery-led birthing centre (MLBC) on the South Tyneside site.

Maternity services at Sunderland Royal Hospital are purpose built and the service opened in 2000. Services include antenatal clinics, an antenatal day unit, the delivery suite and an early pregnancy assessment unit.

Sunderland Royal Hospital has 35 maternity beds. They are split across two wards including the antenatal/postnatal ward which has 13 beds and the delivery suite which has 22 beds in LDRP (labour, delivery, recovery and postnatal) rooms. One room has a birthing pool to facilitate water births. There is one purpose-built obstetric theatre within the hospital for emergency procedures while elective procedures take place in main theatres. A further LDRP room has been set up to provide a second obstetric theatre if required.

From April to June 2019, there were 895 deliveries at the trust. We would usually report on the profiles for deliveries and gestation periods within a trust, however, due to the recent merger of trusts, this information was not available.

Community midwives are based at Clarendon House, the central office hub for community teams within the trust. They delivered care from children's centres, GP practices and during home visits.

During our inspection, we visited the maternity unit at the hospital, including the delivery suite, antenatal day unit, antenatal clinics and the early pregnancy assessment unit. We spoke with eight patients and their companions, and 32 members of staff. These included the matron for obstetrics, team leaders and coordinators, consultants, doctors, midwives, theatre staff, health care assistants and domestic staff. We observed care and treatment, looked at eight complete patient records and eight medicines charts. We also interviewed key members of staff, medical staff and the senior management team who were responsible for the leadership and oversight of the service, including the head of midwifery, directorate manager and clinical director.

## Summary of this service

Our rating of this service was requires improvement because:

- We were not assured that the service had enough midwives to consistently provide care and treatment in line with national guidance.
- Staff did not consistently fully complete the World Health Organisation (WHO) surgical safety checklist for emergency procedures. There were inconsistencies and missing checks of emergency equipment and missing and out-of-date stock was not always replenished in a timely manner. We also saw evidence that staff sometimes struggled to obtain key equipment.
- No simulations of obstetric emergencies were conducted within the hospital setting, with the exception of birthing pool evacuation drills; and the service had not undertaken a recent baby abduction drill.

# Maternity

- Leaders did not always manage and mitigate against issues the service faced in a timely manner. The delivery of change and improvement lacked pace. For example, the service's maternity dashboard was suboptimal, there was not sufficient oversight of benchmarking outcomes with other regional services, and this had been an ongoing concern. We saw some risks on the maternity risk register had been ongoing for a considerable amount of time; and one entry had been open since 2006.
- We were not assured there was a holistic understanding of performance, as some key audits had not been completed or appropriately monitored. The audit schedule for the service was not comprehensive and some key audits had not been appropriately monitored or completed.

However:

- Patient outcomes were typically good. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service controlled infection risk and managed patient safety incidents well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and provided emotional support to women, families and carers. Staff supported women to make informed decisions about their care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Community midwifery caseloads were better than maximum limits recommended by national guidance.
- We identified elements of outstanding practice with respect to the service's commitment to participation in clinical research.

## Is the service safe?

**Requires improvement**

We rated safe as requires improvement because:

- We were not assured that the service had enough midwives to provide care and treatment in line with national guidance relating to one-to-one care in labour, and the service did not provide evidence of an internal assessment of safe staffing levels. We saw that 22% of shifts reviewed from 1 April 2019 to 19 January 2020 were understaffed by registered midwifery staff against planned numbers. Midwives based in the hospital (core midwives) covered the community midwife service out of hours, however, we were not assured that staffing was adequate for core midwives to provide this cover.
- Staff did not consistently fully complete the World Health Organisation (WHO) surgical safety checklist for emergency procedures. We also observed staff did not use a situation, background, assessment, recommendation (SBAR) handover in theatre, in line with trust policy. There was no standard operating procedure for the use of the second emergency theatre.
- No simulations of obstetric emergencies were conducted within the hospital setting, with the exception of birthing pool evacuation drills; and the service had not undertaken a recent baby abduction drill. The trust compliance target for mandatory training was not met for several modules for both midwifery and medical staff for the period April 2019 to January 2020; however, the year-end ran to April 2020.

- There were inconsistencies and missing checks of emergency equipment (including for the adult resuscitation trolley and difficult airway trolley), and there was no documentation of safety checks of neonatal resuscitaires. We observed missing and out-of-date stock was not always replenished in a timely manner, and saw evidence that staff sometimes struggled to obtain key equipment.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Community midwifery caseloads were approximately 80 per WTE midwife, which was better than the recommended maximum caseload of 96-98.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.

## Is the service effective?

**Good**

We rated effective as good because:

- The service monitored patient outcomes, and outcomes for women were generally good. The proportion of elective and emergency caesarean sections was lower than the regional average. The proportion of women experiencing third or fourth degree tears or postpartum haemorrhages over 1500 ml was approximately the same as the regional average. More women had a successful vaginal birth after caesarean section compared to the regional average.
- There were effective processes for reviewing and ratifying maternity guidelines through clinical governance meetings. Local policies, procedures and clinical guidelines we reviewed were up-to-date, quality controlled and reflected quality standards and national guidance. In the main, we observed staff adhered to local policies and guidelines.
- Managers and professional midwifery advocates held supervision meetings with staff to provide support and development. Managers sought opportunities for staff to develop their professional skills and advance into specialist roles.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. Key services were available seven days a week to support timely care. Staff gave patients practical support and advice to lead healthier lives, and women enough food and drink to meet their needs and improve their health.
- MCA and DoLS training were delivered as part of adults' safeguarding level two training, and compliance training targets were met for staff in the maternity service. Staff knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They supported women to make informed decisions about their care and treatment.

However:

# Maternity

- The audit schedule for the service was not comprehensive. There was no evidence of key audits being carried out from April to December 2019, including record keeping, medicines management and infection prevention and control audits. We were also not assured that the service consistently took the relevant actions required from local audits. However, we were mindful that service reconfiguration had only taken place in August 2019.
- Some community midwives who had been escalated into the hospital reported they had not received an induction to the areas they were required to cover. Appraisal rates for the period April 2019 to January 2020 did not meet the trust target for registered midwifery staff and support staff.
- Women generally received pain relief in a timely manner; however, from January to December 2019, 9.4% of epidurals (65) were given over 30 minutes following request. A review of delays suggested the majority were clinically indicated.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women and their families was generally very positive.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported women, families and carers to understand their health and pregnancy and make decisions about their care and treatment. Staff at all levels expressed enthusiasm and commitment around promoting women's personal choice on where to give birth as far as possible.
- The service performed better than other maternity services in the country for some measures of the national CQC maternity survey 2019 relating to compassionate care. For example, staff helped create a more comfortable atmosphere during labour, introduced themselves before examination or treatment, and treated people with respect and dignity, kindness and understanding.
- Midwives demonstrated commitment to delivering high quality, person centred care, evidenced by high incident reporting relating to midwives' concerns about how staffing impacted on their ability to provide the best care.

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that aimed to meet the needs of local people and the communities it served. The service coordinated care pathways in collaboration with the local authority, other providers and the clinical commissioning group. Services had been designed so that women could continue to access the majority of antenatal and postnatal care locally, despite the reorganisation of services.
- Women could access the service when they needed it and received the right care promptly. Managers monitored and took action to minimise missed appointments and ensured women who did not attend were contacted and followed up in line with service guidelines.

# Maternity

- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. Staff reported no issues with accessing interpreting and translation services in a timely manner. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Complaints were investigated and closed in a timely manner, in line with trust policy.

However:

- We were not assured that Maternity Voices Partnership (MVP) meetings were embedded and well attended within the service.
- Data used to monitor delays and waits between presentation and triage at the service was reliant on incident reporting by staff and provided limited assurance.

## Is the service well-led?

**Requires improvement**

We rated well-led as requires improvement because:

- Leaders did not always manage and mitigate against issues the service faced in a timely manner. The delivery of change and improvement lacked pace. For example, the service's maternity dashboard was suboptimal, there was not sufficient oversight of benchmarking outcomes with other regional services, and this had been an ongoing concern. We saw some risks on the maternity risk register had been ongoing for a considerable amount of time; and one entry had been open since 2006.
- We observed inconsistent recording of actions on the risk register, and when actions were documented, there was no identified lead or timescale for completion. Review dates were not clearly documented in the risk register, although we saw evidence of some risks being reviewed in clinical governance meeting minutes. Following our inspection, we received another copy of the risk register that detailed review dates.
- We were not assured there was a holistic understanding of performance, as some key audits had not been completed or appropriately monitored. For example, the audit schedule did not include record keeping audits, medicines management audits or infection prevention and control audits. In addition, we were not assured that the service consistently acted on information gathered in audits to effect change.
- The service was experiencing midwifery staffing challenges, but this was not always recognised by senior leaders. There was a lack of monitoring of risks in accordance with national guidance in relation to safe staffing of the service. NICE 'red flag' recording and monitoring procedures relied on individual reporting by staff, and we saw inconsistencies between these and other data sources.
- Overall, the service had an open culture where staff felt confident to report concerns; however, we were not assured that staff concerns and incidents reports were considered and acted on in a timely manner, for example, regarding the unavailability of key equipment such as neonatal resuscitaires and scanning machines. We were also concerned to learn that some midwives might be reluctant to participate in local audits due to the nature of the feedback others had received. We also saw some team leaders discussed 'naming and shaming' staff members in certain situations.

However:

# Maternity

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner groups to help improve services for patients. Some mechanisms of engagement were at an earlier stage in development, however there were plans to develop them.
- The service had an agreed vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on the sustainability of services and aligned to local plans within the wider health economy.
- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.
- Staff felt respected, supported and valued by their peers, and were focused on the needs of patients receiving care. Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

## 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.

# Services for children and young people

**Requires improvement**

## Key facts and figures

Sunderland Royal Hospital has 54 beds located within three wards (F63, F64, F65) and a neonatal unit with 16 beds. South Tyneside District Hospital has a seven trolley children's day care unit.

The directorate of paediatrics and child health provides services to children from birth to 16 (school leaving age).

At Sunderland Royal Hospital, ward F63 is a 20 bedded ward that specialises in ear, nose and throat, orthopaedics and trauma, community dental and some general surgery. Ward F65 comprises of 12 cubicles and admits babies from birth to two years. Ward F64 is a 22 bedded ward for acute and planned medical and surgical admissions for children from aged two to school leavers.

The neonatal unit has intensive care / high dependency and special care cots, two mother and baby rooms and two isolation cubicles.

Outpatient services are provided from the Niall Quinn children's outpatient department.

Our inspection was an announced comprehensive inspection.

We visited wards F63, F64, F65 and the neonatal unit. We also visited the children's outpatient department and saw the theatres where children were operated on at Sunderland Royal hospital.

We visited the children's day care unit as South Tyneside District hospital.

We spoke with 52 members of staff, including the service leads, 17 parents and children and reviewed 15 sets of records.

## Summary of this service

We rated the service as requires improvement because:

- Safe and well-led were rated as requires improvement. Effective, caring and responsive were rated as good.
- The service did not have enough nursing or medical staff to meet national guidance. Overnight, middle grade staff covered the neonatal unit, paediatric wards and emergency department.
- Staff did not always complete and update risk assessments. Records did not contain evidence that paediatric early warning scores (PEWS) had been escalated correctly and staff had not received any sepsis training.
- The ward environments were not suitable for children and young people with mental health concerns and the neonatal unit was cramped and had limited space. Staff did not always follow infection control measures correctly.
- There was a risk that staff were not providing care and treatment based on up to date evidence-based guidance because staff on the paediatric wards did not have access to any policies or procedures.
- The service did not have robust arrangements in place for identifying, recording, reviewing and managing risks. Although regular governance meetings were held there was no evidence that there was an effective process for reviewing incidents, complaints and risk.

However:

# Services for children and young people

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service made sure staff were competent for their roles.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families.
- Staff treated children and their families with compassion and kindness, they provided emotional support and involved children, young people and their families in decisions about their care.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of children, young people and their family's individual needs and preferences. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.

## Is the service safe?

**Requires improvement**

We rated safe as requires improvement because:

- The environment on the neonatal unit was cramped and had limited space. The environment on the children's wards was not suitable for those patients with mental health concerns. There were some gaps in the checking of equipment.
- Staff did not always complete and update risk assessments for each child and young person. It was not clear from patient records whether paediatric early warning scores (PEWS) had been escalated properly and staff had not completed any sepsis training.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience to meet national guidance. They were not meeting the BAPM guidance for nursing staff.
- The service did not meet national guidance for medical staffing levels. Overnight the middle grade staff provided cover for the paediatric wards, emergency department and the neonatal unit.
- Infection control measures were not always strictly followed. Cubicle doors were seen propped open when they had isolation notices displayed.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers shared learning from incidents with staff. However, it was not clear from meeting minutes that incidents were discussed.

# Services for children and young people

## Is the service effective?

**Good**

We rated effective as good because:

- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and families who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- There was a risk the service did not provide care and treatment based on up to date national guidance and best practice, as paediatric policies were not available.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

# Services for children and young people

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

## Is the service well-led?

**Requires improvement**

We rated well-led as requires improvement because:

- Although regular governance meetings took place, there did not appear to be an effective process in place for reviewing incidents, complaints and risk. There was therefore a risk that the quality of patient care would not be maintained or improved.
- The service did not have robust arrangements in place for identifying, recording, reviewing and managing risks. Service leads could not articulate many of the risks to their service.
- Although the serviced collected information it was not clear how this was shared more widely and acted upon. Paediatric staff did not have access to up to date policies. Although service leads were aware that policies were not available, they had not identified this as a risk on the risk register.
- Although there was a draft strategy in progress, there appeared to be minimal initiatives within paediatrics identified to meet the strategy.

However:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

# Services for children and young people

## Areas for improvement

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

# End of life care

**Good**

## Key facts and figures

The trust provides end of life care at two of its sites. Sunderland Royal Hospital (SRH) and South Tyneside District Hospital (STDH).

End of life care (EOL) encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. The trust reports that end of life care can be delivered in any area of the trust and as such a wide range of guidance is available to ensure that this care is delivered to the highest standard.

End of life care was delivered in all clinical areas. It included all aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

The team was led by a community business services manager, a community matron and supported by two end of life facilitators and two specialist palliative care nurses. The facilitators and nurses were available to provide specialist advice and support to medical and nursing staff in both hospital and community settings. The team work together to meet physical, psychological, social, spiritual and cultural needs.

We observed daily practice and viewed eight sets of patient records. During the inspection we visited surgical, medical, care of the elderly wards, the mortuary, the hospital chapel and the bereavement team. We spoke to patients who were receiving end of life care and their relatives.

We spoke with 22 members of staff, which included medical and nursing staff, the specialist palliative care team, the leadership team for end of life care, chaplaincy, mortuary and bereavement staff.

The trust had 578 deaths from April 2019 to July 2019. This included patients cared for within the hospital, community and St Benedict's hospice.

## Summary of this service

We rated them as good because:

- Nursing and medical staff received and kept up to date with mandatory training. All areas we inspected were clean and well maintained. There were sufficient numbers of nursing and medical staff to keep patients safe. Incidents were appropriately reported, investigated and shared with the wider team, to prevent further occurrence.
- Care and treatment was planned and delivered in line with national guidance and best practice. Staff were competent for their roles and received constructive appraisals. We saw evidence multidisciplinary and multiorganisational working, to ensure care was planned and delivered to meet the needs of patients in a sustainable, future proof way.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People were truly respected and valued as individuals. Patients could access the specialist palliative care service when they needed it. It was easy for people to give feedback and raise concerns about care received.

# End of life care

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders set stretching, innovative objectives and conducted in depth analysis and planning as to how they would be achieved.

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients and transporting patients after death.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents thoroughly and shared lessons learned with the whole team and the wider service.

However:

- Transportation trollies were in a poor overall condition.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

# End of life care

- There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

# End of life care

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had a clear governance structure. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. However, the service had not completed their business continuity plan.
- The service collected a variety of data and analysed it to understand performance in specific areas, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- The service did not yet have a strategy to turn the vision into action.

# 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.

# Outpatients

**Good**

## Key facts and figures

Sunderland Royal Hospital provided outpatients services from a main outpatients department situated in the Chester Wing, as well as some separate specialty-based services such as a chest clinic and trauma and orthopaedics clinics. There was separate provision for children's outpatients, managed by children's services.

There were 220,128 outpatient appointments between April 2019 and June 2019.

During the inspection we visited the main outpatient department plus two other areas where outpatient clinics were held including chest and, head and neck clinics. We spoke with 14 staff, we reviewed nine patient records and we spoke with nine patients and three relatives and carers.

We observed the outpatient environment, checked equipment and looked at patient information.

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used medicines safely. The service managed patient safety incidents well. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff were competent for their roles. Doctors, nurses and other healthcare professionals worked together as a team and supported each other to provide good care. Key services were available five days a week with some weekend and evening clinics
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable

adjustments to help patients access services. They coordinated care with other services and providers. People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. Leaders operated governance processes and staff at all levels were clear about their roles and accountabilities. Staff had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. The service collected data and analysed it. The information systems were integrated and secure. Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:

- There were some areas where signage could be improved and staff had requested additional signs to be made and installed to help people find areas of the department more easily.
- There was a list of patients overdue a review appointment extending to 14,844 patients across all specialties and sites within the trust. Clinicians and senior managers had strong oversight of all patients waiting for appointments and outpatient leaders worked with directorates regarding capacity and demand.
- Some staff within the department were not aware of an overall strategy for outpatients, however we were told the plan for the future was to work more closely as a department across all sites.
- Although clinical governance activities were carried out, no formal outpatient service clinical governance meetings had taken place since the trust merger. We were made aware that speciality governance meetings took place. Leaders acknowledged the need to embed the governance systems further across outpatients and were working to do this.

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Outpatients

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

We do not currently provide a rating in outpatients for effective. However:

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Specialty staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week with some weekend and evening clinics to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Outpatients

## Is the service responsive?

**Good**

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- The outpatients manager highlighted some areas where signage could be improved and told us they had requested additional signs to be made and installed to help people find areas of the department more easily.
- There was a list of patients overdue a review appointment extending to 14,844 patients across all specialties and sites within the trust. Clinicians and senior managers had strong oversight of all patients waiting for appointments and outpatient leaders worked with directorates regarding capacity and demand.

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services.

# Outpatients

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

However:

- Although some staff within the department were not aware of an overall strategy for outpatients they told us the plan for the future was to work more closely as a department across all sites.
- Although clinical governance activities were carried out and the leadership team could describe full details of these activities no formal outpatient service clinical governance meetings had taken place since the trust merger. We were made aware that speciality governance meetings took place. Leaders acknowledged the need to embed the governance systems further across outpatients and were working to do this starting with the planned governance meetings.

## 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.

Care Quality Commission

# Durham Diagnostics and Treatment Centre

Belmont Industrial Estate
Durham
DH1 1HP
Tel: 0191 541 0266
www.stsft.nhs.uk/locations/durham-treatment-centre

## Key facts and figures

Durham Diagnostics and Treatment Centre (DDTC) opened in 2018 to provide a specialist hub for patients in the Durham area requiring surgical services in urology and oral and maxillofacial surgery. Renal, outpatients and some ophthalmology services were also provided within the location. Surgical services were provided under a consultant led day case service.

There was one operating theatre on site, this was currently being used for urology and oral and maxillofacial surgery only. There were no overnight inpatient beds. Pre-assessment facilities were available onsite.

Outpatient clinics were provided in suites of rooms on the ground floor. There was a range of consultation, examination and treatment rooms and some minor procedures were carried out by specialty medical and nursing staff. The department had access to an x-ray room which was staffed by radiology staff from the main hospital radiology department. There was an endoscope decontamination suite with separate clean and dirty areas.

We were unable to rate effective and caring within surgery due to lack of activity at the time of inspection.

## Summary of services at Durham Diagnostics and Treatment Centre

**Good**

We rated services as good because:

- We rated outpatients as good. We rated surgery as requires improvement.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service controlled infection risk well. They kept equipment and the premises visibly clean. The service had enough staff with the right qualifications, skills, training and experience. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- There was insufficient activity for us to rate effective in surgery at the time of the inspection. In addition, the service did not provide any information to show us how they monitored the effectiveness of surgical care and treatment.

# Summary of findings

- We do not currently rate effective in outpatients. However, the service provided care and treatment based on national guidance and evidence-based practice. The service made sure staff were competent for their roles. Staff supported patients to make informed decisions about their care and treatment.
- There was insufficient activity for us to rate caring in surgery at the time of the inspection. However, in outpatients we found staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- In outpatients the service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received. In both services waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Leaders understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. Leaders operated governance processes. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. The service collected data and analysed it. Leaders and staff engaged with patients, staff and the public to plan and manage services.

However:

- Outpatients was underutilised and had capacity to provide more clinics. At the time of our inspection, it was not clear how the trust intended to proceed to improve this. No formal outpatient service clinical governance meetings had taken place since the trust merger. We were made aware that speciality governance meetings took place. Leaders acknowledged the need to embed the governance systems further across the service.
- In surgery leaders and staff did not always actively engage with patients, staff, equality groups to plan and manage services. Despite there being systems to monitor and manage activity, these were not utilised effectively to make an impact on performance and theatre utilisation.

# Surgery

**Requires improvement**

## Key facts and figures

Durham Diagnostics and Treatment Centre (DDTC) provides a specialist hub for patients in the Durham area requiring surgical services in urology and oral and maxillofacial surgery. Renal, outpatients and some ophthalmology services were also provided within the location. Surgical services were provided under a consultant led day case service.

There was one operating theatre on site; this was currently being used for urology and oral and maxillofacial surgery only. There were no overnight inpatient beds. Pre-assessment facilities were available onsite.

The trust had 14,802 surgical admissions from April to July 2019. Emergency admissions accounted for 3,259 (22.0%), 9,777 (66.1%) were day case, and the remaining 1,766 (11.9%) were elective.

We inspected surgical services as part of an announced comprehensive inspection of the whole trust due to the trust recently merging with a neighbouring organisation and forming the South Tyneside and Sunderland NHS Trust.

Surgical services have not been inspected before at the DDTC. The service did not employ any medical or nursing staff specifically to work in the surgical unit at the DDTC.

During the inspection, we visited the operating theatre and recovery suite. No surgical activity occurred on the day of our visit and surgical activity had only taken place on 10 occasions over the last seven weeks. Due to the lack of surgical activity we were unable to observe staff working in the unit. We were not able to speak with any patients or staff whilst they worked in the unit. We did speak to one manager, the senior management team and staff pre the inspection at a focus group and during the inspection we spoke with staff who worked both in the theatres at Sunderland Royal Hospital and the DDTC. We were able to review seven sets of patient records, but we were unable to review any prescription charts. We also reviewed trust policies and performance information, from and about the trust.

As a result of the lack of surgical activity we were unable to rate caring and effective during this inspection.

## Summary of this service

We rated it as requires improvement because:

- Leaders and teams did not consistently use systems to manage theatre utilisation effectively.
- Leaders and staff did not continually actively engage with patients, staff, equality groups, the public and local organisations to plan and manage services.
- The service did not supply any information on how they monitored surgical site infections, surgical safety checklists.
- Due to the lack of surgical activity we were not able to rate caring or effective. We were unable to observe any care and treatment.

However:

- The trust had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Medical and nursing staff attended the unit specifically to deliver the surgical list and care for the patient from admission to discharge.

# Surgery

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

## Is the service safe?

**Good**

Our rating of safe was good because:

- The design of the building complied with current recommendations for inpatient facilities. Maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The trust had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Medical and nursing staff attended the unit specifically to deliver the surgical list and care for the patient from admission to discharge.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. When things went wrong, staff apologised and gave patients honest information and suitable support. The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

However:

- The service did not supply any information on how they monitored surgical site infections, surgical safety checklists.
- Records we reviewed were not always detailed showing all the patients' care and treatment.

## Is the service effective?

**Not sufficient evidence to rate**

We were unable to rate effective due to a lack of evidence. We found that:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

# Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- The service did not provide any information to show us how they monitored the effectiveness of surgical care and treatment.
- During the inspection, we were not able to observe staff providing care, so we were unable to observe and corroborate if staff worked well together as a team, gave patients enough food and drink to meet their needs and improve their health. Or observe how staff assessed and monitored patients' pain.
- Key services were not designed to be available seven days a week.

## Is the service caring?

**Not sufficient evidence to rate**

We were unable to rate caring due to a lack of activity at the time of our inspection.

However, we found that:

- From April to September 2019, the Friends and Family Test response rate for surgery at South Tyneside and Sunderland NHS Foundation Trust was 23%, which was lower than the England average of 27%.

## Is the service responsive?

**Requires improvement**

Our rating of responsive was requires improvement because:

- The service was underutilised, data we reviewed showed that the theatre suite had only been utilised for 10 days in seven weeks prior to the inspection, and often on the days the theatre department was used, it was only used for parts of the day, for example one surgical list. We did not receive assurance of the oversight and effectiveness of the surgical unit at the DDTC to deliver improved activity and performance.
- During the inspection, we were informed that on occasions, a number of patients had to be cancelled due to not enough patients being scheduled for surgery, however we were not supplied with information to show how many patients were cancelled and how often this occurred.
- Although the service, planned and provided care in a way that met the needs of local people and the communities served, the service needed to work with more pace to improve theatre utilisation and capacity planning.
- From April to September 2019, the trust received two complaints in relation to surgery at Durham Treatment Centre. One complaint was closed at the time of reporting, the second complaint was investigated and closed in 27 working days. This was not in line with their complaints policy, which states complaints should be completed within 20 working days or 40 working days for complex complaints.

However:

# Surgery

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

## Is the service well-led?

**Good**

Our rating of well-led was good because:

- Local leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders had governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The surgical service had a vision for what it wanted to achieve and a strategy to turn it into action.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

However:

- Leaders and staff did not continually actively engage with patients, staff, equality groups to plan and manage services.
- Leaders and teams used systems to manage performance, however these had yet to make an impact on performance and theatre utilisation.
- We did not receive assurance from the senior management team of the oversight and effectiveness of the surgical unit at the DDTC to deliver improved activity and performance.

# Areas for improvement

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

# Outpatients

**Good**

## Key facts and figures

Durham Treatment Centre provides outpatient services for patients from the Durham area.

Outpatient clinics were provided in suites of rooms on the ground floor. There was a range of consultation, examination and treatment rooms and some minor procedures were carried out by specialty medical and nursing staff. The department had access to an x-ray room which was staffed by radiology staff from the main hospital radiology department. There was an endoscope decontamination suite with separate clean and dirty areas.

DDTC was part of the theatres directorate and the outpatients department was managed by directorate staff with an operations manager on site. Some specialties such as audiology and ophthalmology operated children's clinics at DDTC although children's outpatients were mainly managed at children's departments at other sites within the trust.

On the day of our inspection there were only two clinics running for urology and ophthalmology, and staff explained the service was relatively new and under-utilised. During the inspection we visited the three clinic areas where a range of specialities were provided for. These included urology, vascular surgery, oral and maxilla-facial surgery, ENT, and ophthalmology. We spoke with seven staff, reviewed five patient records and spoke with four patients and two relatives.

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse, staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

# Outpatients

- The service provided care and treatment based on national guidance and evidence-based practice.
- Specialty staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week with some weekend and evening clinics to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders understood and managed the priorities and issues the service faced. Senior leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

# Outpatients

- Leaders and staff engaged with patients, staff and the public to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However, we also found:

- Patients told us some appointments were rearranged with short notice and at a different site from their original appointment. Some patients had difficulty travelling long distances to DDTC.
- There was a list of patients overdue a review appointment extending to 14,844 patients across all specialties and sites within the trust.
- Some staff felt senior managers from the theatres directorate could be more engaged, supportive and available to staff.
- Although staff told us they knew DDTC was underused and had capacity to provide more clinics, at the time of our inspection, it was not clear to all staff how the trust intended to proceed to improve utilisation of DDTC.
- Although some staff within the department were not aware of an overall strategy for outpatients they told us the plan for the future was to work more closely as a department across all sites.
- Although clinical governance activities were carried out and the leadership team could describe full details of these activities, no formal outpatient service clinical governance meetings had taken place since the trust merger. We were made aware that speciality governance meetings took place. Leaders acknowledged the need to embed the governance systems further across outpatients and were working to do this starting with the planned governance meetings.

## Is the service safe?

**Good**

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff followed safe procedures for children who visited the department.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# Outpatients

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

We do not currently provide a rating for outpatients for effective. However, we found that:

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service provided care and treatment based on national guidance and evidence-based practice. Specialty staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Specialty staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week with some weekend and evening clinics to support timely patient care.
- Specialty staff provided patients with information leaflets about their condition.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Specialty staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

# Outpatients

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Patients told us some appointments were rearranged with short notice and at a different site from their original appointment. Some patients had difficulty travelling long distances to DDTC.
- There was a list of patients overdue a review appointment extending to 14,844 patients across all specialties and sites within the trust. Clinicians and senior managers had strong oversight of all patients waiting for appointments and outpatient leaders worked with directorates regarding capacity and demand.

## Is the service well-led?

**Good**

We rated well-led as good because:

- Leaders understood and managed the priorities and issues the service faced. Outpatients managers were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff engaged with patients, staff and the public to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:

# Outpatients

- Some staff felt senior managers from the theatres directorate could be more engaged, supportive and available to staff.
- Although staff told us they knew DDTC was underused and had capacity to provide more clinics, at the time of our inspection, it was not clear to all staff how the trust intended to proceed to improve utilisation of DDTC.
- Although some staff within the department were not aware of an overall strategy for outpatients they told us the plan for the future was to work more closely as a department across all sites.
- Although clinical governance activities were carried out and the leadership team could describe full details of these activities, no formal outpatient service clinical governance meetings had taken place since the trust merger. We were made aware that speciality governance meetings took place. Leaders acknowledged the need to embed the governance systems further across outpatients and were working to do this starting with the planned governance meetings.

## 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.

Care Quality Commission

# Sunderland Eye Infirmary

Queen Alexandra Road
Sunderland
Tyne And Wear
SR2 9HP
Tel: 0191 565 6256
www.stsft.nhs.uk/services/
sunderland-eye-infirmary

## Key facts and figures

Sunderland Eye Infirmary is a specialist ophthalmic hospital in the UK. The service provides a comprehensive tertiary and secondary ophthalmic care service to the population of Sunderland and the immediate surrounding area.

Sunderland Eye Infirmary provides a whole range of ophthalmic services for the population of Sunderland and the immediate surrounding area, specialist services include a cataract treatment centre, glaucoma unit and a macular unit. An inpatient ward comprised of 22 beds accommodating 18 adult and four paediatric patients.

The emergency department (ED) provides emergency ophthalmic services 24 hours a day, seven days a week, for approximately 33,000 patients each year. It cares for adults and children, including trauma and non-trauma patients. It is one of only two open access eye emergency departments in the country. It is part of the ophthalmology directorate; other services at the hospital include surgical facilities and an outpatients department.

The hospital was part of the division of surgery which also included the clinical directorates of general surgery, vascular, urology, trauma and orthopaedics, ophthalmology and head and neck.

There were two operating theatres situated on the Sunderland eye infirmary dedicated to ophthalmic surgery for both adult and paediatric patients. A cataract suite is also available for patients requiring cataract surgery.

The outpatient department was also located in the hospital. Outpatient clinics were held in various areas of the site and outpatient area A and outpatient area B had separate reception areas for patients to check in.

The outpatient departments provided a variety of clinics including general ophthalmology outpatient clinics, macular and glaucoma clinics and cataract clinics. The service saw adults and children. There were 42,403 outpatient appointments between April 2019 and June 2019. The trust provided information stating 14,253 were seen at the Sunderland Eye Infirmary.

The children and young people seen at the hospital are cared for in a four bedded bay on Haygarth ward.

## Summary of services at Sunderland Eye Infirmary

**Good**

We rated services as good because:

- We rated responsive as outstanding. We rated safe, effective, caring and well led as good.

# Summary of findings

- In outpatients people could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. The referral to treatment indicators were a positive outlier and were better than the England overall performance. The service was inclusive and took account of patients' individual needs and preferences. It was easy for people to give feedback and raise concerns about care received.
- The service had enough nursing and medical staff during the day with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. A business case had been submitted to increase the out of hours nursing support. Staff knew how to apply training and understood how to protect patients from abuse. All areas were visibly clean and tidy and clinical waste was managed well. Staff kept detailed records of patients' care and treatment. The service safely prescribed, administered, recorded and stored medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff told us they assessed patients to see if they were in pain and gave pain relief in a timely way. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients and relatives. They understood patient's personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions.
- The service had a clear leadership structure and staff told us leaders were approachable, supportive, well respected and visible. We found the department had a culture of openness and inclusivity. Staff we spoke with felt they were valued and respected by colleagues and senior staff. There were established governance arrangements and regular meetings within the department, which fed into directorate and trust governance. Risks and incidents were well managed and escalated appropriately.

# Urgent and emergency services

**Good**

## Key facts and figures

Sunderland Eye Infirmary's emergency department (ED) provides emergency ophthalmic services 24 hours a day, seven days a week, for approximately 33,000 patients each year. It cares for adults and children, including trauma and non-trauma patients. It is one of only two open access eye emergency departments in the country. It is part of the ophthalmology directorate; other services within the hospital include surgical facilities and an outpatients department.

The ED has a small waiting area with reception desk, several triage rooms and various assessment and treatment rooms. Patients can self-present to the department, arrive by ambulance, or attend as a result of a referral from their general practitioner (GP).

Our inspection was announced (staff knew we were coming) and took place from 14 to 17 January 2020. During our inspection we visited all areas of the emergency department. We observed care and treatment being delivered, analysed performance information, and reviewed patient care documentation. We spoke with nine members of staff of different grades and disciplines, five patients, and two relatives. We looked at six complete patient records, and reviewed specific documentation relating to consent, mental capacity, prescription of medicines and completion of pathways and risk assessments.

## Summary of this service

We rated it as good because:

- The department had enough staff with the right qualifications, skills, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff identified and quickly acted upon patients at risk of deterioration. Records, medicines and incidents were managed safely within the department. Times to initial assessment were in line with national guidance.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care, and treatment was based on national guidance. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned and provided care in a way that met the needs of local people and took account of patients' individual needs. Most people were treated and discharged in line with national standards. It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service. Staff felt respected, supported and valued. The service had clear governance and risk management systems in place. Information was managed well in the department.

However:

- We found items of out of date stock in the department.
- We were not provided with detailed evidence of audit activity within the department.
- Arrival to treatment times varied and were not always in line with national standards.

# Urgent and emergency services

## Is the service safe?

**Good**

We rated safe as good because:

- Staff knew how to apply training and understood how to protect patients from abuse.
- The design, maintenance and use of facilities, premises and equipment kept people safe, and staff had received the appropriate training in the use of equipment.
- All areas were visibly clean and tidy and clinical waste was managed well. The department scored higher than the national average for cleanliness in the most recent patient-led assessments of the care environment (PLACE).
- The service had enough nursing and medical staff during the day with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. A business case had been submitted to increase the out of hours nursing support.
- Data provided by the trust showed times from arrival to initial assessment were in line with national guidance; we reviewed patient records during our inspection which corroborated this.
- Staff kept detailed records of patients' care and treatment. The electronic system ensured records were clear, up-to-date, secure and easily available to all staff providing care.
- The service safely prescribed, administered, recorded and stored medicines. Patient group directions (PGDs) for nursing staff were up to date and regularly audited.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- Although staff told us they were up to date with mandatory and resuscitation training we did not see evidence of data to support this for all staff in the department.
- We found several items of out of date consumable stock in the department; two items were several years past their expiry dates.

## Is the service effective?

**Good**

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Guidance was easily accessible to all staff on the trust intranet and we saw policies, guidelines and pathways were up to date and reviewed regularly.
- Staff told us they assessed patients to see if they were in pain and gave pain relief in a timely way. They supported adults, children, and those unable to communicate using suitable assessment tools.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Nurse practitioners completed specific training in the care of children.

# Urgent and emergency services

- We found induction and training was well supported by managers and staff were encouraged to develop. Staff of all disciplines told us they felt training in the department was good and access to training was not an issue.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment.

However:

- Staff told us they monitored the effectiveness of care and treatment and used the findings to make improvements and achieve good outcomes for patients. We were not provided with detailed evidence of audit activity within the department.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We observed many positive interactions between staff, patients, and relatives during our inspection, and found all staff to be polite, respectful, professional and non-judgmental in their approach.
- Staff provided emotional support to patients and relatives. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions.
- Patients told us they had been treated compassionately and respectfully. Feedback from recent patient experience surveys was displayed in the department and was very positive regarding the caring and friendly attitudes of staff.

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with local organisations and others in the wider system to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The lead nurse maintained oversight of waiting times and attendances, and escalated concerns to senior managers in a timely manner.
- Most patients were admitted, transferred or discharged within four hours, in line with national standards. Performance was consistently above the England average.
- The percentage of patients leaving the trust's urgent and emergency care services before being seen and treated was lower than the England average.

# Urgent and emergency services

- It was easy for people to give feedback and raise concerns about care received.

However:

- Times from arrival to treatment were not always in line with national standards.

## Is the service well-led?

**Good**

We rated well-led as good because:

- The service had a clear leadership structure and staff told us leaders were approachable, supportive, well respected and visible.
- There was a clear vision for the department and managers were aware of increasing demands on the service; they told us they worked continually to develop new ways in which to manage this.
- We observed the department was busy but well organised; staff of all levels communicated well and had clear roles and responsibilities.
- We found the department had a culture of openness and inclusivity. Staff we spoke with felt they were valued and respected by colleagues and senior staff.
- There were established governance arrangements and regular meetings within the department, which fed into directorate and trust governance.
- Risks and incidents were well managed and escalated appropriately; managers demonstrated a clear understanding of the risks and actions taken.
- Senior managers and department leads maintained a continuous overview of performance and regular performance meetings were held.
- We saw positive examples of staff and patient engagement.

# Areas for improvement

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

# Surgery

**Good**

## Key facts and figures

Sunderland Eye Infirmary is a specialist ophthalmic hospital in the UK. The service provides a comprehensive tertiary and secondary ophthalmic care service to the population of Sunderland and the immediate surrounding area.

Sunderland Eye Infirmary provides a whole range of ophthalmic services for the population of Sunderland and the immediate surrounding area, specialist services include a cataract treatment centre, glaucoma unit and a macular unit. An inpatient ward comprised of 22 beds accommodating 18 adult and four paediatric patients.

Surgical services are provided across all four hospital sites. At the Sunderland Royal infirmary, the South Tyneside hospital, the Durham diagnostic and treatment centre and the Sunderland eye infirmary. The hospital was part of the division of surgery which also included the clinical directorates of general surgery, vascular, urology, trauma and orthopaedics, ophthalmology and head and neck.

There were two operating theatres situated on the Sunderland eye infirmary dedicated to ophthalmic surgery for both adult and paediatric patients. A cataract suite is also available for patients requiring cataract surgery.

There is a separate 22 bed inpatient area, this area has accommodation for 18 adult patients and four paediatric patients.

Pre-assessment services are provided in the hospital.

The trust had 14,802 surgical admissions from April to July 2019. Emergency admissions accounted for 3,259 (22%), 9,777 (66%) were day case, and the remaining 1,766 (12%) were elective.

We inspected surgical services as part of an announced comprehensive inspection of the whole trust due to the trust recently merging with a neighbouring organisation and forming the South Tyneside and Sunderland NHS Trust.

During the inspection, we visited the inpatient ward, operating theatres and recovery area and the cataract unit. We spoke with three patients and 16 members of staff. We observed staff delivering care and reviewed five sets of patient records and prescription charts. We also reviewed trust policies and performance information, from and about the trust.

## Summary of this service

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. All patients we spoke with described their care in positive terms.
- The service planned enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

# Surgery

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided care and treatment based on national guidance and evidence-based practice. The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Although a slight decrease in performance had been noticed staff had identified the reasons for this and had plans in place for recovery.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders had governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, we did not see issues escalated, discussed and externally shared in an effective way.
- Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact.

# Surgery

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

However:

- Staff did not consistently use available systems to monitor the effectiveness of care and treatment.
- The service did not have effective systems and processes to ensure staff received resuscitation training at an advanced level, despite them being identified on the emergency on-call emergency rota. Also, despite admitting children only one member of staff was trained in paediatric life support.
- The design of the building did not comply with current recommendations for inpatient facilities. Maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Leaders and staff did not continually actively engage with patients and staff to plan and manage services.
- Although the service provided mandatory training in key skills to staff. In surgery, the 90% target was only met for four of the 13 mandatory training modules for which medical staff at Sunderland Eye Infirmary were eligible.

## Is the service safe?

**Good**

We rated safe as good because:

- The service had enough medical, nursing and support staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

However:

- The service did not have effective systems and processes to ensure staff received resuscitation training at an advanced level, despite them being identified on the emergency on-call emergency rota. Also, despite admitting children only one member of staff was trained in paediatric life support.
- The design of the building did not comply with current recommendations for inpatient facilities. Maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

# Surgery

- Although the service provided mandatory training in key skills to staff. In surgery, the 90% target was only met for four of the 13 mandatory training modules for which medical staff at Sunderland Eye Infirmary were eligible. We asked to review an action plan, to improve compliance we were provided with information which showed that mandatory training compliance is reviewed at all consultant appraisal meetings, this did not show how improvements were to be made and sustained.

## Is the service effective?

**Good**

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- Staff did not consistently use available systems to monitor the effectiveness of care and treatment.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All patients we spoke with described their care in positive terms.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment
- We observed privacy and dignity being maintained for patients receiving care.

## Is the service responsive?

**Good**

# Surgery

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Although a slight decrease in performance had been noticed staff had identified the reasons for this and had plans in place for recovery.
- Access and flow through the cataract unit was effective data, peer review reports we have reviewed showed better than the performance at other units as the average in eight in this unit were achieving approximately 12 per day. The cataract unit had also developed a counselling system with patients' pre-admission where they talked to the patient about the plan of care and detailed the experience they would receive, staff we spoke with said that this had improved do not attend rates.
- We also observed that patients receiving treatment in the cataract unit received one- to- one nursing care as the nurse allocated to them on admission stayed with the patient through their journey through the unit and to discharge staff, we spoke with said that this decreased patient's anxiety.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders had governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Leaders and staff did not continually actively engage with patients and staff to plan and manage services.

# Surgery

## 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.

# Services for children and young people

## Key facts and figures

The children and young people seen at the Sunderland Eye Infirmary are cared for in a four bedded bay on Haygarth ward. This has previously been reported under the surgery report for Sunderland Eye Infirmary.

We inspected the safety of the children and young people's service at this inspection, as we had concerns regarding staffing, the environment and patient safety.

## Summary of this service

We did not rate this service at this inspection. We inspected only the safe key question. See below.

## Is the service safe?

- The environment where children were cared for was not secure and there was a risk that unauthorised adults could enter the area.
- The environment for children and young people was cramped and did not meet national guidance.
- Although staff used a recognised tool to identify children and young people at risk of deterioration, adult trained staff had not completed any training or competencies to enable them to care for children. No staff on site had completed advanced paediatric life support (APLS) training.
- There was no formal transfer policy in place for transfer of those children or young people who may deteriorate. The children and young people service at the trust did not have overall responsibility for the children and young people seen at the eye infirmary.
- Nurse staffing was not meeting national guidance. Children and young people were not always cared for by a registered children's nurse.
- There was no medical cover overnight at Sunderland Eye Infirmary.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

## Is the service effective?

We did not inspect effective at this inspection.

# Services for children and young people

## Is the service caring?

We did not inspect caring at this inspection.

## Is the service responsive?

We did not inspect responsive at this inspection.

## Is the service well-led?

We did not inspect well-led at this inspection.

# Areas for improvement

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

# Outpatients

**Good**

## Key facts and figures

The Sunderland Eye Infirmary outpatient department was located in the Sunderland Eye Infirmary hospital. The Sunderland Eye Infirmary was part of the South Tyneside and Sunderland NHS Foundation Trust and was part of the surgery directorate at the trust.

Outpatient clinics were held in various areas of the site and outpatient area A and outpatient area B had separate reception areas for patients to check in.

The outpatient departments provided a variety of clinics including general ophthalmology outpatient clinics, macular and glaucoma clinics and cataract clinics. The service saw adults and children.

There were 42,403 outpatient appointments between April 2019 and June 2019. The trust provided information stating 14,253 were seen at the Sunderland Eye Infirmary.

During the inspection we visited the outpatient departments and the macular unit. We spoke with thirteen staff, we reviewed nine patient records and we spoke with 13 patients.

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff had training on how to recognise and report abuse and they knew how to apply it. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Outpatients

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system. The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated governance processes, throughout the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All staff were committed to continually learning and improving services.

## Is the service safe?

**Good**

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. Staff completed and updated risk assessments for patients and removed or minimised risks.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Outpatients

## Is the service effective?

We do not rate effective in outpatients, however we found:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Overall, patient feedback during the inspection was positive and the patient experience surveys the trust provided showed positive findings.

## Is the service responsive?

**Outstanding**

We rated responsive as outstanding because:

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. The referral to treatment indicators were a positive outlier and were better than the England overall performance.
- From April to August 2019, the trust's referral to treatment time (RTT) for non-admitted pathways was better than the England overall performance. The latest figures for August 2019, showed 92.2% of this group of patients were treated within 18 weeks versus the England average of 85.6%.
- From April to August 2019, the trust's referral to treatment time (RTT) for incomplete pathways was better the England overall performance. The latest figures for August 2019, showed 92.1% of patients awaiting treatment had been waiting less than 18 weeks versus the England average of 77.6%.

# Outpatients

- At Sunderland Eye Infirmary outpatient's department, referral to treatment rates (percentage within 18 weeks) for incomplete pathways for ophthalmology, performance was 97%, compared to the England average of 85.2%.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system. The outpatient team worked with other trust departments and teams to manage and plan the services. The service offered one stop clinics to minimise the number of times patients needed to attend the hospital.
- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good**

We rated well-led as good because:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services.
- All staff were committed to continually learning and improving services.

# Outstanding practice

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

Care Quality Commission

# South Tyneside District Hospital

Harton Lane
South Shields
Tyne and Wear
NE34 0PL
Tel: 0191 404 1000
www.stsft.nhs.uk

## Key facts and figures

South Tyneside District Hospital provides urgent and emergency care, medical care (including older people's care), surgery, critical care, maternity, end of life care and outpatient services.

The trust has an emergency department (ED) at South Tyneside District Hospital. Departments include acute medicine, an adult emergency department, a paediatric emergency department, emergency ambulatory care unit (EACU), integrated assessment unit (IAU). The paediatric department is open from 8am to midnight every day but is closed to new admissions from 10pm. All paediatric patients are directed to attend Sunderland Royal Hospital overnight.

The hospital has 200 medical beds across seven wards. Medical specialties include renal medicine, oncology, haematology, rheumatology, gastroenterology, metabolic medicine and thoracic medicine. Rehabilitation and elderly medicine include care of the elderly, neurology, neurophysiology, neurorehabilitation and stroke services. The trust had 13,491 medical admissions from April to June 2019.

The hospital provides pre-assessment and a range of elective and emergency surgical services including trauma and orthopaedics, general, orthodontics, oral-maxillofacial and pain services. Patients requiring vascular procedures are transferred to the Sunderland Royal Hospital site. There were two surgical wards providing 56 beds, a surgical day unit, seven theatres, and a pre-assessment clinic.

The hospital has one critical care unit with six beds. The unit provides level two care (patients who require preoperative optimisation, extended post-operative care or single organ support) and level three care (patients who require advanced respiratory support or a minimum of two organ support). The unit was part of the North East Critical Care Network.

The hospital has a midwifery-led birthing centre (MLBC) which was opened in August 2019 and which has six birthing rooms. The unit has a pool room and a 'family' room. An early pregnancy assessment unit (EPAU) is available for women who have concerns about their pregnancy. There is an antenatal day unit (ANDU) on the site, which is open from 08.30 to 17.00, Monday to Friday. Community midwives are based at Clarendon House who deliver care from children's centres, GP practices and during home visits. From August 2019 to January 2020 there were 98 births at the MLBC.

The hospital provides end of life care. These were primarily provided and managed in the community. A small specialist palliative care team worked within the hospital to provide advice and support to patients with a life limiting condition or those at their end of life. The specialist palliative care team was made up of four healthcare professionals with a range of skills to help manage life-limiting illness. There were no specific end of life care beds at this hospital. The team worked closely with community services including the St. Benedict's Hospice and community. The trust had a total of 578 deaths from April 2019 to July 2019.

# Summary of findings

The hospital provides outpatient services at the hospital for a variety of specialties. These were provided in the main outpatient department, which was based in the main hospital, and also in the Moorlands outpatient department. There was an oncology and haematology department. Outpatients were part of the clinical support services directorate. The service saw 35,617 adults and children.

## Summary of services at South Tyneside District Hospital

**Good**

We rated services as good because:

- We rated safe, effective, caring, responsive and well led as good.
- We rated six services as good and one service as requires improvement.
- The service provided mandatory training in key skills, including safeguarding training, to all staff. Staff had training on how to recognise and report abuse. The service controlled infection risk well. Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. The service had enough staff with the right qualifications, skills, training and experience. Staff kept detailed records of patients' care and treatment. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and best practice. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. Key services were available seven days a week. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- Local leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

However:

- In a number of services appraisals and mandatory compliance rates fell below the trust target. The facilities in the emergency department for conducting assessments of patients with mental health conditions were not compliant with national guidance. We had staffing concerns on the medical care wards. The critical care service was not fully meeting the GPICS standards for medical and allied health professional staffing. We found medical devices which were out of date for servicing and maintenance.
- Staff in surgical services had limited understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. In critical care services we found some printed guidelines which were out of date and there were not enough clinical educators to meet the GPICS standards.

# Summary of findings

- Surgical services were not meeting the trust targets for theatre utilisation. In some services identified risks had been on the risk register for a number of years and mitigating actions were not sufficient to reduce their impact and we saw limited examples of cohesive working across the trusts two critical care units. Whilst some services had a vision for what they wanted to achieve, the strategies were not yet developed. Some services needed more work to ensure effective governance processes were in place. We did not see or hear of many examples of innovation, improvements or research.

# Urgent and emergency services

**Requires improvement**

## Key facts and figures

**Details of emergency departments and other urgent and emergency care services**

The trust has emergency departments (ED) at South Tyneside District Hospital, Sunderland Royal Hospital and Sunderland Eye Infirmary. Departments include acute medicine, an adult emergency department, a paediatric emergency department, emergency ambulatory care unit (EACU), integrated assessment unit (IAU).

The paediatric department is open from 8am to midnight every day but is closed to new admissions from 10pm. All paediatric patients are directed to attend Sunderland Royal Hospital overnight.

The department had previously been inspected when it was part of South Tyneside NHS Foundation Trust. Following the merger with City Hospitals Sunderland NHS Trust in April 2019 the department had not been inspected as part of the new South Tyneside and Sunderland NHS Foundation Trust.

On this inspection we visited the emergency department at South Tyneside District Hospital

We observed care and treatment, looked at 20 complete patient records and medication prescription charts. We also interviewed key members of staff. This included nursing and medical staff, ambulance personnel and the senior management team who were responsible for leadership and oversight of the service. We spoke with 20 patients, nine relatives and 24 members of staff.

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

There was a separate paediatric area with dedicated paediatric staff and facilities. There were facilities for bariatric patients and internal decontamination facilities.

## Summary of this service

We rated it as requires improvement because:

- We rated safe, responsive and well led as requires improvement. We rated effective and caring as good.
- Some mandatory compliance rates fell beneath the trust target of 90%. We were particularly concerned about resuscitation training for medical staff which was 48% and with compliance with infection prevention and control which was 44%.
- There was not enough nursing staff, however staffing gaps were filled by bank and agency staff.
- We did not consider the facilities for conducting assessments of adults and children with mental health conditions to be safe for staff or patients. The room allocated to assess patients with mental health presentations was not appropriate for this use. We acknowledged that work had been undertaken to comply with the quality standards of the Psychiatric Liaison Accreditation Network (PLAN), however we found ligature risks within the room and we were not assured that the emergency alarm system was functioning appropriately.
- We observed poor compliance with the trust infection prevention and control policy.

# Urgent and emergency services

- The department failed to meet the national standards for time to initial assessment, unplanned re-attendance rate within seven days, median time from arrival to treatment (all patients), percentage of patients admitted, transferred or discharged within four hours.
- There was a steady decline in performance from April 2019 with no actions plans in place to address the issues and improve.
- Staff felt that they weren't involved in service planning or strategy development as the perceived focus was on the department at Sunderland Royal Hospital which led to issues within the team.
- Integration of the two departments within the trust had commenced but this was not fully embedded which left staff at South Tyneside with a sense of disconnect from the wider directorate.

However, we also found:

- Staff understood how to protect patients from abuse, and managed safety well. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Requires improvement**

We rated safe as requires improvement because:

- The service provided mandatory training in key skills to staff but had not ensured that everyone had completed it. Some mandatory compliance rates fell beneath the trust target of 90%. We were particularly concerned about resuscitation training for medical staff which was 48% and with compliance with infection prevention and control which was 44%.
- We were not assured the service always had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Nurse staffing was found to be at unsafe levels with a high number of unfilled shifts every month. We saw high levels of bank and agency staff being utilised to fill gaps in the rota.

# Urgent and emergency services

- There were insufficient nursing staff qualified in paediatric intermediate life support (PILS) to mitigate the risk of children presenting to the department overnight.
- The department did not provide consultant cover for the minimum 16 hours per day as per national guidelines for departments of this size.
- Not all staff completed safeguarding training to the required level.
- We did not consider the facilities for conducting assessments of adults and children with mental health conditions to be safe for staff or patients. The room allocated to assess patients with mental health presentations was not appropriate for this use. We acknowledged that work had been undertaken to reach the quality standards of the Psychiatric Liaison Accreditation Network (PLAN), however we found ligature risks within the room and we were not assured that the emergency alarm system was functioning appropriately.
- We found that mental health risk assessments were not always completed on patients attending the department in mental health crisis.
- We saw poor compliance with the trust infection prevention and control policy when caring for patients with confirmed infectious diseases.
- Ambulance times to initial assessment were worse than the England average.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were able to recognise and report abuse.
- Staff completed most physical health risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Good**

We rated effective as good because:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure medical staff were competent for their roles. Managers appraised medical staff's work performance and held supervision meetings with them to provide support and development.

# Urgent and emergency services

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- The service did not ensure nursing staff were competent for their roles. Managers did not always appraise nursing staff's work performance or hold regular supervision meetings with them to provide support and development.
- The unplanned reattendance rate within seven days was 14% which was worse than the national standard of 5% and the England average of 8%.
- The compliance rate for medical staff completing mental capacity act and Deprivation of Liberties Safeguard training was below the trust target of 90%, only 72% of all eligible medical staff had completed the training.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Friends and Family results for December 2019 were 89% positive compared to an England average of 85%.

## Is the service responsive?

**Requires improvement**

We rated responsive as requires improvement because:

- From April 2019 to December 2019 the trust failed to meet the national standard for patients to be seen and transferred or discharged within four hours.
- From April 2019 to December 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average.

# Urgent and emergency services

- From April 2019 to December 2019 the trust failed to meet the national standard for time of arrival to treatment time.

However:

- From April 2019 to December 2019 the trust met the national standard for no patients waiting more than 12 hours from the decision to admit until being admitted.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Requires improvement**

We rated well-led as requires improvement because:

- Whilst the service had a vision for what it wanted to achieve and that a clinical strategy was in place. Staff within the department did not know what the long term vision for the service was nor could they articulate any strategy for development.
- There was a steady decline in performance from April 2019 with no actions plans in place to address the issues and improve.
- Staff felt that they weren't involved in service planning or strategy development as the perceived focus was on the department at Sunderland Royal Hospital which led to issues within the team.
- Integration of the two departments within the trust had commenced but this was not fully embedded which left staff at South Tyneside with a sense of disconnect from the wider directorate.

However:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

# 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

We last inspected South Tyneside District Hospital (STDH) as part of a comprehensive inspection in 31 October 2017. South Tyneside District Hospital and Sunderland Royal Hospital merged in April 2019.

The medical care service at the South Tyneside and Sunderland NHS Foundation Trust provides care and treatment several specialties and has 556 medical inpatient beds located across 20 wards.

A site breakdown can be found below:

- South Tyneside District Hospital: 200 beds are located within seven wards
- Sunderland District Hospital: 356 beds are located within 13 wards

Medical specialties include renal medicine, oncology, haematology, rheumatology, gastroenterology, metabolic medicine and thoracic medicine. Rehabilitation and elderly medicine include care of the elderly, neurology, neurophysiology, neurorehabilitation and stroke services.

*(Source: Routine Provider Information Request AC1 - Acute context tab / Sites tab)*

The trust had 13,491 medical admissions from April to June 2019.

Admissions for the top three medical specialties were:

- Gastroenterology: 3,212
- Respiratory medicine: 1,874
- Clinical oncology: 1,698

*(Source: Hospital Episode Statistics)*

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and had systems in place to monitor compliance.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. On the wards we visited we saw all paper records were locked in records cabinets. Electronic records could only be accessed through a password and login system.
- Staff knew how to support patients who lacked capacity to make their own decisions Mental Capacity Act and Deprivation of Liberty Safeguards training compliance did meet the trust target of 90%. The target was met for the Mental Capacity Act and Deprivation of Liberty Safeguards training module for which medical staff at South Tyneside District Hospital were eligible.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage.

# Medical care (including older people's care)

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. For example, they had achieved Joint Advisory Group accreditation for their endoscopy services.

However:

- At this inspection we found concerns surrounding safe staffing levels and the governance, oversight and monitoring of staff training for both mandatory training, safeguard training and staff appraisal rates in the medical care service.
- We were not assured the service always had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels but staff told us skill mix was not always appropriate and staff were regularly moved to work in other areas.
- Fill rates for qualified nurses and non-qualified care staff varied in the six months before inspection and did not rise above 86% for qualified staff during the day and 86% at night. These shortfalls in qualified nurse staff had been met by an increase in non-qualified care staff with on average 117% during the day and 103% at night.

## Is the service safe?

**Good**

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and had systems in place to monitor compliance.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. On the wards we visited we saw all paper records were locked in records cabinets. Electronic records could only be accessed through a password and login system.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage to the wards.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Medical care (including older people's care)

- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- We were not assured the service always had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels but staff told us skill mix was not always appropriate and staff were regularly moved to work in other areas.
- Fill rates for qualified nurses and non-qualified care staff varied in the six months before inspection and did not rise above 86% for qualified staff during the day and 86% at night. These shortfalls in qualified nurse staff had been met by an increase in non-qualified care staff with on average 117% during the day and 103% at night.
- The service used systems and processes to safely prescribe, administer, record and store medicines. However, on inspection we identified examples where patients had not received their medicines when prescribed.

## Is the service effective?

**Good**

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. For example, they had achieved Joint Advisory Group accreditation for their endoscopy services.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- There was a process surrounding staff appraisal; although not all nursing staff had received an appraisal to assess their work performance and promote their professional development. From April to September 2019, 71% of staff within medicine department at South Tyneside District Hospital received an appraisal which did not meet the trust target of 90%.

# Medical care (including older people's care)

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The majority of patients, we spoke with described their care in positive terms.
- The service had introduced a therapy activity box for patients with dementia and cognitive impairment. The service had a centre for groups and activities.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The Patient Led Audit of the Care Environment (PLACE) score for privacy, dignity and wellbeing was 92%, which was higher than the national average of 86%.

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. The medicine division used innovative approaches to provide pathways of care that were focussed on the individual and involved collaboration with other service providers designed to meet the needs of patients through co-ordination of services to ensure continuity of care.
- The service was inclusive and took account of patient's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Initiatives such as a frailty and community geriatrics service was in use which identified older patients with frailty attending the hospital and worked collaboratively with existing admission practices with input from a frailty nurse practitioner.
- The trust worked with the local authority to ensure a continuity of discharge from hospital and had developed a discharge hub. This involved trust and local authority staff in the identification of patient needs on return to their home and ongoing care needs.
- The service had a delirium and dementia outreach team (DDOT). The team was highly visible and easily accessible and supported ward staff to care for frail patients.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards. From April to June 2019, the average length of stay for medical elective patients at South Tyneside District Hospital was 3.7 days, which is lower than England average of 5.8 days. For medical non-elective patients, the average length of stay was 5.9 days, which is similar to the England average of 6.0 days.

# Medical care (including older people's care)

- From April to July 2019, the trust's referral to treatment time (RTT) for admitted pathways for medicine was consistently higher than the England average. In the last reported month, July 2019, the trust's performance was 92.7% compared to the England average of 87.8% (percentage within 18 weeks).
- The service had a frailty team to improve outcomes for frail people by providing a comprehensive geriatric assessment (CGA) and emergency healthcare plans (EHCP) which had reduced the length of stay of patients and optimised patient's medication.
- The trust was trialling a frailty service based in accident and emergency. A business case had been approved and senior management were in discussion with the local clinical commissioning groups to support differing funding options.
- The PLACE audit score for dementia scored 88% which was higher than the national average 81%. The PLACE score for disability was 91% which was higher than the national average of 83%.
- From April to September 2019, there were 21 complaints about medicine at South Tyneside District Hospital. Of the 15 complaints that were closed at the time of reporting, the trust took an average of 25.1 working days to investigate and close complaints. This was in line with their complaints policy, which states complaints should be completed within 20 working days or 40 working days for complex complaints.

However:

- The trusts referral to treatment time for admitted pathways for thoracic medicine and rheumatology were below the England average for admitted RTT (percentage within 18 weeks). Thoracic medicine scored 78.9% compared to the England average of 94.1% whilst rheumatology scored 76.9% when compared to 94.7%.

## Is the service well-led?

**Good**

We rated well-led as good because:

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations.
- The service had good systems to identify risks, plans to eliminate or reduce them and cope with both the expected and unexpected.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Areas for improvement

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

# Surgery

**Good**

## Key facts and figures

Our inspection activity was announced (staff knew we were coming) as this was service was inspected as part of a comprehensive inspection of the trust.

Before our inspection we reviewed data which the trust had provided to us on reported incidents, staff training, appraisal, outcomes, results of national audits and other safeguarding information sent to us over the preceding year.

At South Tyneside District Hospital, a range of elective and emergency surgical services are delivered including trauma and orthopaedics, general, orthodontics, oral-maxillofacial, pain services and pre-assessment. Patients requiring vascular procedures are transferred to the Sunderland Royal Hospital site.

During the inspection visit, the inspection team:

•spoke with 26 patients who were using the service and three carers

•spoke with the managers or acting managers for each of the wards, theatres and supporting departments

•spoke with 28 other staff members; including matrons, doctors and nurses

•observed five procedures in theatre

•observed two handover meetings theatre and on surgical wards

•reviewed five World Health Organisation's Five Steps to Safer Surgery checklist.

•reviewed four records relating to patient risk assessments, care plans and observations.

## Summary of this service

We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines and safety incidents well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Surgery

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities were committed to improving services.

## Is the service safe?

**Good**

We rated safe as good because:

- The service provided mandatory training in key skills to all staff. Compliance levels for nursing staff met or were just below the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Training for medical staff, particularly in resuscitation and Adult Basic Life Support, had low compliance.
- Not all staff we spoke with were aware of learning from never events.

# Surgery

## Is the service effective?

**Good**

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- Staff we spoke with had limited understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Surgery

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The average length of stay for all specialities was better than the England average and referral to treatment times were above national standards in five out of six specialities.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Information on theatre utilisation showed the service was not meeting trust targets.

## Is the service well-led?

**Good**

We rated well-led as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Staff were committed to continually learning and improving services. Leaders encouraged innovation.

However:

# Surgery

- Whilst risks to the service were identified, several had been on the risk register for a number of years and mitigating actions were not sufficient to reduce their impact.
- Leaders and staff did not consistently engage with patients, staff, equality groups, the public and local organisations to plan and manage services. They had improved engagement with partner organisations to help improve services for patients.

## Areas for improvement

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

# Critical care

**Good**

## Key facts and figures

South Tyneside and Sunderland NHS Foundation Trust has two critical care units. Sunderland Royal hospital has 18 beds but is commissioned to provide 16 beds. South Tyneside hospital has a six-bedded unit. Both units provide level two (patients who require preoperative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care.

South Tyneside hospital has two side rooms and a four bedded area.

A critical care outreach team provided a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team was available 24 hours a day, seven days a week.

The critical care service is part of the North East Critical Care Network. The units did not accept paediatric admissions. However, they supported other areas of the hospital in the event of an emergency or if a young person required stabilisation prior to a transfer.

Our inspection was part of an announced comprehensive inspection of the whole trust, this was due to City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust merging in April 2019.

We inspected all five key questions during this inspection. We visited the intensive care unit. We spoke with two patients and 14 members of staff.

We observed the clinical environment, staff delivering care and looked at four patient records. We reviewed trust policies and performance information from, and about, the trust.

## Summary of this service

We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good.
- The service provided mandatory training in key skills, including safeguarding training, to all staff and made sure most completed it. Staff had training on how to recognise and report abuse and they knew how to apply it. The service controlled infection risk well. On the whole, the design, maintenance and use of facilities, premises and equipment kept people safe. Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. The service had enough medical staff with the right qualifications, skills, training and experience. Staff kept detailed records of patients' care and treatment. The service managed patient safety incidents well. Staff collected safety information and shared it with staff, patients and visitors.
- The service provided care and treatment based on national guidance and best practice. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Key services were available seven days a week. Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity or were unable to make their own decisions or were experiencing mental ill health.

# Critical care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- Local leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

However, we also found:

- Although the trust had plans to reconfigure, modernise and extend the department, it did not meet the requirements for the relevant health building note at the time of our inspection. The service was not fully meeting the GPICS standards for medical and allied health professional staffing. Some staff were not up to date with their mandatory training. We found medical devices which were out of date for servicing and maintenance. There was some damage to the flooring in the side rooms and we found items on the floor of the store room. This could result in cleaning processes being ineffectual or restricted.
- We found some printed guidelines which were out of date. The service was not meeting the trust's appraisal compliance level to support staff development. There was not enough clinical educators to meet the GPICS standards.
- Whilst the service had a vision for what it wanted to achieve, the strategy to turn it into action was not yet developed. More work was needed to ensure effective governance processes were in place. We did not see or hear of many examples of innovation, improvements or research.

## Is the service safe?

**Good**

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure most completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- On the whole, the design, maintenance and use of facilities, premises and equipment kept people safe and staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.

# Critical care

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix. Bank staff filled any staffing gaps. Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Managers ensured actions from patient safety alerts were implemented and monitored. The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However, we also found:

- The service did not fully meet the Guidelines for the Provision of Intensive Care Services (GPICS) standards for medical and allied health professional staffing arrangements.
- Although the trust had plans to reconfigure, modernise and extend the department, it did not meet the requirements for the relevant health building note at the time of our inspection.
- We found three items of equipment which were out of date for servicing and maintenance.
- There was some damage to the flooring in the side rooms and we found items on the floor of the store room. This could result in cleaning processes being ineffectual or restricted. A cleaning product which was subject to the control of substances harmful to health regulations was kept in an unlocked room.

## Is the service effective?

**Good**

We rated effective as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.

# Critical care

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

However, we also found:

- Some out of date printed copies of guidance on the unit.
- Not all staff had an up to date appraisal to support their development.
- The service did not have enough clinical educators to meet the GPICS standards.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good**

We rated well-led as good because:

# Critical care

- Staff in the unit spoke positively about their immediate line managers. These staff had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders understood and managed the priorities and issues the service faced. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. Frontline staff were aware of the risks the service faced.
- The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services and aligned to local plans within the wider health economy.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- On the whole frontline staff felt respected, supported and valued by their line managers. They were focused on the needs of patients receiving care.
- The service had an open culture where patients, their families and staff could raise concerns without fear.

However, we also found:

- Senior leaders for the service were less visible in the unit and there was a disconnect between the trust's two critical care units. We saw limited examples of cohesive working across the trust's two units.
- The strategy to turn the vision it into action was not yet developed and some staff were concerned about the future of the unit.
- There were limited opportunities to meet, discuss and learn from the performance of the service.
- Limited examples of innovation and participation in research were provided during our inspection.

## Areas for improvement

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

# Maternity

**Good**

## Key facts and figures

Following a period of planning and public consultation, commissioners in Sunderland and South Tyneside confirmed their decision to implement a new service model for obstetrics and gynaecology across Sunderland and South Tyneside Foundation Trust.

The new service model, which came into being in early August 2019, centres consultant led maternity care at the Sunderland Royal Hospital site with the launch of a new midwifery-led birthing centre (MLBC) on the South Tyneside site.

The MLBC is comprised of six birthing rooms, three of which are designated for post-natal care; but can also be used for deliveries, if required. The unit also houses a pool room and a 'family' room.

The MLBC is co-located near the maternity service's outpatient department, which offers a suite of consulting rooms and two scanning (ultrasound) rooms. Community midwives use the centre to hold weekend clinics. The service offers three consultant-led clinics a week, to provide care closer to home for women in need of obstetric-led care.

An early pregnancy assessment unit (EPAU) is available for women who have concerns about their pregnancy, before 14 weeks gestation. There is an antenatal day unit (ANDU) on the site, which is open from 08.30 to 17.00, Monday to Friday. The ANDU provides an appointment-based service for women later in pregnancy who experience routine or 'lower-level' problems or concerns.

Community midwives are based at Clarendon House, the central office hub for community teams within the trust. They deliver care from children's centres, GP practices and during home visits.

The MLBC at South Tyneside opened on 5 August 2019. From 5 August 2019 to 20 January 2020 there were 98 births at the MLBC.

During our inspection, we visited the maternity unit at the hospital, including the MLBC, antenatal day unit, antenatal clinics and the early pregnancy assessment unit. We spoke with three patients and their companions, and 12 members of staff. These included the matron team leaders and managers, midwives, health care assistants and domestic staff. We reviewed four complete patient records. We also interviewed key members of staff responsible for the leadership and oversight of the service, including the head of midwifery.

## Summary of this service

We rated this service as good because:

- The service had enough skilled and experienced maternity staff to keep women safe from avoidable harm and to provide the right care and treatment. Staff completed and updated risk assessments for each woman and took action to remove or minimise risks; and kept detailed records of women's care and treatment. They understood how to protect women from abuse and the service worked well with other agencies to do so.
- Staff identified and quickly acted upon women at risk of deterioration and completed frequent (planned and unplanned) simulations of obstetric emergencies. All emergency equipment we reviewed was secure, appropriately stocked, equipment was in date, and checks had been completed. The service controlled infection risk well.

# Maternity

- Outcomes for women and babies were good. Staff monitored the effectiveness of care and treatment. Staff supported women to make informed decisions about their care and treatment. They assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and provided emotional support to women, families and carers. The service had an open culture where patients, their families and staff could raise concerns without fear. It was easy for people to give feedback and raise concerns about care received.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. People could access the service when they needed it and women received the right care promptly. Services had been designed so that women could continue to access the majority of antenatal and postnatal care locally, despite the reorganisation of services.

However:

- Compliance targets for mandatory training and appraisal were not always met for midwifery staff for the period April 2019 to January 2020.
- The (trust-wide) audit schedule for the service was not comprehensive. There was no evidence of key audits being carried out from April to December 2019, including record keeping, medicines management and infection prevention and control audits. We were mindful that service reconfiguration had only taken place in August 2019.
- At trust level, there was not sufficient oversight of benchmarking outcomes with other regional services, and this had been an ongoing concern. We also saw some risks on the maternity risk register had been ongoing for a considerable amount of time. We saw that there were no specific risks entered on the risk register pertaining to the South Tyneside site. However, services at the location were substantially reconfigured in August 2019, and the risk register we reviewed was dated to September 2019. Following our inspection, we received an updated copy of the risk register which included review dates, stating that some risks had been reviewed in February 2020, however, there remained no risks pertaining to the South Tyneside site.

## Is the service safe?

**Good**

We rated safe as good because:

- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of deterioration. Formal admittance criteria was in place and adhered to, and there was a comparatively low transfer rate. Ambulance response and transfer times were monitored.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines.

- Staff completed frequent (planned and unplanned) simulations of obstetric emergencies within the MLBC; for example, with respect to post-partum haemorrhage, cord prolapse, shoulder dystocia, neonatal resuscitation, and pool evacuation drills. There was a service level agreement with an NHS ambulance trust to provide a designated service for the transfer of women and babies to the Sunderland site, and staff at the location had completed emergency transfer drills.
- The design, maintenance and use of facilities, premises and equipment kept people safe. All emergency equipment we reviewed was secure, appropriately stocked, equipment was in date, and checks had been completed. The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection.

However:

- The trust compliance target for mandatory training was not met for several modules for midwifery staff for the period April 2019 to January 2020; however, the year-end ran to April 2020.

## Is the service effective?

**Good**

We rated effective as good because:

- Outcomes for women and babies were good. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Doctors, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Staff gave women enough food and drink to meet their needs and improve their health. They gave women practical support and advice to lead healthier lives.
- MCA and DoLS training were delivered as part of adults' safeguarding level two training, and compliance training targets were met for staff in the maternity service. Staff knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They supported women to make informed decisions about their care and treatment. Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers and professional midwifery advocates held supervision meetings with staff to provide support and development. Managers sought opportunities for staff to develop their professional skills and advance into specialist roles.

However:

- Appraisal rates for the period April 2019 to January 2020 did not meet the trust target for registered midwifery staff and support staff; however, the year-end ran to April 2020.
- The audit schedule for the (trust-wide) service was not comprehensive. There was no evidence of key audits being carried out from April to December 2019, including record keeping, medicines management and infection prevention and control audits. However, we were mindful that service reconfiguration had only taken place in August 2019.

# Maternity

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women was overwhelmingly positive.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that aimed to meet the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it and women received the right care promptly. Services had been designed so that women could continue to access the majority of their antenatal and postnatal care locally, despite the reorganisation of services.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Complaints were investigated and closed in a timely manner, in line with trust policy.

However:

- We were not assured that Maternity Voices Partnership (MVP) meetings were embedded and well attended within the service.
- Data used to monitor delays and waits between presentation and triage at the service was reliant on incident reporting by staff and provided limited assurance.

## Is the service well-led?

**Good**

We rated well-led as good because:

# Maternity

- Two midwifery team (band seven) managers were responsible for day-to-day management and oversight of maternity services at the location. One provided management and leadership for the MLBC, and the other provided oversight of maternity outpatient services at the location. They had the skills and abilities to run the service and understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The MLBC also had its own vision and values, and leaders we spoke with described a local strategy for maternity services at the location; which had been developed in consultation with staff and women.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Locally, leaders collected reliable data and analysed it, and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

However:

- At trust level, there was not sufficient oversight of benchmarking outcomes with other regional services, and this had been an ongoing concern. We also saw some risks on the maternity risk register had been ongoing for a considerable amount of time; and one entry had been open since 2006. We saw that there were no specific risks entered on the risk register pertaining to the South Tyneside site. We were mindful that services at the location were substantially reconfigured in August 2019, and the risk register we reviewed was dated to September 2019. However, following our inspection, we received an updated copy of the risk register which included review dates, stating that some risks had been reviewed in February 2020, but there remained no risks pertaining to the South Tyneside site.
- We were not assured there was a holistic understanding of performance across maternity services at the trust, as some key audits had not been completed or appropriately monitored. For example, with respect to record keeping audits, medicines management audits and infection prevention and control audits.

## Areas for improvement

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

# End of life care

**Good**

## Key facts and figures

End of life care services were primarily provided and managed in the community. A small specialist palliative care team worked within South Tyneside District Hospital to provide advice and support to patients with a life limiting condition or those at their end of life.

The specialist palliative care team was made up of four healthcare professionals with a range of skills to help manage life-limiting illness. The team worked together to meet physical, psychological, social, spiritual and cultural needs of the patient, family and/ or carers and were available to provide specialist advice, support and training to medical and nursing staff in both hospital and community.

There were no specific end of life care beds at this hospital. The team worked closely with community services including the St. Benedict's Hospice and community palliative care teams.

The trust was formed in April 2019 with the merger of City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust. This was the first inspection since the trust merger.

The trust had a total of 578 deaths from April 2019 to July 2019.

At this inspection we visited the mortuary, the bereavement office, the chaplain's office and wards 6, 10 and 20. We spoke with 16 staff and one patient. We looked at five patient records.

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

## Summary of this service

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.

# End of life care

- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a draft strategy to turn it into action, developed with all relevant stakeholders. The vision and draft strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

However:

- There was no concealment cover for transporting bariatric patients to the mortuary. Nursing staff and porters told us that bariatric patients were transported with a sheet over them and sometimes a face mask. We did not think this was very dignified way to transport deceased bariatric patients.
- The end of life strategy was still in draft at the time of inspection and although there was an improvement plan, there were no agreed timescales for implementation.

## Is the service safe?

**Good**

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

However:

# End of life care

- There was no concealment cover for transporting bariatric patients to the mortuary. Nursing staff and porters told us that bariatric patients were transported with a sheet over them and sometimes a face mask. We did not think this was a very dignified way to transport deceased bariatric patients.

## Is the service effective?

**Good**

We rated effective as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. Decisions around 'do not attempt cardiopulmonary resuscitation' were made appropriately and discussed with patients and their families.

## Is the service caring?

**Good**

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

# End of life care

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good**

We rated well-led as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a draft strategy to turn it into action, developed with all relevant stakeholders. The vision and draft strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had a clear governance structure. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected a variety of data and analysed it to understand performance in specific areas, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The end of life strategy was still in draft at the time of inspection and although there was an improvement plan, there were no agreed timescales for implementation.

# End of life care

## Areas for improvement

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

# Outpatients

**Good**

## Key facts and figures

South Tyneside District Hospital provided outpatient services at the hospital for a variety of specialties. There were outpatient services provided in the main outpatient department which was based in the main hospital and there was the Moorlands outpatient department on site which provided various clinics to patients. There was an oncology and haematology department which provided outpatient clinics. The department had access to a phlebotomy department.

Outpatients were part of the clinical support services directorate. The service saw adults and children.

There were 35,617 outpatient appointments between April 2019 and June 2019.

During the inspection we visited the main outpatient departments where a variety of specialities were provided. We spoke with 19 staff, we reviewed eight patient records and we spoke with nine patients.

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the team.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

# Outpatients

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received.
- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:

- Although leaders could describe the governance arrangements across all outpatient services, these new governance systems required embedding further. No formal outpatient service clinical governance meetings had taken place since the trust merger. We were made aware that speciality governance meetings took place. Leaders acknowledged the need to embed the governance systems further across outpatients and were working to do this starting with the planned governance meetings.
- There was a list of patients overdue a review appointment extending to 14,844 patients across all specialties and sites within the trust. Clinicians and senior managers had strong oversight of all patients waiting for appointments and outpatient leaders worked with directorates regarding capacity and demand.
- Appraisal compliance rates did not consistently meet the trust compliance target, although there were plans to complete the appraisals by the end of January 2020.
- During the inspection, there was an unlocked storage room in the outpatient department. We raised this with managers during the inspection.

## Is the service safe?

**Good**

We rated safe as good because:

# Outpatients

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for patients and removed or minimised risks.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the team.

However:

- During the inspection, there was an unlocked storage room in the outpatient department. We raised this with managers during the inspection.

## Is the service effective?

We do not rate effective in outpatients, however we found:

- The service provided care and treatment based on national guidance and evidence-based practice.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- Appraisal compliance rates did not consistently meet the trust compliance target, although there were plans to complete the appraisals by the end of January 2020.

## Is the service caring?

**Good**

We rated caring as good because:

# Outpatients

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Overall, patient feedback during the inspection was positive and the patient experience survey results provided by the trust were positive.

## Is the service responsive?

**Good**

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- There was a list of patients overdue a review appointment extending to 14,844 patients across all specialties and sites within the trust. Clinicians and senior managers had strong oversight of all patients waiting for appointments and outpatient leaders worked with directorates regarding capacity and demand.

## Is the service well-led?

**Good**

We rated well-led as good because:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development.
- Leaders operated governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Outpatients

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:

- Although leaders could describe the governance arrangements across all outpatient services, these new governance systems required embedding further. Leaders acknowledged the need to embed the governance systems further across outpatients and were working to do this starting with the planned governance meetings.

## Areas for improvement

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

Care Quality Commission

# St Benedict's Hospice

St. Benedict's Way
Ryhope
Sunderland
SR2 0NY
Tel: 0191 5128400
www.stbenedicts.co.uk

## Key facts and figures

St Benedict's Hospice is situated just outside of Sunderland and provides inpatient and day hospice facilities as well as a specialist palliative care centre. It opened in 1984 and provides care and support to the people of Sunderland and its surrounding districts.

The hospice and centre form part of the South Tyneside and Sunderland NHS foundation trust and the hospice is also supported by St Benedict's hospice charity.

## Summary of services at St Benedict's Hospice

**Outstanding** ☆

We rated it as outstanding because:

We rated responsive and well led as outstanding. We rated safe, effective and caring as good.

See the end of life services summary section below.

# End of life care

**Outstanding** ☆

## Key facts and figures

The hospice provides 14 inpatient beds and 16 day places. The specialist care centre provides the care at home service, specialist palliative care services and outpatient services. Outpatient services included a lymphoedema clinic, therapy and counselling services, out of hours, and a specialist palliative social work service. A telephone advice line is managed by the inpatient hospice unit staff. The hospice and centre provide care to adult patients and support to their families.

The hospice cared for 158 patients from April 2019 to January 2020; 48 were aged 18 to 65 years and 110 were over the age of 65.

The specialist palliative care team is made up of healthcare professionals with a range of skills to help manage life-limiting illness. The team work together to meet physical, psychological, social, spiritual and cultural needs of the patient, their family and carers. They are available to provide specialist advice and support to medical and nursing staff in both hospital and community settings.

The service employed a total of 108 staff. This included six medical staff, a team of registered nurses including specialist palliative nurses, healthcare assistants, and a palliative pharmacist.

There was a range of allied health and social care professionals and other support staff such as fundraising and administrative staff. There were 160 volunteers who were funded by the charity to support the café, retail and transport services. There were 68 volunteers funded by the NHS to support the clinical services.

During the inspection we spoke with patients, their relatives, nursing and medical staff including consultants, junior doctors, clinical support workers, nurses and therapists. We checked patient records. We visited all clinical departments and the specialist centre, which included outpatient and training facilities.

## Summary of this service

We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills. Leaders had a shared purpose and motivated staff to succeed in delivering quality care to patients.
- There was an extremely strong and effective focus on continuous learning and improvement at all levels of the service, including through appropriate use of external accreditation and participation in research.
- The staff team were stable, experienced and committed. The team's focus on continuous development meant that standards were constantly rising. Topic specific sub groups ensured that any areas in need of improvement remained 'on the radar' and progress was regularly checked. Staff were given sufficient time to develop new and innovative ways to improve.

# End of life care

- There was a 'can-do' approach to end of life care when it came to people's individual needs and preferences. The team were proactive in seeking solutions to barriers to fulfilling these and were willing and not afraid to try new things to ensure patients' care was right for them. People with protected characteristics under the Equality Act (2010) were offered care in a way that was tailored to suit them and empower them to make as many decisions about their care and their death as they wished.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. Care and treatment were holistically planned in collaboration with patients, making them active partners in their care at all levels.
- We saw evidence of strong, innovative multidisciplinary and multi-organisational working. There was evidence of proactive collaboration and bespoke care planning, which demonstrated how the hospital worked with other organisations to ensure care was planned and delivered to meet the needs of patients in a sustainable, future proof way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service demonstrated where improvements had been made as a result of learning from reviews and that learning was shared with other services. The service included patients in the investigation of their complaint. There had been no formal complaints about the service in the 12 months leading up to the inspection
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All feedback we received regarding staff care and treatment was positive. Staff worked in collaboration with families and individuals to deliver holistic and individualised care which fully reflected patient's wishes.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.

# End of life care

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. Outcomes for people who use services are consistently better than expected when compared with other similar services.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

# End of life care

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff demonstrated a non-judgemental attitude when caring for individuals with complex and challenging needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- All feedback we received regarding staff care and treatment was positive. Staff worked in collaboration with families and individuals to deliver holistic and individualised care which fully reflected patient's wishes.
- We saw staff supported patients with significant events such as weddings and requests for specific outings. Staff took time to ensure all patient requests were respected and valued
- Comfort packs were offered to patients and their families and the service took steps to ensure feedback was sought following their introduction.

## Is the service responsive?

**Outstanding**

We rated it as outstanding because:

- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. It also worked with others in the wider system and local organisations to plan and deliver a bespoke model of care.
- The involvement of other organisations and the local community was integral to how services are planned and ensures that services meet people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and very inclusive. This included people who were in vulnerable circumstances or who had complex needs. There were many examples of staff working with vulnerable people. They coordinated care with other services and providers**.** Staff made reasonable adjustments to help patients access services.
- Patients could access the specialist palliative care service in a way and at a time that suited them. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. Patients waiting to access the hospice were offered services from community palliative colleagues, which ensured no one was waiting for support.

# End of life care

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service demonstrated where improvements had been made as a result of learning from reviews and that learning was shared with other services. The service included patients in the investigation of their complaint. There had been no formal complaints about the service in the 12 months leading up to the inspection.

## Is the service well-led?

**Outstanding** ☆

We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels within the Hospice. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- Leaders had a shared purpose and motivated staff to succeed in delivering quality care to patients. There were high levels of satisfaction across all staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- There were consistently high levels of effective engagement with staff and people who use services. Services are developed with those who use them, staff and external partners. Effective approaches were used to gather feedback from people who use services and the public. They collaborated with partner organisations to help improve services for patients.
- There was an extremely strong and effective focus on continuous learning and improvement at all levels of the service, including through appropriate use of external accreditation and participation in research. There were many examples of staff participating in research and presenting their findings which were published in national and international journals and conferences. The service was a regional trainer for the Gold Standards Framework and had implemented this on two pilot wards in the local NHS hospital and in several nursing homes in and around the local area.
- Mortality reviews were completed for every patient whom had received care and treatment through the hospice. This included patients whom subsequently died at home following hospice discharge.
- Leaders and teams used systems to manage performance effectively. There was demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- The service had a clear governance structure. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected a variety of data and analysed it to understand performance in specific areas, make decisions and improvements

# End of life care

## 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.

Care Quality Commission

# Community health services

## Background to community health services

The trust provides a full range of community services from 12 locations.

For more information please see the background to the trust section.

## Summary of community health services

**Outstanding** ☆

We rated them as outstanding because:

- We rated caring and responsive as outstanding. We rated safe, effective and well led as good.
- We rated two of the seven community services as outstanding and five community services as good.

Please see the inspection findings for community health services below.

# Community health services for adults

**Outstanding** ☆

## Key facts and figures

The community adults service operates 24 hours, 365 days a year. The service accepts referrals from patients, carers, family, general practitioners, and other agencies via an integrated single point of access.

The service has restructured services into community integrated teams which include professionals from across key partners with the skills and authority to deliver the care needed such as staff from local authority social. The service is divided into three areas South Tyneside, Sunderland and Durham. We did not visit the Durham team.

Adult district nursing was supported by specialist services which also provided clinics within community settings. These included the following services:

- Bladder and bowel service.
- Leg ulcer service.
- Podiatry.
- Dermatology
- Musculoskeletal service
- Speech and language therapy
- Rapid response to support patients undergoing end of life care in the community and patients with blocked catheters.
- Management of long-term conditions such as diabetes.

The service operates from various locations across the trust area and offers support to patients in their own home, community-based clinics and in nursing and residential homes.

As part of our inspection process, we spoke to 26 members of staff including clinical and operational service leads, nursing staff, allied health professionals, and support staff. We spoke with 22 patients and relatives and reviewed 23 patient care records. We also observed patient care in clinics and on home visits, attended multidisciplinary team meetings and reviewed information including meeting minutes, policies, action plans and training records.

## Summary of this service

We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. The service controlled infection risk well. The premises and equipment kept people safe. Staff assessed risks to patients, acted on them and kept good care records. Medicines were safely prescribed, administered, recorded and stored. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery and gave pain relief

in a timely way. Managers monitored the effectiveness of care and treatment and made sure staff were competent. All those responsible for delivering care worked together as a team to benefit patients. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. We saw many examples where staff had provided support to patients above what was expected.
- The service proactively planned and provided care in a way that met the needs of local people and the communities served. The service was fully inclusive and took account of patients' individual needs and preferences. It was easy for people to give feedback and raise concerns about care received. People could access the service when they needed it and receive the right care in a timely way. There was out of hours emergency cover ensuring people received timely access to initial assessment and treatment.
- Leaders had the experience, skills and abilities to run the service. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. Leaders and teams used systems to manage performance effectively. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. All staff were committed to continually learning and improving services.

However:

- Not all staff were not up to date with mandatory training.

## Is the service safe?

**Good**

We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# Community health services for adults

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Managers collected safety information and shared it with staff.

However:

- The service provided mandatory training in key skills to all staff but not all staff completed it.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. The community integrated teams which included statutory and non-statutory agencies supported each other to provide good care and communicated effectively to ensure referrals to other agencies were efficient.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Outstanding**

We rated it as outstanding because:

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. For example, emotional care was provided to a patient with severe mental health issues who was receiving care while their partner received palliative care. Staff stayed with the patient providing support at a distressing time while organising interventions from other organisations which supported the patient to remain with their partner.

# Community health services for adults

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We saw and heard of excellent examples of patient-focused care where staff were going above and beyond to meet people's needs. For example, a nurse attended the home address of a patient who appeared to be confused and there were significant concerns about their welfare. No next of kin was available, the attending nurse stayed with the patient for several hours, made a meal and took the patient and their dog for a walk de-escalating the situation.
- People who used the service were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff always empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs are always reflected in how care is delivered. The trust electronic care records system allowed patients to pick appointment times in real time reflecting the social needs of each patient.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. There were numerous examples of nurses going to the shop for essential items, washing dishes, making beds for patients who needed extra support. One patient was supplied with a bariatric bed and their bedding was no longer suitable. Staff bought the patient new bedding and matching curtains.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The 22 patients we spoke with reported positive experiences describing the interactions with staff as uplifting. The Family and Friends Test results reveal that 100% of respondents would be likely or extremely likely to recommend the service to friends and family.
- Staff used innovative ways to enable people to manage their own health and care where they could and to maintain their independence. Patients with COPD were encouraged to use a mobile phone application which tracked activity and provided information on how to manage their condition.

## Is the service responsive?

**Outstanding** ☆

We rated it as outstanding because:

- The service proactively planned and provided care in a way that met the needs of local people and the communities served. It worked collaboratively with others in the wider system and local organisations to plan care. The community integrated team approach was providing a strong multi-disciplinary approach to providing care and meeting the changing needs of the local communities. Local charities shared the same office space making referrals immediate.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. There was a strong focus on meeting individual needs in a holistic way. The service was able to offer a range of care to reflect the needs of the community, and those packages of care had been designed in partnership with hard to reach community groups. There were strong links with asylum seeker organisations which allowed the service to engage with that population offering a service that reflected the different needs of that group. Other vulnerable groups had been identified such as armed forces veterans who again had a service designed to meet the needs of those veterans entering the service. The service also provided support to those suffering from mental health by offering referrals to therapy sessions.
- It was easy for people to give feedback and raise concerns about care received. Patients and family were offered feedback cards. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

# Community health services for adults

- People could access the service when they needed it and receive the right care in a timely way. People received timely access to initial assessment and treatment. The development of urgent response teams and a single point of contact had increased capacity and flexibility to ensure patients were seen within target times.

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the experience, skills and abilities to run the service. They fully understood and proactively managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They supported staff with compassion to develop their skills and take on more senior roles. Nurses before taking specialist district nursing qualifications were given extra responsibility to prepare them for the course.
- The service had a vision for what it wanted to achieve and a realistic strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff fully understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open and inclusive culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective and embedded governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used well defined systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events including providing 4x4 vehicles to cope with adverse weather conditions.
- The service collected reliable data and analysed it. Managers gave examples where they had seen service delivery change and acted. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Staff spoke highly of the remote networking enabling them to access records while at patients' homes. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Outstanding practice

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.

# Community dental services

**Good**

## Key facts and figures

Community dental services are delivered from clinics across Sunderland, South Tyneside and Gateshead. Community dental services provides NHS dental treatment / interventions / specialised services to adults and children who have been referred by a medical or dental practitioner or other health or social care professional.

Specialist services include treatment of patients with special needs, sedation, treatment under general anaesthetic and home visit assessments. Community dental also provides a public health role including oral health promotion, dental screening in schools, and epidemiology and survey work. The multi-disciplinary team includes senior dental officers, dentists, dental hygienists, dental therapists, dental nurses, and oral health promotion staff supported by administration team.

Information about the sites and teams, which offer community dental services at this trust, is shown below:

| Location / site name | Team/ward/satellite name | Address (if applicable) |
|---|---|---|
| Clarendon House | **Central Office** | **Windmill Way, Hebburn, NE31 1AT** |
| Palmer Community Hospital | **Community dental** | **Wear Street, Jarrow, NE32 3UX** |
| Monkwearmouth Health Centre | **Community dental** | **Dundas St, Sunderland SR6 0AB** |
| Queen Elizabeth Hospital | **Community dental** | **Queen Elizabeth Ave Gateshead NE9 6SX** |
| South Tyneside District Hospital | **Community dental** | **Harton Ln, South Shields NE34 0PL** |
| Houghton Health Centre | **Community dental** | **Brinkburn Cres, Durham, Houghton le Spring DH4 5GU** |
| Washington Primary Care Centre | **Community dental** | **Princess Ann Park, Parkway, Washington NE38 7QZ** |
| Wrekenton Health Centre | **Community dental** | **Springwell Rd, Wrekenton, Gateshead NE9 7AD** |
| Blaydon Primary Care Centre | **Community dental** | **Shibdon Road , Blaydon, Tyne and Wear, NE21 5NW** |

# Community dental services

*(Source: Universal Routine Provider Information Request (RPIR) – P2 Sites tab / CHS Routine Provider Information Request (RPIR) CHS Context)*

This was the first inspection of the community dental services since the trust formed in April 2019.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with four patients with their carers
- spoke with 23 staff members; including matron, clinical lead, senior dental officers, dental nurses and leads, dental manager, receptionists, healthcare assistant, oral health promotion manager, operations manager and business manager
- observed one clinical team meeting
- observed three patient visits including sedation
- reviewed six patient records

We visited from 14th to 17th January 2020: Monkwearmouth Health Centre, Queen Elizabeth Hospital, South Tyneside District Hospital, Houghton Health Centre, Washington Primary Care Centre and Clarendon House.

## Summary of this service

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Patient care and treatment was based on national guidance and evidence-based practice. New evidence-based techniques were used to support the delivery of high-quality care, and there was evidence of this being used to support development of other services within the trust. The service had also developed a number of regional policies and guidelines.
- Staff monitored the effectiveness of care and treatment. The service actively engaged in activities to monitor and improve quality and outcomes. This was evident from the comprehensive oral health promotion programme and the nasal inhalation sedation offered. Data showed sustained good outcomes for patients.
- The service ensured staff were competent for their roles. There was a clear focus on training and development, and it was a key priority for the service. Staff were proactively supported to learn and develop their skills and competence and described a range of formal and informal training opportunities. A structured programme of clinical supervision for staff was in place and a high percentage of clinical staff had undertaken competency training in dental sedation. Lead clinicians and managers provided a range of education both within the service, the wider trust and regionally and had specialist knowledge in a number of areas. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

# Community dental services

- All those responsible for delivering care worked together as a team to benefit patients. The dental team was committed to working collaboratively with other services including the oral health promotion team and vulnerable adults in the community. There was a holistic approach to the assessing, planning and implementation of care using innovative and efficient ways to deliver it.
- The service provided care and treatment based on national guidance and evidence-based practice. All those responsible for delivering care worked together as a team to benefit patients. The dental team was committed to working collaboratively with other services including the oral health promotion team and vulnerable adults in the community. There was a holistic approach to the assessing, planning and implementation of care using innovative and efficient ways to deliver it.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Consent was always sought, and this was documented clearly on all the records we reviewed. Staff protected the rights of patients in their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. People's individual needs and preferences were central to the planning and delivery of services. The services were flexible and provided choice, including those with multiple or complex needs.
- The service was inclusive and took account of patients' individual needs and preferences. The service was focused on meeting the individual needs of their patients and the local population. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included an understanding of people's cultural beliefs, younger adults and those who were in vulnerable circumstances or who had complex needs.
- People could access the service when they needed it and received the right care in a timely way. There were a range of locations and appointments available. The service worked flexibly to ensure those requiring urgent treatment on the day were always seen.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. There had been no formal complaints about the service in the 12 months leading up to the inspection. Staff proactively managed any concerns to resolve any issues at the time.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Good**

We rated this service as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Community dental services

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled and prevented infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, record and store medicines.
- The service managed patient safety incidents well. Staff recognised how to report incidents and near misses.

## Is the service effective?

**Good**

We rated this service as good because:

- Patient care and treatment was based on national guidance and evidence-based practice. Evidence-based techniques were used to support the delivery of high-quality care, and there was evidence of this being used to support development of other services within the trust. The service had also developed a number of regional policies and guidelines.
- Staff monitored the effectiveness of care and treatment. The service actively engaged in activities to monitor and improve quality and outcomes. This was evident from the comprehensive oral health promotion programme and the nasal inhalation sedation offered. Data showed sustained good outcomes for patients.
- The service ensured staff were competent for their roles. There was a clear focus on training and development, and it was a key priority for the service. Staff were proactively supported to learn and develop their skills and competence and described a range of formal and informal training opportunities. A structured programme of clinical supervision for staff was in place and a high percentage of clinical staff had undertaken competency training in dental sedation. Lead clinicians and managers provided a range of education both within the service, the wider trust and regionally and had specialist knowledge in a number of areas. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Consent was always sought, and this was documented clearly on all the records we reviewed. Staff protected the rights of patients in their care.

# Community dental services

## Is the service caring?

**Good**

We rated this service as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All staff were aware of the need for patient confidentiality and ensured this was maintained at all times.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Outstanding**

We rated this service as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. People's individual needs and preferences were central to the planning and delivery of services. The services were flexible and provided choice, including those with multiple or complex needs.
- The service was inclusive and took account of patients' individual needs and preferences. The service was focused on meeting the individual needs of their patients and the local population. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included an understanding of people's cultural beliefs, younger adults and those who were in vulnerable circumstances or who had complex needs.
- People could access the service when they needed it and received the right care in a timely way. There were a range of locations and appointments available. The service worked flexibly to ensure those requiring urgent treatment on the day were always seen.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. There had been no formal complaints about the service in the 12 months leading up to the inspection. Staff proactively managed any concerns to resolve any issues at the time.

## Is the service well-led?

**Good**

We rated this service as good because:

# Community dental services

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

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

# Community end of life care

**Good**

## Key facts and figures

The trust provides integrated end of life care which encompasses all care given to patients who are approaching the end of their through essential nursing care provided by district nursing teams.

The trust provides specialist community palliative care from two locations, Clarendon house in South Tyneside and St Benedict's Hospice in Sunderland.

The specialist palliative care teams are made up of healthcare professionals with a range of skills to help manage life-limiting illness. The teams work together to meet physical, psychological, social, spiritual and cultural needs of the patient, family and/or carers and are available to provide specialist advice and support to medical and nursing staff in both hospital and community. The teams also provide education programmes across the city to health and social care staff.

Specialist palliative support is available 24 hours a day throughout the year through the palliative care team and the out of hours palliative care team at each location.

This was the first inspection of the community end of life care service since the trust formed in April 2019.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with three carers of patients who were using the service
- spoke with three managers and six senior managers
- spoke with seven other staff members; including matrons, doctors and nurses
- observed one multidisciplinary meeting
- observed three patient home visits
- reviewed nine patient records

## Summary of this service

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

# Community end of life care

- Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- When providing care in patients' homes staff took precautions and actions to protect themselves and patients from infections.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

# Community end of life care

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support to help them live well.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Outstanding** ☆

We rated it as outstanding because:

- Patients' were respected and valued as individuals and empowered as partners in their care. Care records were personalised and demonstrated people using services were active partners in decisions about their care and were supported in making advance decisions where required. Feedback from patient and carers spoke of staff going the extra mile to explain things and involving people in all aspects of their care. Staff were described as friendly, kind and professional.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff from the 'in hours' palliative care team were able to respond to patients needs quickly and dedicate the time necessary to meet the needs of both patients and carers. Staff told us the team could respond to urgent calls within half an hour and were able to give patients the time they needed no matter how long this was. For example, staff had spent over six hours with a patient to manage their symptoms and provide emotional support to the patient and their family. Feedback from patients and family stated, '[I] did not feel rushed', 'I can ring the nurses/ doctors when I need to, day or night ', '[staff] were available 24 hours, came as soon as they could'.
- There was a strong person-centred culture. Staff provided emotional support to patients, families and carers to minimise their distress. People's emotional, spiritual and social needs were highly valued by staff and were embedded in their care and treatment. Staff would support patients to maintain links with spiritual and social networks. They had good links within the community and could arrange for spiritual leaders to visit people in their own homes if they were unable to attend a place of worship. Staff told us they could give patients and their carers the

time needed to provide emotional support as part of their role. Nurses were trained in basic psychological interventions and could provide emotional support to both patients and their family. Psychologists were available to support patients and family members who needed specialist support. Staff actively engaged with vulnerable groups within the community to promote access to the service and encourage discussions about death and dying.

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. We observed staff discussing care and treatment options with patients and their family. Feedback from patients', their family and stakeholders was continually positive. Results from recent patient surveys showed 100% of respondents would be likely or extremely likely to recommend the service to friends and family. Comments from patients and carers included 'everything is discussed or explained', 'good listener and explains any problems I may have and treatment available', 'They listened very carefully and seemed to understand'.

## Is the service responsive?

**Good**

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Community end of life care

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## Outstanding practice

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

# Community health inpatient services

**Good**

## Key facts and figures

South Tyneside and Sunderland NHS Foundation trust provides community inpatient services from one location, the ICAR (Intermediate Care and Rehabilitation) unit at Houghton Primary Care Centre. The service has 24 beds and at the time of this inspection there were 24 patients. The service is designed to facilitate early discharge from hospital or community step up (prevention of unnecessary admission to hospital).

This is the first inspection of South Tyneside and Sunderland NHS Foundation Trust. This was a comprehensive inspection. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited the intermediate care service (ICAR) and looked at the quality of the environment and the clinic room;
- observed an exercise group and a multidisciplinary team meeting;
- spoke with 13 patients;
- spoke with two carers;
- spoke with three senior managers who were the head of nursing, the matron and business manager;
- spoke with the service manager and nine other staff members; including nurses, occupational therapists, physiotherapists, GP and the pharmacist;
- looked at five care and treatment records of patients;
- reviewed five prescription charts;
- carried out a check of medicines management, including controlled drugs administration and storage and resuscitation equipment;
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- The service was safe. The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service controlled infection risk well. Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. All those responsible for delivering care worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients felt that staff went the extra mile and their care and support exceeded their expectations. Patients felt really cared for and that they mattered. Staff recognised and respected the totality of patient's needs. Patient's emotional and social needs were seen as being as important as their physical needs.

# Community health inpatient services

- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Staff felt respected, supported and valued. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders had the skills and abilities to run the service. Leaders operated effective governance processes, throughout the service and with partner organisations.

## Is the service safe?

**Good**

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff knew how to access the safeguarding policy and guidance. Staff knew who to contact within the service and the trust for safeguarding advice. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service was visibly clean and tidy throughout. Domestic staff worked throughout the day to keep the service clean. We observed cleaning schedules which included equipment. These were fully up to date and completed. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Overall staff sickness and turnover rates were low. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines. The trust had a medicines management policy and staff within the service followed systems and practices in relation to the policy. A pharmacist visited the service each day and reviewed all medicines.
- The service managed patient safety incidents well. Staff used an electronic system to monitor and report incidents, which fed into a trust wide system and all staff had access to it. Staff were also able to describe and demonstrate how to report incidents using the system.

However:

- A number of slings were stored together with some minor fraying evident where Velcro had become entangled.

## Is the service effective?

**Good**

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

# Community health inpatient services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. Staff were skilled in recognising when patients required reviews of pain management and arranged these promptly and reviews of records confirmed this. We saw that pain relief was administered in a timely way when patients requested this.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development**.** At the time of inspection, all staff had an appraisal completed in the last 12 months including the therapy team members.

However:

- The service was not collecting formal therapy outcome data or using specific rehabilitation measures to assess outcomes.

## Is the service caring?

**Good**

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed staff being discreet and responsive when caring for patients. We saw positive interactions from all members of staff throughout this inspection with patients and carers.
- Patients felt that staff went the extra mile and their care and support exceeded their expectations. One patient had been assessed as approaching the end of life following admission, and expressed a strong wish to remain at the service. Staff had worked with the patient, family and specialist palliative care staff to ensure that effective plans were made. This service would not ordinarily care for patients at the end of their life but we saw staff had a "can do" attitude to ensure that the patients wishes were respected and care met their needs.
- Patients felt really cared for and that they mattered. We spoke to 13 patients and two carers. Everyone we spoke to fed back positively about the staff and the service.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. All patients that we spoke to, including patients very recently admitted, told us they had plans in place for their stay, a timescale to discharge and where they would be discharged to. They told us plans were followed and that nursing, therapy and medical staff followed these.
- People's individual preferences and needs were always reflected in how care was delivered. Comprehensive assessments were completed including patients psychological and spiritual needs. The depth and attention to detail of the assessments and plans was impressive. This ensured that staff had an understanding of all patients needs and what was important to them.

# Community health inpatient services

- This service had identified and responded to patients reporting social isolation and loneliness. The service had recently recruited 10 volunteers to work in the service, with a diverse range of age, experience and skills. One of the remits for volunteers was to promote and engage in activities with patients.
- Throughout the year, staff planned activities involving the service and the local community, to combat social isolation and promote positivity, including a summer fair, afternoon tea, Christmas celebrations and marking events such as remembrance day. These were well planned and included community representation, for example, school choirs.
- The service provided emotional support for patients and carers who had to come to terms with an ongoing disability or illness. We saw support given to patients who had received difficult diagnoses. Some patients also needed practical and emotional support with personal care, for example with catheter or stoma care, and this was approached sensitively.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

## Is the service responsive?

**Good**

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

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service was well designed in terms of accessibility. Entrances and exits were clearly signed. There was step free access into the building and throughout the building via lifts. There was good lighting throughout the service. Staff made reasonable adjustments to help patients access services.
- The service had introduced an activity programme with a group each afternoon, which was either nurse or therapist led. This included social activities such as games of bingo at the weekend. The activity programmes also identified that some patients were at risk of social isolation or loneliness and this was also an aim of offering a choice of activity that patients could choose to be involved in or not.
- The service had clear referral pathways including step up pathways to avoid patients being admitted to acute services from the community and step down pathways for patients requiring rehabilitation and reablement from acute hospital care. Staff reported that most referrals were from step down pathways. The service worked with inpatient flow teams to identify patients who may benefit from intermediate care.
- Discharge planning started on admission to the service. Therapy staff planned home visits early in admission to assess the home environment and ensure that any aids/adaptations could be arranged.
- Patients referred to the service were usually admitted within 24 hours following acceptance of referral. Patients were medically stable and had potential to rehabilitate physically. The service operated seven days a week.

## Is the service well-led?

**Good**

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

# Community health inpatient services

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There was good governance within this service. The matron, operational manager and business manager also managed a portfolio of other community services which meant that issues and learning could be shared across a range of services.
- All staff were committed to continually learning and improving services. Feedback and changes to the service were encouraged by managers. An example of this was where following discussion in a staff meeting, an information board had been ordered for the ward and support workers had taken on the task of updating this every month or so with a topic of their choosing. This meant staff spent time collecting information and contacting key people or organisations, to create a good quality display for updating their own and their colleagues knowledge.

However:

- The service did not have a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Trust dashboards were developed but did not capture all relevant information. Staff noted that the electronic record system in use was not effective in terms of data extraction and that often this would be completed by manual checking through records. The regional risk register did include data quality as an area of risk.

## 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.

# Community health services for children and young people

**Good**

## Key facts and figures

South Tyneside and Sunderland NHS Foundation Trust provides community services for children and young people at:

- Palmer Community Hospital where the trust provides children's occupational therapy, physiotherapy, speech and language therapy (SALT) for South Tyneside. Community paediatricians hold clinics here for South Tyneside, including social communication clinics. The children's immunisation team for the whole trust is based here too.
- Clarendon House where the 0 – 19 service and children's community nursing teams for South Tyneside are based.
- Niall Quinn Building at Sunderland Royal Hospital where the children's community nursing for Sunderland including the specialist nurses are based. Community paediatricians hold clinics here too for Sunderland, including diabetes and neurodisability clinics.
- Children's centre, Durham Road is where the trust provides children's occupational therapy, physiotherapy, speech and language therapy (SALT) for Sunderland. Community paediatricians hold clinics here too for Sunderland, including autism assessment and hearing clinics.
- The trust also uses a variety of children's centres and schools across South Tyneside and Sunderland to provide immunisation, school nursing, community clinics, well baby clinics and breast feeding support groups.

Children's community services were coordinated and managed differently across South Tyneside and Sunderland. In South Tyneside, the 0-19 service and children's therapies were managed by one matron. The specialist health visitors were managed by another matron, both reported to the same senior managers and were in the community division.

The community paediatricians and children's community nursing teams had a different senior management team and were in the family care division.

In Sunderland, the children's therapies had a different senior management team and were in the clinical support division.

This is the first inspection of South Tyneside and Sunderland NHS Foundation Trust. This was a comprehensive inspection. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited Clarendon House, Palmer Community Hospital, Niall Quinn Building, All Saints children's centre and Children's centre, Durham Road and looked at the quality of the environment and the clinic rooms;
- observed an early help meeting, social communication clinic, physiotherapy appointment, occupational therapy appointment, speech and language therapy appointment, three visits with the community nursing teams, diabetes appointment, neurodisability clinic, health visitor home visit, well baby clinic and breastfeeding support group;
- spoke with two young people who were using the service;
- spoke with 12 parents;

# Community health services for children and young people

- spoke with seven senior managers including head of nursing, matrons, directorate managers operations managers and business managers;
- spoke with 10 clinical team managers and 39 other staff members; including administrators, community paediatricians, health visitors, nursery nurses, nurses, occupational therapists, physiotherapists and speech and language therapists;
- looked at 17 care and treatment records of children and young people;
- carried out a check of medicine and clinical supplies management in the teams;
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Staff received supervision and training relevant to their role.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and young people and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Good**

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Community health services for children and young people

- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of children and young people' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely administer, record and store medicines.
- The service managed children and young people safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from children and young people safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children and young people and the public.

However:

- We observed staff in the South Tyneside children community nursing team did not use personal protective equipment when providing clinical interventions.
- There was some out of date clinical stock at the Children's centre, Durham Road.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of children and young people in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit children and young people. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people' care and treatment.

However:

# Community health services for children and young people

- The service had not been accredited under relevant clinical accreditation schemes, including the baby friendly initiative. Service metrics showed 27% breastfeeding prevalence at 6 to 8 weeks after birth.
- 0-19 team metrics showed 60% of 12-month development reviews were completed by the time the child turned 15 months. The service had plans in place to improve this.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children and young people, families and carers to minimise their distress. They understood children and young people' personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

However:

- At Palmer community hospital confidentiality was not protected for children and young people accessing the physiotherapy service in the gym for simultaneous sessions.

## Is the service responsive?

**Good**

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children and young people access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Services did not have information available in different languages.
- The waiting area at Palmer community hospital was tired and resources for occupational therapy sessions were limited.

# Community health services for children and young people

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children and young people and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with children and young people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

- The organisational structure of the children's community services and the varying electronic records in use meant communication between teams and geographical areas was not consistent and presented a risk which was not mitigated.

# Areas for improvement

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

# Community health sexual health services

**Outstanding** ☆

## Key facts and figures

The sexual health service became an integrated service for contraception, sexually transmitted infection (STI) and genitourinary medicine, in December 2019 in Sunderland, July 2016 in South Tyneside and in April 2019 in Gateshead. The services are consultant led and provide health clinics across the cities of Sunderland, South Tyneside and Gateshead. The services provide testing, treatment and prevention for sexually transmitted infections and all methods of contraception.

The various clinic locations offer appointments and walk in sessions. The community outreach programmes support sexual health awareness, provision of chlamydia / gonorrhoea screening and distribution of condoms. An educational outreach worker works closely with further education (FE) and higher education (HE) students, raising awareness of sexual health services and also facilitating access to screening and condoms

Our inspection was announced at short notice to enable us to observe routine activity. This was the first inspection of these services as part of South Tyneside and Sunderland NHS Foundation trust.

We inspected all five key questions during this inspection.

During this inspection we visited the main hub's and four of the 'spoke' sites. We spoke with 32 members of staff and six patients. We observed six appointments where staff directly delivered care as well as observing patients booking in at reception and phone conversations with the health advisors. With the assistance of staff, we looked at 25 patient records. 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

We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided a holistic patient centred approach to planning and delivering care and treatment, proving high quality care. All staff were actively engaged in monitoring the effectiveness of the service to improve quality and outcomes for patients. Innovative and evidence-based techniques were used to improve the service. Staff development was a priority for the service and there was evidence of strong collaborative working.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned and provided care in a way that met the needs of local people and the communities served. People's individual needs and preferences were central to the planning and delivery of services. There was active

engagement with other agencies to support those most vulnerable to access services at the right time and there was a proactive approach to understanding the needs of those using the service. Key performance indicators demonstrated targets being met and exceeded in relation to timeliness of patients attending and being seen. The service worked flexibly to ensure those requiring urgent treatment on the day were always seen.

- Leaders were visible and approachable. Staff were proud of the service they provided and felt valued and supported. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The service engaged well with patients and there was strong evidence of collaborative working with other teams and agencies.

## Is the service safe?

**Good**

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were established procedures and multidisciplinary meetings in place for sharing information. Staff had training on how to recognise and report safeguarding concerns including abuse, and they knew how to apply it. Staff were appropriately trained in safeguarding.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were accurate, fully completed and in line with trust and professional standards.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- The triage system varied across the different locations. This meant there may not always be a robust system of prioritising patients based on clinical need for those attending a walk-in clinic.

## Is the service effective?

**Outstanding** ☆

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

# Community health sexual health services

- Staff were continually looking at ways to improve patient care and treatment based on national guidance and evidence-based practice. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques were used to support the delivery of high-quality care, and there was evidence of this being used to support development of other services within the trust.
- The service had also developed a number of regional policies and guidelines. Examples included; developing new Herpes guidance for Obstetrics and Gynaecology, introducing mycoplasma testing to Gynaecology department and producing a National Transgender sexual health Standards document for the British Association of Sexual Health and HIV (BASHH).
- Staff monitored the effectiveness of care and treatment. The service actively engaged in activities to monitor and improve quality and outcomes. This was evident from the comprehensive programme of National and local audit. Opportunities to participate in benchmarking and research were proactively pursued by the service.
- Data showed sustained good outcomes for patients with targets often being exceeded. For example, in Sunderland and Gateshead, the 75% target for chlamydia screening in under 25's had consistently been exceeded. Data also showed partner notifications were consistently at 100% for each area, exceeding the 90% target.
- The service ensured staff were competent for their roles. There was a clear focus on training and development, and it was a key priority for the service. Staff were proactively supported to learn and develop their skills and competence and described a range of formal and informal of training opportunities. A structured programme of clinical supervision for staff was in place and a high percentage of nursing and medical staff had undertaken competency training in sexual health. Consultants provided a range of education both within the service, the wider trust and regionally and had specialist knowledge in a number of areas.
- All those responsible for delivering care worked together as a team to benefit patients. The sexual health service was committed to working collaboratively with other services including the voluntary sector. The service had worked collaboratively with local pharmacies and GP practices making 'grab packs' available in more than 60 locations. This had resulted in more than 2000 people using a self-testing kit to screen for chlamydia and gonorrhoea.
- There was a holistic approach to the assessing, planning and implementation of care using innovative and efficient ways to deliver it. The service was developing a learning function within their website to enable information sharing and education for other health professionals, for example, GP's.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Consent was always sought, and this was documented clearly on all the records we reviewed.

## Is the service caring?

**Good**

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All staff were aware of the need for patient confidentiality and ensured this was maintained at all times.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

# Community health sexual health services

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

## Is the service responsive?

**Outstanding** ☆

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. People's individual needs and preferences were central to the planning and delivery of services.
- Outreach services provided support for pharmacies, GP practices and partners and also provided education, advice and testing for further and higher education students as well as training raising awareness of sexual health services. The outreach teams also worked closely with commissioners to establish which GP practices had higher numbers of patients who were 25 years old and under so they could focus on these practices to improve awareness and information about the service.
- The services were flexible and provided choice, including those with multiple or complex needs. There was also a strong focus on the public health agenda which fed into service provision.
- The health advisors and outreach team working with the local authority to determine the most difficult to reach groups in society, for example sex workers and transient people. They had strong working relationships with a group called 'changing lives' which supported sex workers in the area.
- The service was working closely with 'bright futures'. This was a local initiative set up to support vulnerable young people in the community.
- The service was inclusive and took account of patients' individual needs and preferences. The services website had been developed with user involvement.
- The service was focused on meeting the individual needs of their patients and the local population. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included an understanding of people's cultural beliefs, younger adults and those who were in vulnerable circumstances or who had complex needs.
- The service at Sunderland was working towards the 'you're welcome' accreditation. This is a set of quality criteria for young people friendly, health services. It provides a framework to help commissioners and services improve the suitability, accessibility, quality and safety of health services for young people.
- People could access the service when they needed it and received the right care in a timely way. There were a range of clinic locations and appointments available. Key performance indicators demonstrated targets being met and exceeded in relation to timeliness of patients attending and being seen. For example, the target of 70% of patients being seen within 20 minutes of their appointment time was consistency exceeded (95% to 97%).
- The service worked flexibly to ensure those requiring urgent treatment on the day were always seen. Data showed the percentage of people offered an appointment, or walk-in, within 48 hours of contacting the provider was consistently at 100%.
- It was easy for people to give feedback and raise concerns about care received. There had been no formal complaints about the service in the 12 months leading up to the inspection. Staff proactively managed any concerns to resolve any issues at the time.

# Community health sexual health services

## Is the service well-led?

**Good**

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The services were focused around their commissioning arrangements and to develop a fully integrated patient focused service improving the quality of care for the local communities. The service had a clear vision for what it wanted to achieve supported by a motivated management team. There was shared purpose between managers and staff to look at innovative ways to keep developing the service.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Whilst there were effective governance processes throughout the service and with partner organisations; sexual health services were split and sat in two different divisions in the trust. This meant that there were missed opportunities for sharing learning and a lack of oversight of the sexual health service as a whole.

# 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.

# Community urgent care service

**Good**

## Key facts and figures

The Pallion urgent care centre is part of the South Tyneside and Sunderland NHS Foundation Trust. The urgent care centre provides advice and treatment to those who have illness or injury which is urgent, but not life-threatening. Patients may be referred to an urgent care centre by NHS 111 or by a GP (General Practitioner), or alternatively patients can attend without an appointment. The service is based adjacent to the accident and emergency department of Sunderland Royal Infirmary.

The trust holds overall responsibility for the management of the urgent care centre. However, they hold a third party agreement with a private organisation which covers the day to day organisation and running of the service. This contracted commenced in December 2019. The private organisation provides a medical and clinical lead who oversee the day-to-day running of the urgent care centre, and the GPs who provide the medical care. The advance practitioner staff establishment are provided by the trust.

The service had a number of part time, self-employed sessional GPs, advanced nurse practitioners (ANPs) and healthcare assistants (HCAs). Seven whole time equivalent staff were employed at the location and supported the delivery of the service.

Our inspection was part of an announced comprehensive inspection of the whole trust, this was due to the recent merger.

We re-inspected all five key questions during this inspection. We spoke with seven patients and nine members of staff.

We observed staff delivering care, looked at five patient records and medication records. We reviewed trust policies and performance information from, and about, the trust. We did not receive any comments from relatives or members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

We rated it as good because:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

# Community urgent care service

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

## Is the service safe?

**Good**

We rated it as good because:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

# Community urgent care service

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- The tools used to identify deteriorating patients were not yet embedded.
- The service did not ensure resus trolley checks were undertaken as part of the trusts planned schedule.

## Is the service effective?

**Good**

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers monitored staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service did not fully comply with Accessible Information Standards by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability/sensory loss.
- The service did not display notices in the reception area informing patients of translation services and tools which were available.

# Community urgent care service

- The service did not display health promotion posters or information on the walls of the waiting area.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**

We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service stated they treated and would share lessons learned with all staff. The service planned to include patients in the investigation of their complaint.

## Is the service well-led?

**Good**

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

# Community urgent care service

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

However:

- Some policies were yet to be ratified and embedded.

## Areas for improvement

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

Care Quality Commission

# Mental health services

## Background to mental health services

South Tyneside and Sunderland NHS Foundation Trust (STSFT) 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

For more information please see the background to the trust section.

## Summary of mental health services

**Requires improvement**

We rated them as requires improvement because;

- We rated safe, effective and well led as requires improvement. We rated caring and responsive as good.

# Wards for people with a learning disability or autism

**Requires improvement**

## Key facts and figures

South Tyneside and Sunderland NHS Foundation Trust NHS Foundation Trust's inpatient service for people with a learning disability or autism was provided at Elmville. Since our last inspection, the configuration of the ward had changed. Elmville short break service provided three planned and one unplanned respite care beds at any one time. These unplanned or crisis beds were only available to patients who were registered to receive respite care from the service. The remaining part of the ward had been closed off to provide a separate unit for the Community Assertive Outreach team and their new provision of two safe haven beds for the use of their patients. The criteria for admission to the safe haven beds, was either to prevent patients in the community from a hospital admission or as a step down from a hospital bed, prior to a patient returning to their care in the community. The safe haven beds were due to be available from 17 January 2020.

Following our last inspection in November 2017, we rated the service as good overall and we found no regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was announced as it was part of the fully comprehensive inspection following the merger of South Tyneside NHS Foundation Trust and City of Sunderland Hospitals NHS Foundation Trust. As such, we looked at all of our key lines of enquiry in relation to the service.

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 for both Elmville short break service and the new safe haven area
- observed patient interaction on Elmville short break service
- observed a staff handover on Elmville short break service
- spoke with one patient and six family members or carers
- spoke with the head of nursing (community services) and the business manager
- spoke with the manager of the service
- spoke with six other staff members; including three qualified nurses, two health care assistants and an administration staff member
- looked at the medicine's management arrangements for the service
- looked at eight care records of patients
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated it as requires improvement because:

- The environmental risk assessment for the wards failed to provide an appropriate assessment and mitigation of ligature risks within the environment. Including ligature cutters and staff sufficiently trained to use these, if required.
- The provider failed to provide patients with an appropriate system to call staff in the event of an emergency.

# Wards for people with a learning disability or autism

- The provider failed to provide a risk assessment for emergency equipment including emergency medication required on the ward for resuscitation, in line with the patient group and current national guidance.
- Leaders did not use systems to identify, understand, monitor, and reduce or eliminate risks for the new safe haven service. The environmental risk assessment for the ward failed to provide an appropriate assessment and mitigation of ligature risks within the environment, patients were not provided with an appropriate system to call staff in the event of an emergency and the provider failed to provide a risk assessment for emergency equipment including emergency medication required on the ward for resuscitation.
- Leaders did not ensure robust structures, and processes were in place to identify, manage, mitigate and if appropriate escalate risks for the new safe haven unit. As such senior managers and board members did not have full oversight of the key service risks.
- Management capacity in the service was stretched and as such staff were not receiving regular clinical supervision in line with the trusts policy and team meetings were not taking place on a regular basis. The trust recognised this and had plans in place to address the issue.
- Staff in the service felt disconnected from the trust and felt that more senior leaders were not visible.

However:

- Staff followed holistic, recovery-oriented care plans during respite care. They provided care suitable to the needs of the patients in a ward for people with a learning disability (and/or autism) and in line with national guidance about best practice.
- The respite ward team had access to the range of specialists required to meet the needs of patients. Managers ensured that the staff received training and appraisal. The ward staff worked well with community staff who had primary responsibility for the patients care, assessment and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

## Is the service safe?

**Requires improvement**

We rated it as requires improvement because:

- The environmental risk assessment for the wards failed to provide an appropriate assessment and mitigation of ligature risks within the environment. Including ligature cutters and staff sufficiently trained to use these, if required.
- The provider failed to provide patients with an appropriate system to call staff in the event of an emergency.
- The provider failed to provide a risk assessment for emergency equipment including emergency medication required on the ward for resuscitation, in line with the patient group and current national guidance.

However:

- The service had enough nursing staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients admitted in relation to the number of staff on duty was not too high to prevent staff from giving each patient the time they needed.
- The respite service used systems and processes to safely administer, record and store medicines.

# Wards for people with a learning disability or autism

## Is the service effective?

**Requires improvement**

We rated it as requires improvement because:

- Managers did not ensure staff received regular clinical supervision in line with trust policy. As such, staff did not have regular protected time with a clinical supervisor to reflect on patient care and treatment and learn from practice.

However:

- Staff attended meetings regarding patients arranged by the wider multi-disciplinary or multi-agency team who supported the patient at home. The ward team had good working relationships with the community learning disabilities team.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Is the service caring?

**Good**

We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates when needed.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

**Good**

We rated it as good because:

- The service offered an agreed level of respite care to patients during the year. The level of respite was based on the number of patients accessing the service and the number of available nights. The service had the ability to use one bed for unplanned respite care due to a temporary change in family or carer circumstances such as illness.
- The design, layout, and furnishings of the ward supported patients' privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of a good quality and patients could make hot drinks and snacks at any time.
- Staff supported patients with a range of activities both on the ward and in the local community during their admission for respite care.

# Wards for people with a learning disability or autism

- The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication and cultural and spiritual support.
- Staff were aware of the complaints process. This included treating concerns and complaints seriously, investigating them and highlighting any lessons learned to the whole team and wider service.

## Is the service well-led?

**Requires improvement**

We rated it as requires improvement because:

- Leaders did not have the knowledge and experience to run the new safe haven service. They did not have a good understanding of the issues, and challenges the service faced with the more complex patient group. The senior management were not always visible in the learning disability service and did not always support staff.
- Leaders did not always ensure there were structures, processes and systems of accountability for the performance of the new safe haven service. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders did not use systems to identify, understand, monitor, and reduce or eliminate risks for the new safe haven service. As such senior managers and board members did not have full oversight of the key service risks to ensure these were safely managed.
- Management capacity in the team was stretched. This meant that some routine activities, including team meetings and supervision had not taken place as frequently as required. The trust had recognised this issue and had plans in place to address this.

However:

- Staff felt respected, supported, and valued within their immediate team. They felt the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear of retribution.
- The service engaged well with patients, staff, equality groups, the public and local organisations to plan and manage appropriate services. It collaborated with partner organisations to help improve services for patients.

# Areas for improvement

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 and Sunderland NHS Foundation Trust provides community mental health services for people with learning disability or autism who live in the South Tyneside area. The service provides specialist multi-disciplinary assessment and intervention to individuals aged 18 and over with learning disability or autism who also have complex health needs. The team also provides advice and support to individuals, their carers and other professionals. The service includes an assertive outreach team who provide time-limited, intensive support at times of crisis to prevent hospital admissions.

We inspected this service as part of a comprehensive inspection of the trust. The inspection was announced.

Before the inspection visit, we reviewed information that we held about the service and asked 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 seven treatment sessions and one health focus group
- observed a multi-disciplinary meeting and a team 'huddle'
- spoke with seven patients
- spoke with two carers
- spoke with the head of nursing (community services), the business manager and operations manager
- spoke with the manager of the service
- spoke with seventeen other members of staff, including learning disability nurses, health care support workers, occupational therapists, a speech and language therapist, staff from the assertive outreach team and an administrator
- spoke with the consultant psychiatrist and consultant psychologist from the mental health trust who worked into the service
- looked at 10 care records
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- The service provided safe care. Premises where patients were seen were safe and clean. The number of patients on the caseload of most of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff assessed and managed risk well and followed good practice with respect to safeguarding.

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

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to a range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access. The criteria for referral to the service did not exclude patients who would have benefitted from care.
- The service was well-led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- There was no physiotherapy team at the time of our inspection which impacted on patients' access to assessment and treatment. Limited capacity in the speech and language therapy team meant that patients waited longer than the trust target to access some treatment interventions.
- Management capacity in the service was stretched, although the trust had recognised this and had plans in place to address this issue.
- There was no formal system in place to monitor waiting lists for access to assessment and treatment. Staff working into the service from a local mental health trust used a separate case management system. This meant that staff did not always have easy access to patient information.
- Staff in the service felt disconnected from the trust and felt that more senior leaders were not visible.
- There was no service level risk register. The divisional risk register did not reflect concerns of staff, including staff vacancies and management capacity within the service.

## Is the service safe?

**Good**

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

- Premises where patents received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

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

- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to staff providing care.
- The teams had a good track record on safety. There were low levels of patient safety incidents. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff knew what action to take if things went wrong, understanding that they should apologise and give patients honest information and suitable support.

However:

- Staff from a local mental health trust worked into the service. Staff from the two trusts maintained separate case management systems. This meant that some information was not easily accessible to all staff. Staff used a secure portal to share key documentation, but we found one patient's positive behaviour support plan had not been shared.

## Is the service effective?

**Good**

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

- Staff undertook comprehensive assessments when assessing the needs of patients. They worked with patients and with families and carers to develop individual care and support plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.
- Staff provided a range of treatment and care interventions that were informed by best-practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff understood and applied national guidelines in relation to behaviour that challenges. This included support for families, early identification and assessment, psychological and environmental interventions.
- Staff used recognised rating scales to assess and record severity and outcomes.
- The team included or had access to a range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

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

- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

However:

- The trust had been unable to recruit to two physiotherapy vacancies which meant that patients did not have access to physiotherapy assessment and treatment. This had resulted in waiting lists for this element of the service.
- There was a vacant post in the speech and language therapy team. This meant that patients had reduced access to speech and language assessments and interventions.

## Is the service caring?

**Good**

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

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers in assessments and in the design of care and treatment interventions.

## Is the service responsive?

**Good**

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

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and most patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.
- The team met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- There were waiting lists for access to speech and language therapy and physiotherapy assessment and treatment. This was due to vacancies within these teams.

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

## Is the service well-led?

**Requires improvement**

We have not inspected this service before. We rated it as requires improvement because:

- Management capacity in the team was stretched. This meant that some routine activities, including team meetings and audits, had not taken place as frequently as planned. The trust had recognised this issue and had plans in place to address this.
- There was no service level risk register. The divisional risk register did not reflect concerns of staff, including staff vacancies and management capacity within the service.
- Staff felt disconnected from the trust and did not feel that more senior leaders were visible or approachable.
- There was no formal process in place to monitor and oversee waiting times for assessment or treatment. Data provided by the trust on the numbers of patients waiting for assessment or treatment was different to data viewed on site during our inspection.

However;

- Managers had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued within their immediate team. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that most governance processes operated effectively at team level and that performance and some risks were managed.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.
- Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

## Areas for improvement

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

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

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

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

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

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 11 HSCA (RA) Regulations 2014 Need for consent |

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

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Requirement notices

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

# Our inspection team

Sarah Dronsfield led this inspection. An executive reviewer, Roy Clarke, supported our inspection of well-led for the trust overall.

The team included two inspection managers, 32 inspectors, an executive reviewer and 36 specialist advisers.

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