

# Sheffield Teaching Hospitals NHS Foundation Trust

## Inspection report

Northern General Hospital  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

# Summary of findings

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

## Background to the trust

Sheffield Teaching Hospitals NHS Foundation Trust provides acute and community services to a population of 640,000. The trust provides specialist services for the populations of Yorkshire & Humber, parts of Mid-Yorkshire and North Derbyshire. The trust operates from five hospital sites and provides community services.

The health and life expectancy of people in Sheffield is generally worse than the England average. Deprivation is worse than the England average and there are higher numbers of children living in poverty.

CQC carried out a comprehensive inspection of the trust in December 2015. We rated safe, effective, caring, responsive and well-led as good. We rated the trust as good overall.

We found that the trust was in breach of regulations and issued requirement notices regarding Regulation 12: Safe care and treatment; Regulation 17: Good governance; and Regulation 18: Staffing.

## Overall summary

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

## What this trust does

Sheffield Teaching Hospitals NHS Foundation Trust provides acute and community services to a population of 640,000. The trust provides specialist services for the populations of Yorkshire & Humber, parts of Mid-Yorkshire and North Derbyshire. It operates from five sites:

- Northern General Hospital (NGH) has over 1,100 beds and employs more than 6,000 staff on this site. It provides a wide range of specialist services including orthopaedics, renal, heart and lung surgery. It has a specialist built spinal surgery unit. There are general and cardiac intensive care units onsite. The hospital also has an accident and emergency department.
- Royal Hallamshire Hospital (RHH) has 850 beds and employs almost 6,000 staff on this site. It provides a wide range of services including ophthalmology, outpatients and a minor injuries unit.
- The Jessop Wing Maternity Unit opened in 2001 and has approximately 7,000 deliveries per year with 129 beds. It has a 22-bedded labour ward and three postnatal wards including a high dependency ward. The unit also has a neonatal intensive care unit with 18 cots for premature and ill babies.
- Weston Park Hospital provides specialist, non-surgical oncology services for people from the local area as well as regionally from South Yorkshire, North Nottinghamshire and North Derbyshire and is one of the four national specialist hospitals that is dedicated to cancer care. It provides two adult inpatient wards and a five-bedded teenage cancer unit for patients aged 16 to 25 years. There are 64 inpatient beds including the teenage cancer unit.
- Charles Clifford Dental Hospital (CCDH) provides core services of oral surgery, oral medicine and oral diagnostic imaging. In 2014 CCDH merged with Community and Special Care Dentistry to form Charles Clifford Dental Services, a

# Summary of findings

comprehensive distinct dental clinical service area. In addition, there are several community services provided by the trust: Community health services for adults, community health inpatient services, community end of life care services and community dental services. There is also a GP Collaborative (Sheffield Out of Hours Service) run by the trust from the NGH.

## 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.

From the 12 – 14 June 2018, we carried out an unannounced inspection of the urgent and emergency, medical, surgical and end of life services provided by this trust, as part of our continual checks on the safety and quality of health care services.

We inspected urgent and emergency services at Northern General Hospital and Royal Hallamshire Hospital because the services at the NGH were previously rated as requires improvement. There had been a breach of Regulation 12: Safe care and treatment as patients waited longer than the recommended standard for assessment and treatment in the emergency department; patient's vital signs were not taken and recorded consistently as part of the initial assessment in the "pit stop area" in the emergency department; 95% of patients were not admitted, transferred or discharged within four hours of arrival in the emergency department. There was also a breach of regulation 17: Good governance as the risk register was not an effective record of the risks in the department. The two sites shared management and staffing.

We inspected medical services at Northern General Hospital, Royal Hallamshire Hospital and Weston Park Hospital. This was to ensure that the previous report findings have resulted in changes to practice and patient safety at Weston Park. The trust was also a mortality outlier for coronary atherosclerosis and other heart disease and majority of complaints to CQC relate to the Northern General Hospital in the medicine directorate.

We inspected surgical services at Northern General Hospital and Royal Hallamshire Hospital, because there had been a number of never events at the trust in relation to surgical procedures and the WHO checklist. Intelligence reports indicated relatively high turnover of staff, high use of bank and agency staff and training completion training rates missed for the last two years. There had been a breach of regulation 12 Safe care and treatment regarding the storage and administration of some medicines.

We inspected end of life services at Northern General Hospital, Royal Hallamshire Hospital and Weston Park Hospital because they were previously rated as requires improvement and there had been a breach of two regulations. Regulation 17: Good Governance as there was no end of life care strategy and DNACPR records were not completed fully and accurately. Regulation 12 safe care and treatment as intravenous fluids were not safely stored. We also inspected community end of life services because they had required improvement in the well led domain.

# Summary of findings

A further announced inspection took place between 11 – 13 July 2018 where we looked at the quality of leadership at the trust and how well the trust managed the governance of its services. We also looked at how well led the GP Collaborative (Sheffield Out of Hours Service) was.

Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. Our findings are in the section headed: Is this organisation well-led?

## What we found

### Overall trust

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

- We rated responsive as outstanding and we rated safe, effective, caring and well-led as good.
- The Northern General hospital was rated as Good overall as both urgent and emergency care and end of life had improved. Responsiveness was outstanding at this site which was an improvement.
- In rating the trust, we took into account the current ratings of the other services not inspected this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as good.

### Are services safe?

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

- Nurse staffing had improved in the emergency department at NGH. Actual nurse staffing levels in the ED coincided with planned level following a £1.2m investment in additional staffing approved by the trust board in February 2016 which meant nursing and support staff had increased by 25% since our previous inspection.
- Staff in ED applied safeguarding procedures for adults appropriately supported by the safeguarding lead. Safeguarding link nurses supported staff with safeguarding matters on the wards. Staff understood safeguarding and what to do if they were concerned.
- Staff had high levels of compliance with mandatory training and safeguarding training. In areas where compliance was lower than the trust's standard we saw staff booked to receive training which supported staff in keeping patients safe.
- The services managed patient safety incidents well. All the staff we spoke with, including medical staff, were aware of how to report incidents and gave examples of what types of things they would report. Management of incidents had improved in ED.
- Records completed by the specialist palliative care team showed a holistic review of patients' needs and were completed in line with the staffs' registered bodies. Records were stored securely.
- All specialist palliative care nurses were non-medical prescribers which meant medicines could be prescribed for patients in a timely manner to safely manage and support symptom control.
- The services we did not inspect at this inspection had been rated as good following the 2015 inspection.

However:

# Summary of findings

- Although we were informed that the trust was reviewing the requirements for the major trauma centre to include consultant staff 24 hours and seven days per week, we remained concerned that the major trauma standards were being breached and this had not been resolved in a timely way following our previous inspection.
- NHS England's quality dashboard for June 2018 showed that for May 2018, the latest month for which comparative data was available at inspection, 11.1 % of ambulance handover delays were for more than 60 minutes, which was worse than other trusts in the South Yorkshire area.
- Standards of hygiene were not maintained consistently within the ED at NGH. We observed poor handwashing in frequency and technique. Equipment was not always being cleaned between patients. Some areas did not have cleaning wipes or cleaning liquids available.
- Patients arriving by ambulance were not always booked into the emergency department in a timely manner. Between February 2017 and January 2018, the trust reported 218 "black breaches." A "black breach" occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.
- The emergency department did not consistently follow policy and best practice guidance for the prescription of oxygen therapy and the completion of patient records related to oxygen therapy.
- A review of the staffing on the wards we visited showed that between 1/6/18 – 30/6/18 the average fill rate for registered nurses/midwives on nightshift was below 75% Robert Hadfield 3 and 4, and Brearley 6. Also, between 1/6/18 – 30/6/18 the average fill rate for registered nurses/midwives on dayshift was below 75% on Brearley 5 and 6.
- Safety thermometer information and nurse staffing levels were not on public display and could only be viewed by nursing and medical staff.

## Are services effective?

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

- There had been improvements in end of life care which was rated as Good.
- There was evidence of good multidisciplinary working throughout the trust. Staff with specialist skills and knowledge worked well together to benefit patients.
- Appraisals for both medical and nursing staff were above the trust target. In ED we saw that personal development reviews included interaction to support the staff member's development and an action log was completed and signed within two weeks of the appraisal. A structured induction programme was in place for new staff.
- Sepsis outcomes showed a considerable improvement in ED. Outcomes for sepsis patients included the patient's experience of their stay in hospital. A sepsis study day was in development.
- We saw that staff had an understanding of consent and gained consent prior to performing care.
- Care and treatment was based on national guidance and there was evidence of the effectiveness of this through participation in national and local audits, reviews of outcomes and actions taken to improve services.
- Patients told us their pain was well-managed. Staff made sure patients had enough to eat and drink to meet their needs and improve their health. A neighbouring mental health trust provided support for patients experiencing ill mental health within the emergency department. The mental health trust had maintained a presence in the department 24 hours a day, seven days a week.

However:

# Summary of findings

- There was a lack of evidence of mental capacity assessments and best interest decisions in the patients' notes we reviewed on the medical wards at NGH and RHH.
- There were not robust arrangements in place to support patients with mental health needs on the medical wards including managing and recording Deprivation of Liberty Safeguards and making sure that hospital managers discharged their specific powers and duties according to the provisions of the Mental Health Act 1983.
- From January 2017 to December 2017, patients at Northern General Hospital had a higher than expected risk of readmission for elective admissions and a higher than expected risk of readmission for non-elective admissions when compared to the England average.
- The trust had participated in the 2017 Lung Cancer Audit and the proportion of patients seen by a Cancer Nurse Specialist was 54%, which did not meet the audit minimum standard of 90%. The 2015 figure was 80%.
- Although the emergency department participated in the national RCEM audits to benchmark its practice, results of audits which previously demonstrated mainly poor outcomes required further action. Action plans were in place to address this.

## Are services caring?

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

- Caring was rated as outstanding at Weston Park.
- Patients told us that they received compassionate care and that staff supported their emotional needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Spiritual and pastoral support was available to patients from the hospital chaplaincy service.
- The trust's friends and family test (FFT) from March 2017 to February 2018 scored the same as the England average for recommending the trust as a place to receive care and the response rate was better than the England average and showed consistently positive results.

## Are services responsive?

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

- Responsiveness at NGH and Weston Park were outstanding overall, which was an improvement.
- Services were planned in a way to meet the individual's needs and the local population.
- The trust had applied measures to manage access and flow in the ED.
- The initial assessment unit in ED had been upgraded and a new helipad had been opened adjacent to the emergency department, the GP collaborative had been relocated adjacent to the department which supported the streaming of patients 24 hours a day, seven days per week.
- A revised 'front door' arrangement was implemented from November 2017 which supported timely diagnostics, decision-making and prompt treatment for the patient.
- Patients knew how to complain, and staff knew how to deal with complaints they received. Complaints were investigated, and learning was shared.
- We saw that reasonable adjustments were made for people with more complex needs such as those with learning disabilities.

# Summary of findings

- Between August 2016 and July 2017, the trust's referral to treatment time (RTT) for admitted pathways for surgery was slightly better than the England average with a stable trend over the 12 months.

However:

- NHS England's quality dashboard for June 2018 showed that for May 2018, 88.8% of patients were seen within four hours of arrival, which was worse than other trusts in the South Yorkshire area.
- The trust had a higher than planned level of delayed discharges but was actively working with providers to manage this.

## Are services well-led?

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

- We found effective leadership throughout the services at ward level and above. Staff spoke highly of their line managers and told us they felt listened to. Leadership of the urgent and emergency care services had been recently strengthened with the appointment of a nurse director and matron.
- The care groups/directorates had plans which were aligned to the trust's strategic plan and aimed to meet the needs of the local population. A clear vision and operational plan was in place for the continued development of the emergency department. The three-year strategy for the care group for acute and emergency medicine included an analysis of planned operational performance and resource requirements to achieve the vision and key objectives for the department.
- We found a positive culture with staff being open, honest, and willing to share information with us on inspection. We found good relationships between staff and they told us they worked well together to overcome challenges.
- There was a governance structure in place with integrated performance reports and supporting dashboards. Managers monitored performance and used the results to help improve care.
- Risks were identified and managed within directorates although we identified some risks within medical care at Weston Park that were not effectively managed. There was a process for escalating risks from wards/services to the directorate and above although some of the "extreme" risks were not included on the integrated risk and assurance report at board level.
- We found evidence of good engagement with patients and carers, staff and local organisations to plan and manage services. There was effective collaborative working with partner organisations.
- We found a culture of continuous improvement and service development. There was a commitment to developing staff and improving services for patients.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care, surgery, end of life care and community end of life care. For more information, see the Outstanding practice section of this report.



# Summary of findings

## Areas for improvement

We found areas for improvement including 6 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 at a trust-wide level and in the four core services we inspected.

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

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Trust-wide:

- The trust had recognised the need for increased diversity within its leadership succession pipeline, especially at board level. This included reverse mentoring of members of the trust's board. Reverse mentoring refers to an initiative in which senior staff are paired with and mentored by younger employees on various topics such as BME, technology and social media. The trust was using this in terms of developing a greater understanding and appreciation of the challenges facing BME staff.

### Urgent and Emergency Care:

- The emergency department at Northern General Hospital supported competency through training and development. The quality and emphasis placed on education and support for staff development was enhanced by members of staff with senior and leading roles remained clinically active. A nurse consultant lead was in place for education and training. A comprehensive four-week induction with preceptorship supported new staff.

### Surgery:

- The surgical department had above average national performance with respect to national referral to treatment targets. The trust was regularly in the top three NHS trusts nationally with performance around 95% against the 92% target for incomplete pathways.
- The surgical department reported first ever use of a new cutting-edge heart treatment known as aortic valve neocuspidisation in adults in the UK. The replacement valve is created using a piece of tissue harvested from the covering of the patient's own heart or from readymade Bovine pericardium. Once created, the valve – which acts like a natural valve and is much bigger and therefore much better for the heart than an artificial valve is sewn into place using millimetre-precision measurements.
- During the inspection we saw new initiatives launched in the trust's annual "give it a go week". This week prompted staff to think about and implement improvement, for example one ward decided that housekeepers would go collect patient's property following operations to reduce patient frustration of waiting for their property to arrive.

### End of Life Care:



# Summary of findings

- Northern General Hospital had an innovative 'front door response team' based in the accident and emergency department whose remit included supporting end of life patients who wished to die at home to avoid unnecessary admittance to hospital. The front door response team had access to 'comfort boxes' that contained essential items for patients to take home to die. This meant patients and their families had access to essential items without delay. There was a process in place for anticipatory medications and syringe drivers to be accessed 24 hours a day and sent home with the patient. The front door response team provided an outstanding rapid approach to the treatment of patients that could otherwise be admitted to hospital, lose their home care packages and be unable to be discharged home to die until these packages were reinstated.
- The trust had appointed an 'acute' palliative care consultant. Their remit was to outreach predominantly in to the accident and emergency department, the frailty unit and the acute medical unit to try and widen the access of the palliative care team to patients who were suitable for the service but may not be identified and referred to the team until later in their hospital stay. This pro-active approach was outstanding and ensured patients were identified early on in their hospital stay and their care could be planned around their wishes, for example their identified preferred place of care and their preferred place of death.
- There were excellent responsive pathways in place for rapid discharge home to die from general ward areas and the emergency department (see above). The two comprehensive emergency pathways covered office hours and out of hours.
- The trust had created a comprehensive end of life resource site on the staff intranet. The intranet site had been created by a clinical fellow in the palliative care team and based on the 'three clicks' rule. This meant staff could access the information, guidance or pathway they needed with no more than three mouse clicks.

## Community End of Life Care:

- The intensive home nursing service (IHNS) provided an excellent responsive service for patients whose preferred place of care was in their home. They were flexible to the needs of each individual. All staff we spoke with were truly proud of the care they provided and the relatives we spoke with reflected that staff went above and beyond to support not only for the patient but also the family members.

## Areas for improvement

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

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

We told the trust that it must take action to bring services into line with six legal requirements. This action related to urgent and emergency care, medicine and end of life care.

#### Trust-wide:

- The trust must ensure that all board members have been subject to all the appropriate fit and proper person checks and that these are recorded. In addition, the trust should comply with its own FPPR policy by ensuring that there is evidence of the qualitative assessment and values-based assessment directors had undergone as part of the recruitment process.
- The trust must ensure that there is effective oversight by the board of significant operational risks and how these are being managed.

# Summary of findings

- The trust must ensure that there are named doctors for safeguarding in place and that the safeguarding policy for children is in date and reflects national guidelines.
- The trust must continue to ensure that its plans to manage the patient pathways in the outpatients follow up backlog are effectively, promptly and clinically assessed to ensure that no harm comes to patients.
- The trust must ensure the Mental Capacity Act and Deprivation of Liberty Safeguards are applied consistently and staff are aware of the relevant forms to complete and where to store and record this within the patient records.

## **In Urgent and Emergency Care:**

- The trust must ensure the provision of 24-hour consultant medical cover within the emergency department as part of being a major trauma centre so that major trauma guidance is followed, and standards are achieved consistently.
- The trust must ensure action is taken to achieve the recognised standard of 15-minute arrival by ambulance to handover to the emergency department and to ensure breaches of the ambulance arrival standard are minimal.
- The trust must ensure standards of hygiene are maintained consistently in the emergency department, supported by correct handwashing in frequency and technique, equipment always being cleaned between patients and the availability of supplies and equipment to support appropriate cleaning of the department.
- The trust must ensure emergency department staff follow policy and best practice guidance for the prescription of oxygen therapy and the completion of patient records related to oxygen therapy.

## **In Medicine:**

- The trust must have systems and processes in place to ensure best interest decisions and capacity assessments are recorded in patients' notes.
- The trust must have systems and processes in place, so all staff are aware of the escalation procedures if a patient appeals against their Mental Health Act section and requests an independent mental health advocate.
- The trust must further develop systems and process to ensure effective engagement and clinical support for junior doctors at Weston Park.
- The trust must have clear systems and processes in place to identify, manage, mitigate and escalate risk.

## **In End of Life Care**

- The trust must ensure all staff at Northern General Hospital and Weston Park are compliant with medical device training.

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

### **In Urgent and Emergency Care:**

- The trust should ensure the emergency department takes further action to achieve the Department of Health's standard for emergency departments that 95% of patients to be admitted, transferred or discharged within four hours of arrival in accident and emergency.
- The trust should ensure the emergency department has clearly sighted actions in place to improve door to antibiotic time for sepsis patients.
- The trust should ensure the emergency department has clearly sighted actions in place to fully implement electronic patient record keeping without the need to maintain paper records for use in the department.
- The trust should ensure all clinical staff are fully conversant with the emergency department risk register and the trust board are appropriately sighted on the risks classed as 'extreme' by the emergency department.

# Summary of findings

- The trust should ensure the friends and family test and other means of patient and public engagement are further developed.
- The trust should ensure the planned completion rate for mandatory training of 90% is achieved over all staff groups.
- The trust should ensure the emergency department has clearly sighted actions in place to respond to the findings of both national RCEM audits and its programme of local audits.
- The trust should ensure health promotion information and materials are available in areas of the emergency department which are accessible to patients.
- The trust should ensure drinks and snacks which represent healthy lifestyle choices and promote healthier options for patients and visitors are available in the emergency department waiting areas.

## **In Medicine:**

- The trust should ensure the doors on ward E1 and E2 at Royal Hallamshire Hospital are fitted with appropriate locking mechanisms to help to keep patients and staff safe.
- The trust should increase the availability of Mental Health Act specific training around detention under the Act to more staff.

## **In Surgery:**

- The trust should improve the experience for patients who need extra support, such as those living with dementia.
- The trust should ensure secure access to medication at Northern General Hospital.
- The trust should ensure the privacy of all patients is respected.
- The trust should ensure stock is rotated.
- The trust should ensure bowls are washed and dried at Northern General Hospital as according to best practice for infection prevention.
- The trust should ensure carpets are removed from clinical areas at Royal Hallamshire hospital.
- The trust should continue to reduce the movement of staff to clinical areas outside of their speciality at Royal Hallamshire Hospital.
- The trust should ensure all treatment rooms at Royal Hallamshire hospital have lockable doors that are not propped open.

## **In End of Life Care**

- The trust should ensure they use available data to evidence positive, or implement actions to improve, patient outcomes.
- The trust should ensure all staff meet the trust's own target for mandatory training compliance.
- The trust should ensure staff at Northern General Hospital and Weston Park are able to access pressure relieving mattresses in a timely manner, to enable them to safely care for patients at risk of pressure damage.
- The trust should improve the mortuary facilities to prevent deceased patients being taken outside the building and through a public area.
- The trust should ensure the frequency of environmental and infection prevention and control audits conducted on the Macmillan palliative care unit matches the frequency identified by the trust.

# Summary of findings

- The trust should ensure patients' care at Weston Park is planned in line with the trust's end of life care guidelines.
- The trust should ensure it has robust document control processes in place at Weston Park to prevent the use of out of date guidance.
- The trust should consider further improvements at Weston Park to support individual patients, for example those living with dementia.

## Is this organisation well-led?

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

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

- The trust had a very experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They worked well together as a unitary board.
- The leadership team recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear cohesive vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The trust had recently refreshed its five-year trust strategy (Making a Difference Corporate strategy 2017–2020) which was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of its quality strategy and from this had a clear three-year plan to provide high-quality care with financial stability. Enabling strategies and plans were in place but some of these were not well developed; examples identified included IT mobile working and implementation of the dementia strategy.
- There was a positive culture with a focus on quality. There was a clear message around balancing quality with financial performance.
- The trust had identified the need to further develop its work regarding equality and diversity and had plans to do this including reverse mentoring with Board members. The trust had worked with local partners to develop a system wide strategy to improve the experience of BME staff. It was less clear how this work was extended to other protected characteristics.
- The trust had clear structures, systems and processes in place to support the delivery of its strategy, for overseeing performance and quality which included board committees, divisional committees and team meetings. The board had an integrated performance report which it reviewed; similar reports were available at care group and divisional levels together with supporting dashboards which could drill down to patient, ward or consultant level.
- There was evidence of a holistic understanding of performance, which sufficiently covered information on quality, operations and finances. There was an information and technology strategy in place to support the development and use of intelligent information. The trust recognised that access to mobile technology was an issue but commented that further security needed to be in place before this could be considered.

# Summary of findings

- To maintain safe staffing levels, the trust monitored staffing levels using nationally recognised tools alongside clinical judgment. Nursing staff used electronic rostering which helped to identify the risk of staffing rota gaps, so the trust could action these. However, on inspection we saw gaps where staff were below planned levels on some medical wards.
- System-wide engagement was positive. Trust-wide staff and patient survey results were in the main positive. It was less clear about how the trust engaged across all its communities, including those that were hard to reach. However, plans were in place to address this including a quality objective for 2018/19 to significantly increase the scale of patient engagement with those who may be harder to reach or seldom heard.
- Leaders were visible and approachable. Staff told us they felt comfortable raising issues of concern to them. Almost all staff fed back positively about this, however, feedback from junior doctors told us they felt their concerns about working at Weston Park had not been heard.
- We saw many excellent examples of innovation and improvement. The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There had been a service improvement team in place since 2011. The trust had been training staff in quality improvement methodology; over 1,300 staff had completed this. There was also an annual “Give it a go week” and “Listening into action” The trust had also set up a micro systems coaching academy; there were 228 coaches that had “graduated” through this process.
- The GP Collaborative (Sheffield Out of Hours Service) was well led with effective leadership and governance structures in place.

However:

- Whilst there were systems in place to manage risks the trust board did not routinely consider the most significant risks identified by care groups and directorates. In 2015 the trust had found a large cohort of patient pathways that had not been followed up and at the time of the inspection there was still a backlog of over 25,300 patient pathways. Board members we spoke with could not tell us about the ongoing risk of the backlog of patient pathways that had not been followed up or provide assurance about any clinical validation procedures. There appeared to be a lack of awareness and timely action at board level for such risks.
- Whilst the Trust’s Fit and Proper Person Requirement (FPPR) policy was in date and met the requirements of the regulation we found that one director’s file we reviewed did not contain evidence that they had been subject to all the appropriate fit and proper person checks and none of the directors had evidence within their personnel file of the qualitative assessment and values based assessment they had undergone as part of the recruitment process.
- There was no named doctor for safeguarding and the safeguarding policy for children was out of date.
- There were not robust arrangements in place to support patients with mental health needs including managing and recording Deprivation of Liberty Safeguards and making sure that hospital managers discharged their specific powers and duties according to the provisions of the Mental Health Act 1983.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RHQ/Reports](http://www.cqc.org.uk/provider/RHQ/Reports)

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018

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

## Ratings for Northern General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Medical care (including older people's care)	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Surgery	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Critical care	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
End of life care	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Outpatients and Diagnostic Imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
<b>Overall*</b>	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018

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



## Ratings for Royal Hallamshire Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Medical care (including older people's care)	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Surgery	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Critical care	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Services for children and young people	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
End of life care	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Maternity and Gynaecology	Good Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Outpatients and Diagnostic Imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
<b>Overall*</b>	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Outstanding ↔ Oct 2018	Good ↔ Oct 2018

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

## Ratings for Weston Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Requires improvement ↓ Oct 2018	Good ↑ Oct 2018
End of life care	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Outpatients and Diagnostic Imaging	Good Jun 2016	N/A	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
<b>Overall*</b>	Good ↑ Oct 2018	Requires improvement ↔ Oct 2018	Outstanding ↔ Oct 2018	Outstanding ↑↑ Oct 2018	Requires improvement ↓ Oct 2018	Requires improvement ↔ Oct 2018

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

### Ratings for Charles Clifford Dental Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dental Services	Good Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016

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

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Community health inpatient services	Requires improvement Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Community end of life care	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018
Community dental services	Good Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Sheffield Dialysis Unit	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018

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

# Acute health services

## Background to acute health services

Sheffield Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute health services to the residents of Sheffield, South Yorkshire, Mid Yorkshire and North Derbyshire and also some highly specialist services to all parts of England.

The trust has 1,669 inpatient and critical care beds across 68 wards and operates approximately 3,796 outpatient clinics.

From December 2016 to November 2017 across the trust there were:

- 1,801,834 outpatient attendances
- 213,895 inpatient admissions
- 16,211 planned elective surgical cases
- 147,997 attendances at the accident and emergency department
- 6,580 deliveries

It operates acute services from five sites:

- Northern General Hospital (NGH)
- Royal Hallamshire Hospital (RHH)
- The Jessop Wing Maternity Unit
- Weston Park Hospital
- Charles Clifford Dental Hospital.

The trust provides all eight core services but not all services are at all of its acute sites. For example it provides urgent and emergency care only at NGH and RHH (minor injuries unit only).

## Summary of acute services

**Good**   

We did not give an overall rating to acute health services at our last inspection in December 2015, however the trust overall was rated as Good. At this inspection, we rated acute health services as good, because:

- We rated both the Northern General Hospital and Royal Hallamshire Hospital as good overall following the inspection of four services at each site and taking into account the ratings of the services not inspected in 2018.
- Urgent and emergency care improved to Good at the NGH and remained Good at the RHH.
- Medical care remained Good at the NGH and RHH. It improved to Good at Weston Park.

# Summary of findings

- Surgical care remained Good at both the NGH and RHH.
- End of life care improved to Good at the NGH, RHH and Weston Park
- At our previous inspection in December 2015, we also rated the Charles Clifford Dental Hospital as good.

However:

- Although services at Weston Park Hospital had improved the overall rating remained as requires improvement.

# Weston Park Hospital

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## Key facts and figures

Weston Park Hospital provides specialist, non-surgical oncology services for people from the local area as well as regionally from South Yorkshire, North Nottinghamshire and North Derbyshire and is one of the four national specialist hospitals that is dedicated to cancer care. It provides two adult inpatient wards and a five-bedded teenage cancer unit for patients aged 16 to 25 years. There are 64 inpatient beds including the teenage cancer unit.

## Summary of services at Weston Park Hospital

**Requires improvement** ● → ←

Our rating of the hospital stayed the same. We rated the hospital as requires improvement because we rated the domains of effective and well-led as requires improvement. However, we rated caring and responsive as outstanding and we rated safe as good.

# Medical care (including older people's care)

Good ● ↑

## Key facts and figures

Weston Park Hospital is one of only four specialist cancer hospitals in the UK. Specialist non-surgical oncology services were provided for the local population of Sheffield and South Yorkshire, North Nottinghamshire and North Derbyshire and further afield. The medicine services at Weston Park sat within the specialist cancer services directorate and consisted of two oncology wards and one chemotherapy day case ward which included a teenage cancer unit.

We visited the oncology wards and day-case ward. We spoke with 11 patients, three relatives, and 15 staff including medical and nursing staff and reviewed two records of patients including prescription charts.

## Summary of this service

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

- The service was safe because staff compliance with mandatory training, and safeguarding, had improved. Infection rates were low, and the wards had benefited from a recent refurbishment. This created a clutter free, wheelchair accessible environment with enough equipment for staff to perform their role. Nurse staffing was much better compared to when we inspected last time and there were no vacancies. Staff had access to records which were stored securely. Medicines including intravenous fluids were stored and managed safely. Staff knew how to report incidents and tools such as, the safety thermometer, were used to keep patients safe.
- The service was effective because it had processes in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients food, hydration and pain management needs were met. The service had actioned several initiatives to improve patient outcomes such as starting construction of a sky bridge to link the site to an adjacent trust hospital. Practice development nurses oversaw a programme to ensure staff remained competent. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- The service was caring, with response rates in the friends and family test better than the England average. The inpatient score for friends and family in March 2018 was 97% which was above the trust's internal target of 95%. Staff supported the emotional needs of patients and could signpost patients to a local charity for further support. Staff tried to understand and involve patients and their carers where it was safe to do so.
- The service was responsive, making changes to its service to benefit patients with life changing conditions, such as changes to its pathways. It was compliant with all referral to treatment standards apart from the GP 62-day pathway: but it had plans to improve compliance in this area. The service was responsive to complaints and had made changes to its service, such as the improvements to the telephone service, in response to feedback received.
- The senior leadership team running the service were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture. The service had clear governance processes in place to drive patient safety forward. Staff and the public were engaged through meetings, clinics and focus groups. The service was working with partners to improve the service provision for the region.

However:

# Medical care (including older people's care)

- Junior doctors told us that securing physical presence of consultant oncologists on site was challenging. We raised this with the senior leadership team who said they were working on plans to address this, such as consultant of the week.
- There were not clear systems and processes in place to manage, mitigate and escalate risk.

## Is the service safe?

Good  

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

- To support staff in keeping patients safe, staff attended mandatory training and safeguarding training with staff booked to receive training.
- Nursing and midwifery staff exceeded the trust target of 90% for six out of eight mandatory training modules and Medical and dental staff met or exceeded the trust 90% completion target for all nine modules.
- Nursing and midwifery staff exceeded the trust target of 90% for three of the four safeguarding training modules and Medical and dental staff exceeded the trust target of 90% for all safeguarding training modules.
- Link nurses on the ward could support staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was everyone's business.
- The service was visibly clean, the environment was modern, and secure. Staff had enough equipment to do their job which was safe and ready to be used. Medicines, gases, and intravenous fluids were stored and managed safely.
- During handovers of patients, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools. Staff had access to records and care was evidence based. To improve patient care the service was active in clinical research.
- To maintain safe staffing levels, the service monitored staffing levels using nationally recognised tools alongside clinical judgment.
- Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a safety thermometer, dashboard and case reviews.

However:

- Junior doctors told us that securing physical presence of consultant oncologists on site was challenging. We raised this with the senior leadership team who said they were working on plans to address this, such as consultant of the week.
- Safety thermometer information and nurse staffing levels were not on public display and could only be viewed by nursing and medical staff.

## Is the service effective?

Good   

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



# Medical care (including older people's care)

- The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Nutrition and hydration needs were met for patients with systems in place to monitor food and fluid intake and give support where needed. Patients reported no issues with management of their pain.
- The service had tried to improve patient outcomes including redesign of pathways and improvements to the telephone advice service plus refurbishment of the estate and further development, such as building of a sky bridge, to link the service physically to the adjacent trust hospital.
- Staff were regularly appraised and given opportunities to develop their competencies.
- Staff worked effectively as a multi-disciplinary team, including by attending multi-disciplinary weekly ward rounds. The service operated a 24/7 telephone advice service and had 24/7 consultant cover apart from the day case ward which was closed on weekends.
- Patients were consented to treatment appropriately, and staff were aware of when patients needed additional emotional support, with effective referral procedures to a local charity who could access specialist support.

## Is the service caring?

Good ● → ←

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

- The response rate for friends and family was better than the England average, and we observed staff providing compassionate and dignified care.
- Patients we spoke with felt staff were attentive and took time to explain things. Matrons monitored privacy and dignity as part of the trust's electronic clinical assurance toolkit.
- The inpatient score for friends and family in March 2018 was 97% which was above the trust's internal target of 95%.
- Staff had been trained to support patients in receiving difficult news and staff could refer patients for further support to a local cancer charity. Chaplaincy services were also available.
- Carers were supported as much as possible to stay with their loved ones by offering beds and flexible visiting times.

## Is the service responsive?

Good ● ↑

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

- The service had plans in place to ensure that its service was responsive to the needs of local people, making changes to its telephone service, creation of survivorship clinics, and ensuring oral anticancer therapy was delivered to the home of a patient.
- From February 2017 to January 2018 the average length of stay for medical elective patients at Weston Park Hospital was 3.7 days, which is lower or better than England average of 5.8 days. For medical non-elective patients, the average length of stay was 4.3 days, which is lower or better than England average of 6.4 days.
- Patients individual needs were met, with link nurses on each ward to champion dementia or learning disability.

# Medical care (including older people's care)

- The service strived to manage access and flow through the service by refining the patient pathways which sought to, as far as possible, ensure steps required were completed before the patient attended for treatment. Also, there were changes to the estate, such as construction of a sky bridge to physically link the service to the adjacent trust hospital. Performance on cancer referral to treatment standards were monitored to ensure the service remained responsive.
- Systems and processes to respond to complaints were responsive to patients with changes to the service being made, in part, in response to feedback from patients.

## Is the service well-led?

**Requires improvement** ● ↓

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

- At the last inspection we found that not all the items on the risk register were discussed, despite some being past their review date in June 2015. At this inspection, the minutes from the meetings showed that risk was discussed but what was discussed was not reflected in the risk register.
- In the minutes of the March 2018 governance meeting, it was recorded all the risks on the register were out of date, but nothing was recorded as to what actions the leadership team were going to take to address this.
- Managers told us about other risks when we met them, but these were not on the risk register. This meant that while risks appeared to be locally managed they were not reflected on the risk register.
- In the governance meeting minutes supplied by the trust the clinical director was not recorded as having attended any of the meetings, and nor was any apology recorded.
- It was not clear from the minutes we reviewed how the leadership team escalated the risks marked as 'extreme' to the trust board." One of the risks, for example, was identified as being extreme but it was not clear what the trust were doing to mitigate that risk.

However:

- The service had a cohesive, visible and approachable local leadership team who were leading the service through a regional service review.
- Staff reported a positive culture, with annual away days, good team working, and forums in which to receive and share information and concerns.
- There was a governance structure in place, with access to information, such as monthly performance reports, to maintain quality.
- There was active clinical involvement in a regional workstream to drive quality cancer services forward for the local region.
- Public and staff were engaged, and the service was leading on a redesign of the regional cancer network, in addition to being a centre for research and innovation.

## 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 across all wards at Weston Park, Royal Hallamshire and Northern General Hospital. 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. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

Inpatient beds are supported by the hospital palliative care team (medical and nursing) who provide a seven-day service to support all healthcare professionals to deliver end of life care.

There is an out of hours on call provision 24 hours a day that can provide specialist registrar or consultant delivered face to face advice and support as required. The palliative care team work alongside learning and development to support education and training to all staff.

The trust had 2,619 deaths from February 2017 to January 2018.

The chaplaincy department offers services to patients, relatives and staff 24 hours a day, seven days a week operating on an on-call basis out of hours.

The mortuary department was based on the Royal Hallamshire hospital site, which is adjacent to Weston Park Hospital and was open Monday to Friday 8am to 5pm and operated an on-call out of hour's service.

Weston Park Hospital was last inspected as part of our comprehensive inspection programme in December 2015. During the 2015 inspection, we inspected and rated all five key questions. Overall, we rated end of life care as requires improvement. We rated effective, responsive and well led as requires improvement. We rated safe and caring as good.

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

This report predominantly focuses on the inspection of the services provided by the specialist palliative care medical, nursing and administration team, the mortuary staff and the chaplaincy and the bereavement team. However, to help us make our judgements, we also visited wards where patients at the end of their life were receiving care, we spoke with 12 patients and their family and friends. In addition to this, spoke with 14 staff members including consultants, junior medical staff, registered and non-registered nursing staff and therapists at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed seven sets of care records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

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

- We rated safe, caring, responsive and well-led as good. We rated effective as requires improvement.
- Staff caring for patients at the end of their life were aware of how and when to report incidents, including safeguarding concerns. We saw that staff received feedback and lessons learned were shared.

# End of life care

- All areas we visited were clean and well maintained. The environment had been updated resulting in improved facilities for patients and their relatives. Staff practiced safe infection control techniques.
- Staff caring for patients at the end of their life assessed patients and escalated their care to the specialist team when necessary.
- Guidelines, pathways and policies were produced in line with national best practice guidelines and recommendations.
- We saw many good examples of multidisciplinary working.
- The service participated in national audit and undertook local audits, such as an audit of compliance on the completion of do not attempt cardiopulmonary resuscitation (DNACPR) forms and assessment of the use of intravenous and subcutaneous fluids in patients in the last days of life. The trust had a robust action plan to address the outcomes of national end of life care – dying in hospital audit 2016 and was making progress on the actions needed.
- There were sufficient numbers of highly skilled specialist palliative care medical and nursing staff to care for patients at the end of their life. Specialist medical staff were available seven days a week, 24 hours a day.
- We saw staff seeking patient consent before providing care and treatment. Do not attempt cardiopulmonary resuscitation orders were fully completed and showed evidence of discussion with patients and their families.
- Patients, relatives and carers we spoke with gave consistently positive feedback: patients told us they felt safe on the wards and that staff were caring and compassionate.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Staff provided emotional support to patients and their loved ones.
- Services were planned in conjunction with external partners, across the whole of the health system to meet the needs of local people and the wider population.
- We saw numerous positive examples of initiatives to meet the individual needs of patients at the end of their life.
- There was a clear leadership structure and strategy for end of life care. Staff told us that their line managers were visible, approachable and supportive.
- Local governance arrangements were robust, and the team was aware of the risks to their service.
- We saw numerous examples of engagement, improvements and innovation.

However:

- Whilst mandatory training compliance had improved we found low compliance amongst some staff groups for some subjects. Staff reported delays obtaining pressure relieving equipment.
- The trust had processes in place to ensure patients care preferences at the end of their life were documented. However, they were unable to evidence improvements for patient outcomes because they were not auditing outcomes.
- The trust did not have gold standards framework accreditation and did not provide any indication this was planned.
- We saw printed copies of out of date end of life care guidelines on the oncology wards at Weston Park Hospital. This meant staff might not be using the most up to date guidance which had been recently updated and was available on the trust intranet.

# End of life care

- The trust performance in the national End of life care Audit: Dying in Hospital 2016 was worse than the England average for three of the five agreed clinical indicators and the trust answered no for five of the eight organisational indicators.
- The trust had made some improvements to the ward environments however we found more could have been done to support people living with dementia. Following our inspection, the trust provided evidence that further improvements had been identified and were being implemented.

## Is the service safe?

**Good** ● → ←

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

- Mandatory training compliance had improved since our last inspection.
- All grades of staff were aware of their safeguarding responsibilities and training compliance was positive.
- All areas we visited were visibly clean and well- maintained.
- We saw that patients had risk assessments completed and Sheffield Early Warning Scores (SHEWS) were recorded, and, where necessary, patients were escalated appropriately.
- Patient safety alerts were responded to appropriately.
- There were sufficient numbers of highly skilled specialist palliative care medical and nursing staff available to support the care of patients at the end of their life.
- Records completed by the specialist palliative care team showed a holistic review of patients' needs and were completed in line with the staffs' registered bodies. Records were stored securely.
- All of the specialist palliative care nurses were non-medical prescribers which meant medicines could be prescribed for patients in a timely manner to support symptom control.
- Staff we spoke with were aware of when they should report incidents. There were robust processes in place for reviewing, sharing and learning about incidents.

However;

- Staff reported that they were not always able to access pressure relieving mattresses to enable them to safely care for patients at risk of pressure damage.
- Staff mandatory training compliance was lower than the trust plan of 90% for some subjects. For example, 80% of administration staff in the specialist team were non-compliant with information governance, medical staff were 63% compliant with infection prevention and control training and the team overall were 67% compliant with Mental Capacity Act and Deprivation of Liberty Safeguards training. Medical device training for the use of syringe drivers was lower than the trust plan at 66%.

## Is the service effective?

**Requires improvement** ● → ←

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

# End of life care

- Whilst the trust had implemented processes to ensure that patients care preferences at the end of their life were documented, the trust were unable to evidence improvements for patients as they were not auditing patient outcomes.
- As the last inspection, the trust draft guidance for end of life patients was not in use at this hospital and it was not clear which guidelines staff were following. At this inspection we found evidence-based best practice guidelines, policies and patient pathways in place on the intranet to support staff in the care and treatment of patients at the end of their life. However, at this hospital we saw out of date copies of guidelines in use.
- We did not always see evidence that patients' care was planned in line with the trust's end of life care guidelines.
- The trust did not have gold standards framework accreditation and did not provide any indication this was planned.
- The trust performance in the national End of life care Audit: Dying in Hospital 2016 was worse than the England average for three of the five agreed clinical indicators and the trust answered no for five of the eight organisational indicators.

However;

- Patients were assessed for risk of malnutrition and where necessary referred to dieticians and supported with their dietary needs.
- Patients were prescribed anticipatory medicines in line with best practice. Pain scores were used, and pain relief was evaluated. Patients we spoke with told us they received pain relief in a timely manner.
- The service made sure staff were competent for their roles. There was a clinical practice educator who coordinated all aspects of an effective training and induction programme for staff. There were over 100 end of life care champions (link nurses) and they received in-depth, regular training study days.
- The trust had a robust process in place following the learning from deaths national guidance.
- We saw effective multidisciplinary working across all wards and services. Staff we spoke to reported positive working with other teams both internally and those external to the trust. The specialist palliative care team were available 24 hours a day, seven days a week.
- We observed staff seeking verbal consent before providing care and treatment. Staff showed a good understanding of the mental capacity act and Deprivation of Liberty safeguards.

## Is the service caring?

Good   

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

- We received consistently positive feedback from patients, relatives and carers we spoke with. Patients told us they felt safe on the wards.
- Patients told us that the staff were kind, caring and compassionate.
- We observed staff treating patients compassionately and with dignity and respect.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- We observed positive interactions between staff of all disciplines and patients. Staff provided emotional support.

# End of life care

- In the trusts annual end of life survey 85% of respondents rated the care given to their loved ones in the last days to hours of life as excellent or good.

## Is the service responsive?

Good ● ↑

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

- The trust planned services to meet the needs of the local population. Acute and community services at the trust worked in close partnership with a number of external providers and agencies to provide a responsive end of life care service to the local and wider population.
- Outpatient clinics were available each week day across the three acute hospital sites.
- We saw numerous examples of how the staff provided support to patients receiving care at the end of life. These including a responsive multi faith chaplaincy service, the support of local charity workers who provided a number of alternative therapies including aromatherapy, homeopathy, acupuncture, reiki, art therapy and also a counselling service.
- The trust had some made improvements to the ward environments however we found more could have been done to support people living with dementia. Following our inspection, the trust provided evidence that further improvements had been identified and were being implemented.
- The specialist palliative care team saw 89.6% of referrals to the service within one working day. The team saw 80.5% on the day of referral.
- The trust had robust procedures in place to facilitate fast tracked discharges. There had been low numbers of delayed discharges in the last 12 months.
- Staff had access to an external translation and interpretation services.
- Members of the specialist palliative care team told us how they would be involved in complaints involving end of life care patients. There were low numbers of complaints.

## Is the service well-led?

Good ● ↑

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

- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care. There was a clear management structure at directorate level. The managers knew about the quality issues, priorities and challenges in the department.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The trust had an end of life strategy with a focus on educating, developing and growing a strong and competent workforce with the right skills to deliver quality end of life care. The end of life strategy had been created in co-production with a wide range of stakeholders.



# End of life care

- The governance system supported the strategy and provided continuing assurance up to board level. The service had approved a business case for a new end of life lead nurse role, who would take the lead on end of life governance from the end of life project group, when appointed.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt that the care of the dying was everyone's responsibility and we found this culture was embedded across the hospital.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The service had effective systems for identifying risks. The end of life project group met regularly to discuss risks and identify mitigations and actions.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We observed innovative practice around pathways for care of the dying and the appointment of an acute palliative care consultant whose role included widening the access of the palliative care team across the hospital.

## 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.

# Royal Hallamshire Hospital

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www.sth.nhs.uk

## Key facts and figures

Royal Hallamshire Hospital (RHH) has 850 beds and employs almost 6,000 staff on this site. It provides a wide range of services including ophthalmology, outpatients and a minor injuries unit.

## Summary of services at Royal Hallamshire Hospital

**Good** ● → ←

Our rating of the hospital stayed the same. We rated the hospital as good because we rated the domain of well-led as outstanding and we rated safe, effective, caring and responsive as good.

# Urgent and emergency services

Good   

## Key facts and figures

Sheffield Teaching Hospitals NHS Foundation Trust's Acute and Emergency Medicine Directorate is the primary centre for adult emergency care in Sheffield. The Royal Hallamshire Hospital (RHH) had a nurse led minor injuries unit (MIU) which was managed within the emergency care directorate and is used by an average of 70 patients per day.

The unit was open seven days a week, from 8am to 8pm. The only day in which the unit was routinely closed was Christmas day. In the event of extreme pressures within the Emergency Department at The Northern General site the unit would be closed, and the staff allocated to the main department

The service was nurse-led and delivered by qualified Emergency Nurse Practitioners (ENP's) who were senior nurses with specialist knowledge and training. There was a member of staff within the unit who is currently undertaking the ENP training. Health care assistants also worked in the department supporting the nursing staff and patients.

## Summary of this service

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

- The provision of urgent and emergency services at the RHH is of a consistently high standard. The service provided was safe, in that it protects service users from avoidable harm and abuse. Staff provided care in environments that were suitable and well maintained.
- The care and treatment of those patients using the service had good outcomes, it was based on the best available evidence and promoted good quality of life. Staff were highly qualified, experienced and worked in specialist roles effectively and efficiently.
- The services available were carried out by staff in a caring, compassionate and respectful way, with dignity underpinning the treatment offered
- The urgent and emergency care services available at the RHH are not a 24 hour a day service but were available every day of the week except Christmas day. When open, the service provided met the needs of the community served, and alternative services were available when the unit was shut.
- The service allowed for differing levels of need including those patients whose needs would be described as complex. It strived to remove barriers and offer timely, effective care to all.
- The urgent and emergency services were run effectively, by dedicated leaders with a clear vision and strategy.

## Is the service safe?

Good   

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

- Incidents were reported, investigated and lessons were learned.
- The department was clean and well maintained. The treatment areas were clean and tidy, and a regular cleaning regime was followed and documented effectively.

# Urgent and emergency services

- Record keeping was of a safe standard. Forms were completed accurately and in line with professional standards.
- There was identification and management of risks. Plans were in place for the management of deteriorating patients, assessment of paediatric patients and escalation plans for staffing shortfalls.
- Within the nurse led unit the Nurses were highly trained, experienced and motivated. The department was fully staffed and where unexpected shortfalls occurred, plans were in place to manage this.
- The department had utilized major incident plans in the past to good effect, including dealing with extreme weather situations.

However:

- Patient documentation was duplicated as the staff used paper records when assessing and treating patients but later transferred that information manually onto the electronic record keeping system.

## Is the service effective?

Good ● → ←

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

- A robust system of evidence-based care and practice was in place with the unit following nationally recognised standards.
- Management of pain was effective and suitable for the patient groups treated. Patients were satisfied that appropriate pain relief was offered and given.
- The unit did not provide food or drinks, however, the nature of the service meant that the majority of patients were within the unit for a short time only and facilities were available within the hospital.
- The staff were highly trained and competent. Training opportunities were excellent and well supported.
- Appraisals were held annually, and staff were supported in carrying out development plans.
- The unit showed excellent multidisciplinary working with other departments and services which benefitted the patients seen by this service.
- The unit participated in national and trust-wide emergency care audits, as appropriate. Local audits are undertaken in the minor injuries unit. These include annual documentation audits incorporating a random sample. All non-medical prescribers in the minor injuries unit complete a 3-yearly peer review of prescribing.

## Is the service caring?

Good ● → ←

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

- We observed several examples of compassionate care and staff treating patients with kindness, dignity and respect. A large number of thank you cards and letters from patients and their carers indicate that patients were happy with the care that they had received.

# Urgent and emergency services

- Staff showed an encouraging, sensitive and supportive attitude to patients who used the service and those close to them. Patients and their carers were involved as partners in care and planned treatments and options were discussed.
- Staff considered patients privacy and dignity and did their best to protect them;

However:

- The location of the waiting room on a main corridor and the proximity of the reception to the waiting area raised some confidentiality and privacy issues.

## Is the service responsive?

Good   

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

- The unit responded well to the needs of the local population and in the provision of assessment, management and treatment of minor injuries. The unit was also able to work beyond its purpose when required by providing resuscitation equipment and staff who were trained to provide immediate life support.
- Waiting times within the department were low with the majority of patients waiting no longer than 90 minutes. Effective plans were in place to manage the needs of patients when waiting times increased. Flow through the department was effective and allowed for patients to be seen quickly and spend minimal time waiting between assessment and treatment.
- Staff responded well to the needs of patients with learning disabilities or dementia. Plans were in place to minimise the impact of treatment on these groups.

## Is the service well-led?

Good   

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

- There was strong leadership with a positive culture within the unit; staff felt valued and respected
- The service had a strong vision and strategy that was relevant to the work and reflective of the service provided.
- A culture of improvement was driven by the nurse consultant and was well supported by the staff.
- Service user's views and experiences were gathered, and consideration was given to these when improving services. Staff were also actively involved in making decisions relating to service provision.
- There was a supportive approach to professional development and staff were focussed on improving the quality of care through treatments available and care offered.

## 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

Royal Hallamshire Hospital has 14 wards providing services across multiple specialities within medical care including infectious diseases, rheumatology, dermatology, haematology, stroke medicine, gastroenterology, respiratory medicine, diabetes and endocrine, and neurology.

We visited the clinical investigation unit, haematology wards, infectious diseases wards, the neurology wards, the pulmonary vascular disease unit, and the stroke and geriatric medicine wards. We spoke with 10 patients and 25 staff including medical and nursing staff and reviewed 13 records of patients including prescription charts.

## Summary of this service

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

- The services were safe because staff completed mandatory training and safeguarding training. Nursing and midwifery staff exceeded the trust target of 90% for eight out of 11 mandatory training modules. The other three areas were all above 83% compliance. Medical and dental staff met or exceeded the trust 90% completion target for seven out of 10 modules. The other three subjects were 82% or above.
- Infection rates were low, and many of the wards had benefited from a recent refurbishment or were due to receive one. The environment was clutter free, wheelchair accessible with enough equipment for staff to perform their role. Nurse staffing was managed using recognised tools and professional judgment. Staff had access to records which were stored securely. Medicines, including intravenous fluids, were stored and managed safely. Staff knew how to report incidents and tools such as the safety thermometer, were used to keep patients safe.
- The services were effective because it had processes in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients' food, hydration and pain management needs were met. The service used audits within the specialities we visited to improve patient outcomes. Practice development nurses oversaw a programme of training to ensure staff remained competent. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- The services were caring, with response rates in the friends and family test better than the England average. The inpatient score for recommending the service to friends and family in March 2018 was 97% which was above the trust's internal target of 95%. Staff supported the emotional needs of patients and could, for example, signpost patients to patient support associations for further support while other services had specialist nurses. Staff tried to understand and involve patients and their carers where it was safe to do so.
- The services were responsive, with a process in place at directorate to trust level to plan services. The trust ran a series of improvement programmes such as the 'get people home' programme. Average length of stay for both elective and non-elective procedures were lower than the England average. Wards had link nurses to champion the needs of patients with additional needs. Wards used various approaches to respond to challenges with access and flow. The service was responsive to complaints and had made changes to services, such as adaptations to the ward environment.
- The senior leadership team running the specialities were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture. The trust had clear governance processes in place to drive patient safety

# Medical care (including older people's care)

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

However:

- While only occurring when patient numbers were low, staff told us patients on the clinical investigation unit were moved, at times, for non-clinical reasons, so the trust could use staff on the unit within the wider hospital. This had been reported by staff, but staff told us the practice was continuing.
- We saw no evidence of any best interest decision making in any of the eight patient records we reviewed.
- During the inspection, we visited two wards (H2 and P3) to look at the patient records of those who had been identified as having a learning disability. In the two patient files, we saw no capacity assessments or best interest decision making.

## Is the service safe?

**Good** ● → ←

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

- The services were safe because staff completed mandatory training and safeguarding training. Nursing and midwifery staff exceeded the trust target of 90% for eight out of 11 mandatory training modules. The other three areas were all above 83% compliance. Medical and dental staff met or exceeded the trust 90% completion target for seven out of 10 modules. The other three subjects were 82% or above.
- Link nurses on the ward could support staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was everyone's business.
- The service was visibly clean, but the environment was a mix of refurbished and non-refurbished ward areas, with access controlled using door locks or by use of reception areas with signing in books. Staff had enough equipment to do their job effectively. Medicines, gases, and intravenous fluids were stored and managed safely.
- During handovers of patients, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools. Staff had access to records.
- To maintain safe staffing levels, the service monitored staffing levels using nationally recognised tools alongside clinical judgment.
- Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a safety thermometer, directorate dashboard and case reviews.

However:

- While we were not satisfied that necessary staffing numbers were being consistently achieved in the hyper acute stroke unit, no related safety incidents had occurred, and the trust told us plans were afoot to re design the hyper acute stroke provision for the region as a whole.
- Safety thermometer information and nurse staffing levels were not on public display and could only be viewed by nursing and medical staff.

# Medical care (including older people's care)

## Is the service effective?

Good ● → ←

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

- The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Nutrition and hydration needs were met for patients with systems in place to monitor food and fluid intake and give support where needed. Patients reported no issues with management of their pain.
- The service had actioned many initiatives to improve patient outcomes including conducting audits plus refurbishment of the ward estate was ongoing.
- Staff were regularly appraised and given opportunities to develop their competencies.
- Staff worked effectively as a multi-disciplinary team, including attending multi-disciplinary weekly ward rounds. Service operated a 24/7 consultant rota not all services were physically open seven days a week on the site.
- Patients were consented for treatment appropriately, and staff were aware of when patients needed to take additional action such as best interest decisions for patients unable to consent.
- From January 2017 to December 2017, patients at Royal Hallamshire Hospital had a higher than expected risk of readmission for elective admissions and a similar to expected risk of readmission for non-elective admissions when compared to the England average.

However:

- We saw no evidence of any best interest decision making in any of the nine eight patient records we reviewed.
- During the inspection, we visited two different wards to look at the patient records of those who had been identified as having a learning disability. In the four two patient files, we saw no capacity assessments or best interest decision making.

## Is the service caring?

Good ● → ←

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

- We found that patients received compassionate care from staff which supported their privacy and dignity.
- The response rate (31%) and recommendation of service rates (97%) for friends and family was better than the England average,
- Patients we spoke with felt staff were attentive and took time to explain things. Matrons monitored privacy and dignity as part of the trust's electronic clinical assurance toolkit.
- Staff had access to resources and training to support patients receiving difficult news and some services also had specialist nurses to support patients. Chaplaincy services from many faiths were also available.
- Carers were supported as much as possible to stay with their loved ones by offering beds and flexible visiting times. One service we visited had met with the patient and their carer to plan their admission.



# Medical care (including older people's care)

## Is the service responsive?

Good   

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

- The trust had effective plans in place to ensure that its specialities were responsive to the needs of local people. and by running a series of trust wide programmes such as 'get people home'.
- Patients' individual needs were met, with link nurses on each ward to champion dementia or learning disability.
- The services had mechanisms in place to manage access and flow using various methods including access criteria, flow nurses, and pathways for ambulatory care.
- Average lengths of stay for both elective and non-elective procedures were lower than the England average.
- The referral to treatment (percentage within 18 weeks) for the four specialities; Geriatric Medicine, Neurology, Rheumatology and Thoracic Medicine were above the England average and therefore better than the England average.
- Systems and processes to respond to complaints were effective with learning and changes to the services being made in response to feedback from patients.

However:

- While only occurring when patient numbers were low, staff told us patients on the clinical investigation unit were moved, at times, for non-clinical reasons, so the trust could use staff on the unit within the wider hospital. This had been reported by staff, but staff told us the practice was continuing.
- From February 2017 to January 2018 at Royal Hallamshire Hospital for medical non-elective patients, the average length of stay was 8.3 days, which is higher than England average of 6.4 days.
- The trust had a higher than planned level of delayed discharges but was actively working with providers to manage this.

## Is the service well-led?

Good   

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

- Each speciality had a cohesive, visible and approachable local leadership team.
- Each speciality drew upon the trust's vision and strategy but did have their own workstreams led by a clinical lead and overseen by a central trust team.
- Staff reported a positive culture, good team working, and forums in which to receive and share information and concerns.
- The governance structure was clear, and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- Clinical leads attended the governance meetings we saw minutes for in most cases or apologised for absence, and the risks the leadership team told us about matched the risks on the registers for the services that we saw.

# Medical care (including older people's care)

- Staff engagement was encouraged with annual away days, surveys and meetings, and patients and the public could feedback through multiple access points.
- There were examples of learning improvement and innovation.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

The hospital provided mainly elective (planned) inpatient surgical treatment and day surgery for a range of specialities including ear, nose and throat (ENT), ophthalmology, orthopaedics, urology, neurosurgery, plastic surgery and breast surgery.

The trust had 70,892 surgical admissions from January 2017 to December 2017. Emergency admissions accounted for 18,926 (27%), 37,705 (53%) were day case, and the remaining 14,261 (20%) were elective.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During this inspection we visited the operating theatres and recovery area, neuro day unit and in-patient unit and the pre-assessment unit. We spoke with 12 patients and relatives and 41 members of staff. We observed staff delivering care, and looked at three medical notes, five paper records and four electronic notes. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well- led as good.
- Staff were aware of how and when to report incidents, including safeguarding concerns. We saw that staff received feedback and lessons learned were shared.
- All areas we visited were clean and well maintained.
- Guidelines, pathways and policies were produced in line with national best practice guidelines and recommendations.
- We saw many good examples of multidisciplinary working.
- Patients, relatives and carers we spoke with gave consistently positive feedback: patients told us they felt safe on the wards and that staff were caring and compassionate.
- Patients and their relatives told us they were involved in planning their care and that communication with staff was good.
- Staff provided emotional support to patients and their loved ones.
- There was a clear leadership structure and strategy for surgical services. Staff told us that management were visible, approachable and supportive.
- Local governance arrangements were robust, and the team was aware of the risks to their service.

However:

- The trust had made improvements to the ward environments; however, we found more could have been done for people with additional needs.
- During our inspection, we saw carpet in some clinical areas which is not best practice for infection control.

# Surgery

- We reviewed four sets of paper and electronic records and found incomplete documentation.

## Is the service safe?

Good   

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

- Our last report stated that the trust should introduce a robust process to share lessons learnt from incidents. On this inspection, the service managed patient safety incidents well. All the staff we spoke with including medical staff were aware of how to report incidents and gave examples of what types of things they would report.
- The service had suitable premises and equipment and looked after them well. At this inspection, we found the wards and departments we visited visibly clean and tidy. During the inspection, we observed that staff were compliant with hand hygiene policies, including 'bare below the elbows' and personal protective clothing policies. Handwashing advice was clearly displayed and facilities for hand hygiene were available.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. During our last inspection, we found oxygen was not always prescribed in line with trust policy. Whilst on this inspection, we reviewed four patients who were receiving oxygen therapy and found this was appropriately prescribed, including target blood oxygen levels. Staff stated that a new paper oxygen chart had been introduced since our last inspection to improve the prescribing and monitoring of oxygen.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff we spoke with were clear about what might be seen as a safeguarding issue and how to escalate safeguarding concerns. Staff we spoke to could demonstrate how to access the trusts safeguarding policy and the safeguarding lead. Staff said us that they received feedback following raising safeguarding concerns.
- Compliance rates for mandatory were slightly better than the last inspection of the trust. On the previous inspection, information submitted by the trust showed that overall compliance with mandatory training was 83%. This was below the trust target of 90%. Staff informed us that they received protected time for mandatory training.
- A review of the staffing in December 2017 showed the average fill rate for registered nurses/ health visiting staff was 85%.

However:

- During our inspection we found one occurrence that the trust should have reported as a serious incident but had not, after we highlighted our concerns the trust reviewed the occurrence and registered the occurrence as a serious incident.
- During our inspection, we saw carpet in some clinical areas which was not in line with best practice for infection control.
- On ward I1 we found the treatment room, which contained medicines and intravenous fluids, did not have a door. On ward F2 staff had propped open doors to two treatment rooms. This meant there was a risk that unauthorised persons could access medicines and fluids.
- On ward N2, we saw the medicines fridge was not locked but was within a locked room. The information available showed temperatures to be within range however in a two week period there were six days when records hadn't been taken. The fridge also contained named patient medications for patients who were no longer on the ward.

# Surgery

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness was seen on inspection. We reviewed policies and found them to be in date and with version control and the author identified. Care pathways were used for specific conditions, for example the sepsis pathway had a link to the Royal College of Physicians acute toolkit, screening tool and care protocols.
- Managers appraised staff's work performance, ensured staff had the right competencies for their role and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Staff reported to us, and we observed good multidisciplinary team working; for example, on ward rounds between nursing and medical staff. We also saw evidence of this in the patient records we reviewed.
- Staff we spoke with demonstrated an understanding of consent, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. We observed staff obtained verbal consent from patients before carrying out an intervention.
- Royal Hallamshire Hospital had an 82% appraisal completion rate.

However:

- Patients were not provided with different colour lids, trays or plates to help to identify them as needing support at mealtimes. There was also no equipment available to help patients living with dementia to eat, for example coloured plates or cutlery.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. During the inspection we observed interactions between staff and patients; these were consistently done in a kind and compassionate way.
- Patients and their families said to us they were involved in discussions about their care and treatment, those nearing discharge were also kept up to date with plans around discharge. Patients said staff kept them informed of what was happening and that they had been given explanations from medical staff; we saw this whilst observing ward rounds.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

Good ● → ←

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

- All staff that we spoke with felt they received timely feedback regarding complaints.

# Surgery

- The department was slightly better than the England average for length of hospital stay.
- Over the two years, the percentage of cancelled operations at the trust showed a downward trend and was generally lower than the England average.

However:

- During our inspection, the wards we visited had very limited provisions in place for patients with additional needs. We did not see the use of coloured bathroom doors or toilet seats. There was no additional help at meal times, or specialist dementia friendly cups.
- There was a higher than expected risk of readmission for elective and non- elective admissions when compared to the England average.

## Is the service well-led?

Good   

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

- During our inspection, there was high level of staff engagement. Theatre staff were positive about the management who they described as very approachable. Staff also said to us they felt listened to more and that things were actioned. The majority of staff said to us they felt more supported and confident to escalate any concerns.
- The trust had a mission statement, staff we spoke with were able to articulate this statement. Staff were aware of the trust vision and values. We saw information displayed in the areas we visited.
- There was a clear governance structure with clear lines of responsibility and accountability.
- The leadership team reported directly to the executive board and systems were in place to allow information from them to be shared at ward level. Within theatre, the cascading of information to teams was via the band six team leaders from monthly meetings with their manager.
- There were monthly mortality and morbidity meetings and clinical incident review group meetings. Feedback from medical staff was that the governance framework was clearer and speciality meetings were well established.
- Senior managers and team leaders spoke about driving improvement and encouraging innovation. Team leaders felt they were supported in trying new ideas or ways of working.

## 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.

# End of life care

Good ● ↑

## Key facts and figures

The trust provides end of life care at Royal Hallamshire Hospital. 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. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 2,619 deaths from February 2017 to January 2018.

Royal Hallamshire Hospital was last inspected as part of our comprehensive inspection programme in December 2015. During the 2015 inspection, we inspected and rated all five key questions. Overall, we rated end of life care as requires improvement. We rated effective and well led as requires improvement. We rated safe, caring and responsive as good.

At Royal Hallamshire Hospital there are no dedicated end of life inpatient beds and end of life patients are accommodated on general wards. However, end of life patients in general inpatient beds are supported by the hospital palliative care team (medical and nursing) who provide a seven-day service to support all healthcare professionals to deliver end of life care. There is an out of hours on call provision over 24 hours, seven day a week that can provide specialist registrar or consultant delivered face to face advice and support as required. The palliative care team work alongside learning and development to support education and training to all staff.

The chaplaincy department offer services to patients, relatives and staff 24 hours a day, seven days a week operating on an on-call basis out of hours.

This report predominantly focuses on the inspection of the services provided by the specialist palliative care medical, nursing and administration team, the mortuary staff and the chaplaincy and the bereavement team.

We inspected the whole core service and looked at all five key questions. In order to make our judgements, we visited the general wards at the hospital where patients at the end of their life were receiving care. We spoke with six patients and carers. We observed daily practice and viewed four sets of records.

We spoke with 13 staff from different disciplines and interviewed the senior leadership team.

Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported. Overall mandatory training compliance had improved.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, the 'Guidance for the care of the person who may be in the last hours to days of life' document, which reflected 'Five priorities for care of the dying person', and rapid discharge pathways for general wards.

# End of life care

- Staff ensured patients received pain relief appropriate to their needs. Where patients had complex pain, staff ensured that they were reviewed regularly, and that pain was brought under control using a range of analgesia.
- The service undertook local audits, such as the DNACPR forms, assessment of the use of intravenous/subcutaneous fluids in patients in the last days of life and the whiteboard e-handover process and compiled achievable action plans and implemented standard operating processes (SOPs) to improve performance and services offered.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave positive feedback about their care.
- The mortuary had a dedicated viewing room for recently deceased patients and staff told us they could facilitate requests to wash and prepare the body in line with religious, spiritual and cultural beliefs.
- There was a multi-faith chaplaincy department who could provide support to patients, relatives and staff regardless of their faith or belief.
- The service took account of patients' individual needs.
- The specialist palliative care team were responsive to referrals and saw patients within 24 hours of receiving a referral.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care
- The department had an end of life strategy with a focus on educating, developing and growing a strong and competent nursing workforce with the right skills to deliver quality end of life care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However:

- Staff mandatory training compliance was lower than the trust target for some subjects.
- Whilst the trust had implemented processes to ensure that patients care preferences at the end of their life were documented, the trust were unable to evidence improvements as they were not auditing patient outcomes.
- We asked the trust about gold standards accreditation and were told Sheffield Teaching Hospital NHS Foundation Trust does not have the Gold Standards Framework accreditation. No further information was provided by the trust.
- The trust performance in the national End of life care Audit: Dying in Hospital 2016 was worse than the England average for three of the five agreed clinical indicators and the trust answered no for five of the eight organisational indicators.

## Is the service safe?

Good   

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

- Overall mandatory training compliance had improved since our last inspection.
- All grades of staff were aware of their safeguarding responsibilities and training compliance was positive.



# End of life care

- All areas we visited were visibly clean and well- maintained.
- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating. They used a local early warning score system (SHEWS) effectively and risk assessments and were completed appropriately.
- The service reviewed staffing levels twice yearly in January and June using a nationally recognised acuity tool. There were sufficient numbers of highly skilled specialist palliative care medical and nursing staff available to support the care of patients at the end of their life.
- Records completed by the specialist palliative care team showed a holistic review of patients' needs and were completed in line with the staffs' registered bodies. Records were stored securely.
- All of the specialist palliative care nurses were non-medical prescribers which meant medicines could be prescribed in a timely manner to support symptom control.

However:

- Staff mandatory training compliance was lower than the trust plan of 90% for some subjects. For example, administration staff in the specialist team were 80% non-compliant with information governance, medical staff were 63% compliant with infection prevention and control training and the team overall were 67% compliant with Mental Capacity Act and Deprivation of Liberty Safeguards training. Medical device training for the use of syringe drivers was lower than the trust plan at 66%.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, the 'Guidance for the care of the person who may be in the last hours to days of life' document, which reflected 'Five priorities for care of the dying person', and rapid discharge pathways for general wards.
- The trust had evidence based best practice guidelines, policies and patient pathways in place to support staff in the care and treatment of patients at the end of their life. We saw evidence that patients' care was planned in line with the trust's end of life care guidelines. We saw the latest versions of the guidelines were in use.
- Staff gave patients enough food and drink to meet their needs. Patients told us staff went out of their way to provide food that they enjoyed and could facilitate requests for special meals.
- Staff ensured patients received pain relief appropriate to their needs. Where patients had complex pain, staff ensured that they were reviewed regularly, and that pain was brought under control using a range of analgesia.
- The service undertook local audits, such as the DNACPR forms, assessment of the use of intravenous/subcutaneous fluids in patients in the last days of life and the whiteboard e-handover process and compiled achievable action plans and implemented standard operating processes (SOPs) to improve performance and services offered.
- The service made sure staff were competent to deliver their roles. There was a clinical practice educator who coordinated all aspects of an excellent training and induction programme for staff. There were over 100 end of life care champions (link nurses) and they received in-depth, regular training study days.

# End of life care

- Staff of different disciplines worked together well as a team to benefit patients. We observed that the service had an excellent approach to multidisciplinary working.
- Staff we spoke with understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

However:

- Whilst the trust had implemented processes to ensure that patients care preferences at the end of their life were documented, the trust were unable to evidence improvements as they were not auditing patient outcomes.
- The trust performance in the national End of life care Audit: Dying in Hospital 2016 was worse than the England average for three of the five agreed clinical indicators and the trust answered no for five of the eight organisational indicators.
- We asked the trust about gold standards accreditation and were told Sheffield Teaching Hospital NHS Foundation Trust does not have the Gold Standards Framework accreditation. No further information was provided by the trust.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion and treated them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave positive feedback about their care.
- Staff provided emotional support to patients to minimise their distress.
- The mortuary had a dedicated viewing room for recently deceased patients and staff told us they could facilitate requests to wash and prepare the body in line with religious, spiritual and cultural beliefs.
- Staff told us that families could stay with their loved one for as long as they wanted to in the viewing room.
- The trust conducted an annual end of life survey; 85% of respondents rated the care given to their loved ones in the last days to hours of life as excellent or good, 6% felt care given was fair, 7% felt care given was poor and 2% of respondents did not know. In addition, 99% of respondents felt as though they had been told in a sensitive way, that the patient was likely to die and 91% of respondents felt they were treated in a sensitive manner after the death of their loved one.

## Is the service responsive?

Good  → ←

- Our rating of responsive stayed the same. We rated it as good because:
- Services were planned to meet the needs of the local population. The department had close links with the intensive home nursing team, community nursing teams and the local hospice so that patients could transition to their preferred place of care and death.
- Outpatient clinics were available each week day across the three acute hospital sites.

# End of life care

- The multi-faith chaplaincy department had a diverse range of chaplains to reflect the religious, cultural and spiritual needs of the local population. The chaplaincy department also had faith contacts in the community they could utilise if required. The chaplains worked on a 24-hour basis over the whole trust.
- The service took account of patients' individual needs. One of the specialist palliative care nurses was the teams' lead for learning disabilities. Staff were aware of, and gave good examples of, caring for patients and family members with learning disabilities.
- Staff in the mortuary were aware of the multi-cultural needs of deceased patients and their families. Resources to support different cultures were kept in a room adjacent to the viewing room and staff could provide families with these resources at their request.
- All of the specialist palliative care nurses were non-medical prescribers, this meant that any medicines that were required to treat patients' symptoms could be prescribed in a timely manner and there were no delays in care and treatment being provided.
- Staff could access translation and interpretation services and understood this was essential when dealing with sensitive information.
- Effective working relationships with the psychiatric liaison team meant the needs of end of life patients with ill-mental health were being met.
- The specialist palliative care team were responsive to referrals and predominantly saw patients within 24 hours of receiving a referral.
- There were low numbers of delayed fast track discharges at this hospital. The trust reported delayed 35 fast track discharges between June 2017 and May 2018. However, we do not have the data to report on reasons for or the length of the delay.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Meetings were offered to all families and carers following bereavement. This meant that if family members had concerns they were addressed promptly and the family were supported following the loss of their loved one.
- The trust was in the process of appointing a medical examiner for the Royal Hallamshire Hospital site following the success of the pilot at Northern General Hospital. The medical examiner contacted families after a patient passed away to ascertain if there were any concerns with the care received and pro-actively investigate any issues raised.

## Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care. There was a clear management structure at directorate and departmental levels. The managers knew about the quality issues, priorities and challenges in the department.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The department had an end of life strategy with a focus on educating, developing and growing a strong and competent nursing workforce with the right skills to deliver quality end of life care.

# End of life care

- The governance system supported the strategy and provided continuing assurance up to board level. The service had approved a business case for a new end of life lead nurse role, who would take the lead on end of life governance from the end of life steering group, when appointed.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt that the care of the dying was everyone's responsibility and we found this culture was embedded across the hospital.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. The end of life project group met regularly to discuss risks and identify mitigations and actions.
- There was a risk register that captured risks for end of life and care after death and risks and review dates were detailed clearly.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The end of life strategy had been created in co-production with a wide range of stakeholders.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## 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.

# Northern General Hospital

Herries Road  
Sheffield  
South Yorkshire  
S5 7AU  
Tel: 01142434343  
[www.sth.nhs.uk](http://www.sth.nhs.uk)

## Key facts and figures

Northern General Hospital (NGH) has over 1,100 beds and employs more than 6,000 staff on this site. It provides a wide range of specialist services including orthopaedics, renal, heart and lung surgery. It has a specialist built spinal surgery unit. There are general and cardiac intensive care units onsite. The hospital also has an accident and emergency department.

## Summary of services at Northern General Hospital

**Good** ● → ←

Our rating of the hospital stayed the same. We rated the hospital as good because we rated the domain of responsive as outstanding and we rated safe, effective, caring and well-led as good.

# Urgent and emergency services

Good  

## Key facts and figures

Sheffield Teaching Hospitals NHS Foundation trust's acute and emergency medicine directorate is the primary centre for adult emergency care in Sheffield. The hospital provides unscheduled care for an average of 350 patients per day and has more than 100,000 attendances per year to the emergency department.

From April 2016 to March 2017 there were 190,600 attendances at the hospital's urgent and emergency care services. Patients attending were mainly adults. Children usually attended a local children's hospital located nearby. For 2016-17, 21.6% of urgent and emergency care attendances resulted in an admission, which was lower than the England average.

The hospital has one of the three major trauma centres for the Yorkshire and Humber region.

## Summary of this service

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

- Leadership of the department was recently strengthened, and the care group leadership team included the nurse director, an operations director and clinical director which formed a clinical delivery leadership triumvirate. A clear vision, three-year strategy and operational plan was in place for the continued development of the department.
- The emergency department's culture was clearly positive, which a visitor could sense, and which staff told us about. Staff we spoke with felt valued, appeared happy and enthusiastic and spoke positively about working in the department.
- The department had made a number of changes to strengthen the arrangements for governance linked to the 'ward to board' governance of the trust. The nurse director was the accountable lead for governance. Clinical governance arrangements had been strengthened with the clinical director having overall responsibility for clinical governance.
- Our observation of the emergency department showed patient flow was effective. Since our previous inspection the initial assessment unit had been upgraded and a new helipad had been opened adjacent to the emergency department front door and resuscitation area.
- Actual nurse staffing levels coincided with planned level following a £1.2m investment in additional staffing approved by the trust board in February 2016 which had meant increased nursing and support staff had increased by 25% since our previous inspection.
- Senior managers had devised an operational plan "Action 95" which examined the patient pathway through the department and an integrated performance scorecard was prepared daily which reported on accident and emergency waiting times.
- A revised 'front door' arrangement was implemented from November 2017 which supported timely diagnostics, decision-making and prompt treatment for the patient. If there were delays in the department and ambulance handover times increased, a senior nurse would undertake a rapid assessment and handover process. In triage, ambulance crew informed nursing staff of any dementia or mental health needs.
- The mental health liaison team provided cover within the department 24 hours a day, seven days a week.

# Urgent and emergency services

- The department supported patients who become distressed. Medical and nursing staff clearly understood the emotional impact of the patients' care and treatment potentially had on the patient's and their relative's overall wellbeing.
- The department and the wider hospital had developed incident reporting and investigation since our previous inspection. There were just four incidents awaiting investigation.
- Staff applied safeguarding procedures for adults appropriately supported by the safeguarding lead, a senior member of nursing staff so that patients presenting with complex safeguarding needs were safely protected from abuse.
- Personal development reviews included interaction to support the staff member's development and an action log was completed and signed within two weeks of the appraisal. A structured induction programme was in place for new staff. A planned career progression plan was available for all staff. The clinical education programme was externally endorsed.
- Sepsis outcomes showed a considerable improvement. Outcomes for sepsis patients included the patient's experience of their stay in hospital. A sepsis study day was in development.
- Collaborative working with external partners was effective and included arrangements with the local NHS ambulance service, the local authority and the local NHS children's hospital as to the admission of children requiring urgent and emergency care.
- The department liaised effectively with the police in supporting integrated inter-agency working. The department had a dedicated police liaison officer. The department worked with the police to develop tools to deter knife crime, mainly in young people.

However:

- We did not see evidence that the trust board were appropriately sighted on the risks that were classed as 'extreme' by the emergency department.
- Despite the electronic patient records we found that paper notes continued to be used in the department.
- NHS England's quality dashboard for June 2018 showed that for May 2018, 88.8% of patients were seen within four hours of arrival, which was worse than other trusts in the South Yorkshire area.
- When all cubicles were in use we observed that one patient on a trolley, and a second patient sitting on a chair, were treated in the centre of the department, although blankets were used to maintain the patient's dignity.
- Although we were informed that the trust was reviewing the requirements for the major trauma centre to include consultant staff 24 hours and seven days per week, we remained concerned that the major trauma standards were being breached and this had not been resolved in a timely way following our previous inspection.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although we were informed that the trust was reviewing the requirements for the major trauma centre to include consultant staff 24 hours and seven days per week, we remained concerned that the major trauma standards were being breached and this had not been resolved in a timely way following our previous inspection.

# Urgent and emergency services

- Patients arriving by ambulance were not always booked into the emergency department in a timely manner. Between February 2017 and January 2018, the trust reported 218 “black breaches.” A “black breach” occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.
- NHS England’s quality dashboard for June 2018 showed that for May 2018, the latest month for which comparative data was available at inspection, 11.1 % of ambulance handover delays were for more than 60 minutes, which was worse than other trusts in the South Yorkshire area.
- Standards of hygiene were not maintained consistently. We observed poor handwashing in frequency and technique. Equipment was not always being cleaned between patients. Some areas did not have cleaning wipes or cleaning liquids available.
- Emergency department did not consistently follow policy and best practice guidance for the prescription of oxygen therapy and the completion of patient records related to oxygen therapy.

However:

- Actual nurse staffing levels coincided with planned level following a £1.2m investment in additional staffing approved by the trust board in February 2016 which had meant increased nursing and support staff had increased by 25% since our previous inspection.
- Since our previous inspection the initial assessment unit had been upgraded and a new helipad had been opened adjacent to the emergency department front door and resuscitation area.
- Staff applied safeguarding procedures for adults appropriately supported by the safeguarding lead, a senior member of nursing staff so that patients presenting with complex safeguarding needs were safely protected from abuse.
- Robust clinical deterioration pathways were in place, with a well-equipped resuscitation area with access to fluids, airway management tools, defibrillation and ECG monitoring. The department was also implementing a deteriorating patient education programme to support staff in escalating patients identified as at risk.
- At our previous inspection we found there was a backlog of incidents awaiting investigation. At this inspection there were just four incidents awaiting investigation. The department and the wider hospital had developed incident reporting and investigation since our previous inspection.
- Since the previous inspection the emergency department had achieved full compliance for its implementation of the ambulance service’s electronic patient record.

## Is the service effective?

Good   

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

- Personal development reviews included interaction to support the staff member’s development and an action log was completed and signed within two weeks of the appraisal. A structured induction programme was in place for new staff.
- Sepsis outcomes showed a considerable improvement. Outcomes for sepsis patients included the patient’s experience of their stay in hospital. A sepsis study day was in development.
- Acute simulation of medical emergencies included trauma simulation which was delivered with multidisciplinary teams. The clinical education programme was externally endorsed.



# Urgent and emergency services

- Clinical governance monitoring reports were prepared which reflected key performance indicators and patient outcomes and the department regularly monitored its performance against a range of clinical indicators through a performance dashboard.
- A review of guidance in the emergency department was in progress to ensure it reflected current evidence-based guidelines, with medical and nursing leads nominated for specific subject areas.
- Trauma outcomes were positive and were influenced by several factors including consultant led trauma teams, increased trauma training for nurses, and the new helipad which meant that secondary ambulance transfer of patients was no longer required.
- Each area of the emergency department had in place care support and housekeeping staff who worked with nursing staff to support patients' nutrition and hydration needs.
- Pain relief was administered appropriately, and this was documented. The department had recently completed a pain audit which showed that the number of patients who attended the department who had pain relief offered has substantially increased.
- Collaborative working with external partners was effective and included arrangements with the local NHS ambulance service, the local authority and the local NHS children's hospital as to the admission of children requiring urgent and emergency care.
- A neighbouring mental health trust provided support for patients experiencing ill mental health within the department. The mental health trust had maintained a presence in the department 24 hours a day, seven days a week.
- The department liaised effectively with the police in supporting integrated inter-agency working. The department had a dedicated police liaison officer. The department worked with the police to develop tools to deter knife crime, mainly in young people.
- Mental capacity assessments were included in the electronic patient record which meant these were completed for each patient. Staff were conversant with mental capacity assessment.

However:

- Although the trust was reviewing the requirements for the major trauma centre to include consultant staff 24 hours and seven days per week we remained concerned that the major trauma standards were being breached.
- For sepsis patients although door to antibiotic time had improved more work needed to be done.
- Although the emergency department participated in the national RCEM audits to benchmark its practice, results of audits which previously demonstrated mainly poor outcomes required further action
- We did not observe examples of health promotion materials on display or information available in areas which were accessible to patients.
- Although drinks and snacks were available in the waiting room vending machines, drinks but not snacks included healthier options. We did not observe any information which promoted healthy eating or a healthy lifestyle choice.

## Is the service caring?

Good  

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

# Urgent and emergency services

- The department had largely addressed the issues we had highlighted at our previous inspection as to maintaining privacy and dignity in delivering patient care. Staff were polite and caring of the patients' needs. For example, support staff offered items of clothing and other essentials to patients who had arrived unexpectedly in the department.
- We observed very effective communication between staff as they prepared for the arrival of a trauma patient. Each of the team worked during handover to stabilise the patient, and to maintain the patient's dignity and to preserve confidentiality.
- Patients were advised about how to access other support services and this advice was offered as early in the patient pathway as appropriate. For patients who had presented requiring mental health support, each member of staff appeared calm, friendly and non-judgmental.
- The department supported patients who become distressed. Medical and nursing staff clearly understood the emotional impact of the patients' care and treatment potentially had on the patient's and their relative's overall wellbeing.
- For patients being discharged, including patients who were to receive end of life care at home, patients were offered comfort boxes to provide emotional support during their discharge. Ambulance and GP staff contributed to the support.

However:

- When all cubicles were in use we observed that one patient on a trolley, and a second patient sitting on a chair, were treated in the centre of the department, although blankets were used to maintain the patient's dignity.

## Is the service responsive?

Good  

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

- Our observation of the emergency department showed patient flow was effective. Senior managers had devised an operational plan "Action 95" which examined the patient pathway through the department and an integrated performance scorecard was prepared daily which reported on accident and emergency waiting times.
- The initial assessment unit had been upgraded and a new helipad had been opened adjacent to the emergency department, the GP collaborative had been relocated adjacent to the department which supported the streaming of patients 24 hours a day, seven days per week.
- A revised 'front door' arrangement was implemented from November 2017 which supported timely diagnostics, decision-making and prompt treatment for the patient. If there were delays in the department and ambulance handover times increased, a senior nurse would undertake a rapid assessment and handover process. In triage, ambulance crew informed nursing staff of any dementia or mental health needs.
- The department made services accessible to patients with complex needs. Reasonable adjustments were made so that patients with a disability could access services on an equal basis to others.
- The mental health liaison team provided cover within the department 24 hours a day, seven days a week. The psychiatric liaison team was working with commissioners to reduce the number of patients who frequently presented in the emergency department.
- The department's dementia lead ran a 'dementia club' and had introduced crafts such as painting and distraction aids. Patients with dementia were supported with memory and communication aids.

# Urgent and emergency services

- We saw evidence of learning from complaints which was shared with clinical governance and used to prepare clinical case examples for feedback to staff to embed learning.

However:

- NHS England's quality dashboard for June 2018 showed that for May 2018, 88.8% of patients were seen within four hours of arrival, which was worse than other trusts in the South Yorkshire area.

## Is the service well-led?

**Good** ● ↑

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

- Leadership of the department was recently strengthened with the appointment of a nurse director and matron. The care group leadership team included the nurse director, an operations director and clinical director which formed a clinical delivery leadership triumvirate. Medical and nursing staff spoke positively about the functioning of the leadership triumvirate for the emergency department and of the role of the nurse director.
- A clear vision and operational plan was in place for the continued development of the department. The three-year strategy for the care group for acute and emergency medicine included an analysis of planned operational performance and resource requirements to achieve the vision and key objectives for the department.
- The current vision and strategy for the emergency department was encapsulated in a one-page document 'The AEM Way' prepared in January 2018 which identified lead members of staff for each work stream ongoing within the department. An 'excellent emergency care' and other work streams met monthly to review achievement against objectives.
- The emergency department's culture was clearly positive, which a visitor could sense, and which staff told us about. Staff we spoke with felt valued, appeared happy and enthusiastic and spoke positively about working in the department.
- The department had made a number of changes to strengthen the arrangements for governance linked to the 'ward to board' governance of the trust. The nurse director was the accountable lead for governance. Clinical governance arrangements had been strengthened with the clinical director having overall responsibility for clinical governance.
- Information was used to monitor and manage the operational performance of the department, and to measure improvement. Service performance measures were monitored and reported.
- Medical and nursing staff we spoke with told us that engagement with staff and feedback to staff following engagement had improved. Staff consultation took place through a variety of forums including a multidisciplinary improvement forum and new ideas were progressed through an improvement group.

However:

- Although risks had been recently reviewed and escalated, consultant staff were not fully unaware of what was included in the emergency department risk register. Also, we did not see evidence that the trust board were appropriately sighted on the risks that were classed as 'extreme' by the emergency department.
- The friends and family test and other means of patient and public engagement required development.

# Urgent and emergency services

## 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

Medical services at this trust are spread across six different care groups or business units. The Emergency care group includes diabetes and endocrinology, respiratory and gastroenterology services. Combined Community and Acute Care includes integrated geriatric and stroke medicine, therapeutics and palliative care. Head & Neck includes neurosciences incorporating the hyper-acute stroke unit. The Musculoskeletal care group incorporates pain services and rheumatology. Specialised Cancer, Medicine and Rehabilitation includes communicable diseases and specialised medicine, spinal injuries rehabilitation and specialised cancer services. South Yorkshire Regional Services includes cardiac and renal services. The care groups above also provide other non-medical services not listed here.

Specialties based at NGH include - acute medicine, respiratory medicine, cardiology, diabetes and endocrinology, gastroenterology and renal services. The geriatric and stroke medicine directorate is mainly on the NGH site, although there are strong links with the neurology hyper-acute stroke service and the stroke unit based at the Royal Hallamshire Hospital.

Northern General Hospital has 30 wards providing services across multiple specialities within medical care.

During this inspection we visited several medical wards including Firth 5 and 6, Chesterman 1 and 2, Robert Hadfield 1, 2, 3, and 4, Brearley 5, 6, and 7, Cardiac Catheter Suite, Huntsman 1 and 5.

We spoke with 17 patients and carers and more than 50 staff. We reviewed 23 patient records.

## Summary of this service

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

- The service was safe because staff compliance with mandatory training, and safeguarding, had improved. Nursing and midwifery staff exceeded the trust target of 90% for five out of 11 mandatory training modules. The other six training areas were all above 83%. Medical staff exceeded the trust target of 90% for six out of 11 mandatory training modules. The other five training areas were all above 82%.
- Infection rates were low. The wards appeared to be clean and were wheelchair accessible. There was enough equipment for staff to perform their role. Nurse staffing was much better compared to when we inspected last time. Staff had access to records which were stored securely. Medicines including intravenous fluids were stored and managed safely. Staff knew how to report incidents and tools such as, the safety thermometer, were used to keep patients safe.
- The service was effective because it had processes in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients' food, hydration and pain management needs were met. The service had actioned several initiatives to improve patient outcomes. Practice development nurses oversaw a programme to ensure staff remained competent. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- The service was caring, with response rates in the friends and family test better than the England average. The inpatient score for friends and family in March 2018 was 97% which was above the trust's internal target of 95%. Staff supported the emotional needs of patients and could signpost patients to a local charity for further support. Staff tried to understand and involve patients and their carers where it was safe to do so. Patients and relatives, we spoke with told us of the positive

# Medical care (including older people's care)

- The service was responsive, making changes to its service to benefit patients with life changing conditions, such as changes to its pathways. It was compliant with all referral to treatment standards apart from the GP 62-day pathway, but it had plans to improve compliance in this area. The service was responsive to complaints and had made changes to its service, such as the improvements to the telephone service, in response to feedback received.
- The senior leadership team running the service were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture. The service had clear governance processes in place to drive patient safety forward. Staff and the public were engaged through meetings, clinics and focus groups. The service was working with partners to improve the service provision for the region.

However:

- A review of the staffing on the wards we visited showed that between 1/6/18 – 30/6/18 the average fill rate for registered nurses/midwives on nightshift and day shift was below 75%.
- We saw no evidence of any best interest decision making in any of the eight patient records we reviewed.
- During the inspection, we looked at the patient records of those who had been identified as having a learning disability. In the two patient files we reviewed at Northern General Hospital, we saw no capacity assessments or best interest decision making.
- From February 2017 to January 2018 the average length of stay for medical elective patients at Northern General Hospital was 9.9 days, which is higher than England average of 5.8 days. For medical non-elective patients, the average length of stay was 7.5 days, which is higher than England average of 6.4 days.

## Is the service safe?

Good   

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

- Staff attended mandatory training and safeguarding training with staff booked to receive training which supported staff in keeping patients safe. Nursing and midwifery staff exceeded the trust target of 90% for five out of 11 mandatory training modules. The other six training areas were all above 83%. Medical staff exceeded the trust target of 90% for six out of 11 mandatory training modules. The other five training areas were all above 82%.
- Link nurses on the ward supported staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was at the forefront of all patient care.
- The environment appeared visibly clean, modern, and secure. Staff had enough equipment to do their job which was safe and ready to be used. Medicines, gases, and intravenous fluids were stored and managed safely.
- During handovers of patients and safety huddles, staff identified risk and managed it. In the care records we viewed they documented this using nationally recognised tools. Staff had access to records and care was evidence based. To improve patient, care the service was active in clinical research.
- To maintain safe staffing levels, the service monitored staffing levels using nationally recognised tools alongside clinical judgment.
- Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. The service used a range of tools including a safety thermometer, dashboard and case reviews to maintain oversight of key performance measures around patient safety.

However:

# Medical care (including older people's care)

- A review of the staffing on the wards we visited showed that between 1/6/18 – 30/6/18 the average fill rate for registered nurses/midwives on nightshift was below 75% on Robert Hadfield 3 and 4, and Brearley 6. Also, between 1/6/18 – 30/6/18 the average fill rate for registered nurses/midwives on dayshift was below 75% on Brearley 5 and 6.
- Safety thermometer information and nurse staffing levels were not on public display and could only be viewed by nursing and medical staff.

## Is the service effective?

Good   

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

- The trust ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- The initial patient booking in system ensured nutrition and hydration needs were met for patients. There were effective systems in place to monitor patient food and fluid intake and give support where needed.
- The trust had tried to improve patient outcomes including redesign of pathways and improvements to the telephone advice service plus refurbishment of the estate.
- The trust had responded the findings of the 2017 National Audit of Inpatient Falls by carrying out their own audit which identified seven areas that needed to be improved in falls prevention in the trust. The results were discussed at the Strategic Falls Group and a 15-point action plan developed.

However:

- We saw no evidence of any best interest decision making in any of the eight patient records we reviewed.
- During the inspection, we visited two different wards to look at the patient records of those who had been identified as having a learning disability. In the two patient files, we saw no capacity assessments or best interest decision making.
- Although staff we spoke with could explain what best interest decisions and capacity assessments were, they told us staff were often so busy they did not have time to complete the forms.
- Staff told us on one patient who had wanted to appeal against their section and requested an independent mental health advocate, but the nurse was unable to identify to us how they would escalate this should the patient have to remain on the medical ward.
- From January 2017 to December 2017, patients at Northern General Hospital had a higher than expected risk of readmission for elective admissions and a higher than expected risk of readmission for non-elective admissions when compared to the England average.
- The trust had participated in the 2017 Lung Cancer Audit and the proportion of patients seen by a Cancer Nurse Specialist was 54%, which did not meet the audit minimum standard of 90%. The 2015 figure was 80%.
- The trust's scores flowing from the National Audit of Inpatient Falls 2017 were not meeting the national aspirational standard.

# Medical care (including older people's care)

## Is the service caring?

Good ● → ←

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

- The response rate for friends and family was better than the England average, and we observed staff providing compassionate and dignified care.
- Patients we spoke with felt staff were attentive and took time to explain things. Matrons monitored privacy and dignity as part of the trust's electronic clinical assurance toolkit.
- The inpatient score for friends and family in March 2018 was 97% which was above the trust's internal target of 95%.
- Staff had been trained to support patients in receiving difficult news and staff could refer patients for further support to a local cancer charity.
- Multi faith chaplaincy services and other services to provide support to patients, relatives and carers was also accessible and available.
- Carers were supported as much as possible to stay with their loved ones by offering overnight beds and flexible visiting times.

## Is the service responsive?

Good ● → ←

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

- The service had plans in place to ensure that its service was responsive to the needs of local people including several service improvement projects across the trust to focus on patient pathways such as the 'get people home' programme.
- From April 2017 to March 2018 the trusts referral to treatment time was similar to the England average. In the latest month November 2017, the trust's performance showed 91% of patients were treated within 18 weeks compared to the England average of 88%.
- Patients individual needs were met, with link nurses on each ward to champion dementia or learning disability.
- Four specialties were above the England average for admitted RTT (percentage within 18 weeks). They were; Geriatric Medicine, Neurology, Rheumatology and Thoracic Medicine.
- The service strived to manage access and flow through the service by refining the patient pathways which sought to, as far as possible, ensure steps required were completed before the patient attended for treatment.
- There was evidence how the needs of patients with mental ill health had been met which ensured they successfully attend hospital and received treatment.
- Systems and processes to respond to complaints were responsive to patients with changes to the service being made, in part, in response to feedback from patients.

However:



# Medical care (including older people's care)

- From February 2017 to January 2018 the average length of stay for medical elective patients at Northern General Hospital was 9.9 days, which is higher than England average of 5.8 days. For medical non-elective patients, the average length of stay was 7.5 days, which is higher than England average of 6.4 days.
- The trust had a higher level of delayed discharges than the national average but was actively working with providers to manage this.

## Is the service well-led?

Good   

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

- The service had a cohesive, visible and approachable local leadership team who were leading the service through a regional service review.
- Staff reported a positive culture, with annual away days, good team working, and forums in which to receive and share information and concerns.
- There were clear governance structure and the local leadership team were aware of and had plans in place to address risks to the service using information such as monthly performance reports to maintain quality.
- The public and staff were engaged, and the service was leading on a redesign of the regional cancer network, in addition to being a centre for research and innovation.
- Research findings led by the Trust across eight diabetes centres in England and Scotland had highlighted that education was key to the management of type 1 diabetes. The trust was named as a finalist in the BMJ's 2018 'UK Research Paper of the Year' award.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

The hospital provided emergency inpatient surgical treatment, elective (planned) inpatient surgical treatment and day surgery across a range of specialities; ophthalmology, orthopaedics, cardiac, renal, vascular, burns and plastics and general surgery.

The trust had 70,892 surgical admissions from January 2017 to December 2017. Emergency admissions accounted for 18,926 (27%), 37,705 (53%) were day case, and the remaining 14,261 (20%) were elective.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During this inspection we visited the operating theatres and recovery area, neuro day unit and in-patient unit and the pre- assessment unit. We spoke with 18 patients and relatives and 51 members of staff. We observed staff delivering care and looked at five medical notes, seven paper records and 10 electronic notes. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well- led as good.
- Staff were aware of how and when to report incidents, including safeguarding concerns. We saw that staff received feedback and lessons learned were shared.
- All areas we visited were clean and well maintained.
- Guidelines, pathways and policies were produced in line with national best practice guidelines and recommendations.
- We saw many good examples of multidisciplinary working.
- Patients, relatives and carers we spoke with gave consistently positive feedback: patients told us they felt safe on the wards and that staff were caring and compassionate.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Staff provided emotional support to patients and their loved ones.
- There was a clear leadership structure and strategy for surgical services. Staff told us that management were visible, approachable and supportive.
- Local governance arrangements were robust, and the team was aware of the risks to their service.

However:

- The trust had made improvements to the ward environments, however we found more could have been done for people with additional needs.

# Surgery

## Is the service safe?

Good  → ←

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

- The service managed patient safety incidents well. During this inspection we saw that incidents were reported on an electronic system. All the staff we spoke with, including medical staff, were aware of how to report incidents and gave examples of what types of things they would report.
- The service had suitable premises and equipment and looked after them well. At this inspection, we found the wards and departments we visited visibly clean and tidy. During the inspection, we observed that staff were compliant with hand hygiene policies, including 'bare below the elbows' and personal protective clothing policies. Handwashing advice was clearly displayed and facilities for hand hygiene were available.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. During our last inspection, we found oxygen was not always prescribed in line with trust policy. Whilst on this inspection, we reviewed four patients who were receiving oxygen therapy and found this was appropriately prescribed, including target blood oxygen levels. Staff stated that a new paper oxygen chart had been introduced since our last inspection to improve the prescribing and monitoring of oxygen.
- During our last inspection, there was limited space for safe storage of equipment and resuscitation equipment was not checked daily. Whilst on this inspection, we saw resuscitation equipment was reviewed regularly, checked and tested consistently in line with trust policy. Trolleys we inspected were locked, appropriately stocked and equipment was in date.
- During our last inspection, we were concerned about record storage, during this inspection we saw patients' records were all stored in areas that were secure, and in locked trolleys and we did not see any patients notes left unattended.
- A review of the staffing in December 2017 showed the average fill rate for registered nurses/ health visiting staff was 85%.

However:

- We did not see any safety thermometer information displayed in ward areas.
- When inspecting reusable equipment stored on the ward, we found bowls used for patient washing were still wet and stacked up inside each other preventing these items from drying.
- We checked several items within the clean utility storage areas and found there was no evidence of stock rotation with newer products at the front of storage cabinets. We also identified some stock was out of date.
- On Firth 4 we found the door propped open, an unlocked drug fridge and a drug bag on the floor with a patients' medication in. On Huntsman 7 and Firth 9 we found the doors to the treatment rooms, which contained medicines and intravenous fluids, did not have a lock. This meant there was a risk that unauthorised persons could access medicines and fluids

## Is the service effective?

Good  → ←

# Surgery

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

- Trust policies were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE). These were easily accessed on the trust's intranet under clinical policies. All staff we spoke with were aware of guidance and how to access it.
- A geriatrician working across the surgery department had implemented an older person pathway, which had reduced the average patient stay from 20 days to 15.5 days and had reduced the rate of readmission. Staff reported this had had a positive impact on patient care. This pathway was short listed for a hospital service journal award.
- Staff of different kinds worked together as a team to benefit patients. Staff reported to us, and we observed good multidisciplinary team working; for example, on ward rounds between nursing and medical staff. We also saw evidence of this in the patient records we reviewed.
- Staff gave patients enough food and drink to meet their needs and improve their health. The Malnutrition Universal Screening Tool (MUST) was used to assess and identify patients at risk of malnutrition and weight loss. We found these recorded and reassessed in the notes we reviewed.
- Staff we spoke with demonstrated an understanding of consent, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. We observed staff obtained verbal consent from patients before carrying out an intervention.
- Northern General Hospital had an 85% appraisal completion rate.

However:

- At this inspection, we saw that food and fluid charts were not always completed accurately. Staff did not total the daily intake and output on fluid balance charts we reviewed. For the two fluid balance charts we reviewed, we noted that they were not fully completed, and the daily intake and output was not recorded.
- We did not see that patients were provided with different colour lids, trays or plates to help to identify them as needing support at mealtimes. We also did not see that equipment was available to help patients living with dementia to eat, for example coloured plates or cutlery.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. During the inspection we observed interactions between staff and patients; these were consistently done in a kind and compassionate way.
- Patients and their families said to us they were involved in discussions about their care and treatment, those nearing discharge were also kept up to date with plans around discharge. Patients said staff kept them informed of what was happening and that they had been given explanations from medical staff; we saw this whilst observing ward rounds.
- Staff provided emotional support to patients to minimise their distress.

However:

- Whilst on Vickers 4 we saw two patients were having care and treatment with the door or curtains left open. One patient next to the nurses' station was left without appropriate clothing on for a short period of time.

# Surgery

## Is the service responsive?

Good  → ←

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

- All staff that we spoke to felt that they received timely feedback regarding complaints.
- The department held daily bed meetings to review capacity and demand. Staff reported that waiting for home care packages often delayed discharge. There was a short-term intervention team to improve access and flow.
- Over the two years, the percentage of cancelled operations at the trust showed a downward trend and was generally lower than the England average.

However:

- During our inspection, the wards we visited had very limited provisions in place for patients with additional needs. We did not see the use of coloured bathroom doors or toilet seats. There was no additional help at meal times, or specialist dementia friendly cups.
- There was a higher than expected risk of readmission for elective and non- elective admissions when compared to the England average.

## Is the service well-led?

Good  → ←

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

- During our inspection, there was high level of staff engagement. Theatre staff were positive about the management who they described as very approachable. Staff also said to us they felt listened to more and that things were actioned. Most staff told us they felt more supported and confident to escalate any concerns.
- The trust had a mission statement, staff we spoke with were able to articulate this statement. Staff were aware of the trust vision and values. We saw information displayed in the areas we visited.
- Staff we spoke with wanted to provide effective care and treatment to patients and put patients at the centre of the experience. We observed staff working well together and there were positive working relationships within the multidisciplinary teams. Staff informed us they felt morale had increased and the team were approachable and encouraging. Volunteers in the department also said that they felt included and part of the team.
- It was apparent that senior leaders, department managers and shift leads were proud of their staff and praised them in their work. They said to us that staff often went above and beyond to provide care to patients when extreme pressures had been placed on the hospital.
- In theatres, staff told us they had introduced surgeon of the week, which had had a positive impact on all staff. Nursing staff reported a positive culture and good working relationships between staff groups.
- During our inspection, we observed that staff could access information relating to policies and guidance electronically. The system was easy to navigate. Staff received training on information governance and were aware of the importance of managing confidential patient information.

# 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.

# End of life care

Good ● ↑

## Key facts and figures

The trust provides end of life care at Northern General Hospital. 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. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 2,619 deaths from February 2017 to January 2018.

At Northern General Hospital there is a specialist 18 bedded Macmillan inpatient palliative care unit which provides care to patients with life limiting conditions; which includes people who are in the last weeks to days of life.

Inpatient beds are supported by the hospital palliative care team (medical and nursing) who provide a seven-day service to support all healthcare professionals to deliver end of life care.

There is an out of hours on call provision 24 hours a day that can provide specialist registrar or consultant delivered face to face advice and support as required. The palliative care team work alongside learning and development to support education and training to all staff.

The trust had 2,619 deaths from February 2017 to January 2018.

The chaplaincy department offers services to patients, relatives and staff 24 hours a day, seven days a week operating on an on-call basis out of hours.

The mortuary was open Monday to Friday 8am to 5pm and operated an on-call out of hour's service.

Northern General Hospital was last inspected as part of our comprehensive inspection programme in December 2015. During the 2015 inspection, we inspected and rated all five key questions. Overall, we rated end of life care as requires improvement. We rated effective and well led as requires improvement. We rated safe, caring and responsive as outstanding.

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

This report predominantly focuses on an inspection of the services provided by the specialist palliative care medical, nursing and administration team, the mortuary staff and the chaplaincy and the bereavement team.

However, to help us make our judgements, we visited general wards as well as the Macmillan palliative care unit, we spoke with 12 patients and their family and friends. We also spoke with 14 staff members including consultants, junior medical staff, registered and non-registered nursing staff and therapists at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed seven sets of care records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

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

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

# End of life care

- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, the 'guidance for the care of the person who may be in the last hours to days of life' document, which reflected 'Five priorities for care of the dying person', and rapid discharge pathways for general wards.
- Staff ensured patients received pain relief appropriate to their needs. Where patients had complex pain, staff ensured they were reviewed regularly, and that pain was brought under control using a range of analgesia.
- The service undertook local audits, such as the DNACPR forms, assessment of the use of intravenous/subcutaneous fluids in patients in the last days of life and the whiteboard e-handover process and compiled achievable action plans and implemented standard operating processes (SOPs) to improve performance and services offered.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave positive feedback about their care.
- The mortuary had a dedicated viewing room for recently deceased patients and staff told us they could facilitate requests to wash and prepare the body in line with religious, spiritual and cultural beliefs.
- There was a multi-faith chaplaincy department who could provide support to patients, relatives and staff regardless of their faith or belief.
- The service took account of patients' individual needs. We were inundated with outstanding examples of staff meeting patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care.
- The department had an end of life strategy with a focus on educating, developing and growing a strong and competent nursing workforce with the right skills to deliver quality end of life care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However:

- Whilst mandatory training compliance had improved we found low compliance amongst some staff groups for some subjects. Staff reported delays obtaining pressure relieving equipment.
- The trust had processes in place to ensure patients care preferences at the end of their life were documented. However, they were unable to evidence improvements for patient outcomes because they were not auditing outcomes. The trust did not have gold standards framework accreditation and did not provide any indication this was planned.
- Despite implementing positive initiatives to ensure patients preferred place of care was achieved there were 259 delayed fast track discharges at this hospital.
- The trust performance in the national End of life care Audit: Dying in Hospital 2016 was worse than the England average for three of the five agreed clinical indicators and the trust answered no for five of the eight organisational indicators.



# End of life care

## Is the service safe?

Good   

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

- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating. They used an adapted nationally early warning scores (SHEWS) effectively and risk assessments and were completed appropriately.
- The service reviewed staffing levels on the Macmillan palliative care unit twice yearly in January and June using a nationally recognised acuity tool. There were sufficient numbers of highly skilled specialist palliative care medical and nursing staff available to support the care of patients at the end of their life.
- Mandatory training compliance had improved since our last inspection.
- All grades of staff were aware of their safeguarding responsibilities and training compliance was positive.
- All areas we visited were visibly clean and well- maintained.
- Patient safety alerts were responded to appropriately.
- Records completed by the specialist palliative care team showed a holistic review of patients' needs and were completed in line with the staffs' registered bodies. Records were stored securely.
- All specialist palliative care nurses were non-medical prescribers which meant medicines could be prescribed for patients in a timely manner in a timely manner to safely manage and support symptom control.

However:

- Staff reported they were not always able to access pressure relieving mattresses to enable them to safely care for patients at risk of pressure damage.
- Staff mandatory training compliance was lower than the trust plan of 90% for some subjects. For example, 80% of administration staff in the specialist team were non-compliant with information governance, medical staff were 63% compliant with infection prevention and control training and the team overall were 67% compliant with Mental Capacity Act and Deprivation of Liberty Safeguards training. Medical device training for the use of syringe drivers was lower than the trust plan at 66% and on some wards, there were no staff were compliant with the training.
- Recent environmental audits showed the Macmillan palliative care unit did not always conduct audits in line with the trust identified frequency, for example monthly audits were not always conducted monthly. However; the service was visibly clean and tidy, and staff adhered to the infection control policy and used personal protective equipment when delivering personal care.

## Is the service effective?

Good  

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

# End of life care

- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, the 'guidance for the care of the person who may be in the last hours to days of life' document which reflected 'Five priorities for care of the dying person', and rapid discharge pathways for general wards and the emergency department.
- The trust had evidence based best practice guidelines, policies and patient pathways in place to support staff in the care and treatment of patients at the end of their life. We saw evidence that patients' care was planned in line with the trust's end of life care guidelines. We saw the latest versions of the guidelines were in use.
- Staff gave patients enough food and drink to meet their needs. Patients told us staff went out of their way to provide food they enjoyed and could facilitate requests for special meals.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. We saw the trust had participated in national audits, such as the National Care of the Dying Audit. The results were used to benchmark and compare with other trusts locally and nationally.
- Staff ensured patients received pain relief appropriate to their needs. Where patients had complex pain, staff ensured they were reviewed regularly, and that pain was brought under control using a range of analgesia.
- The service undertook local audits, such as the DNACPR forms, assessment of the use of intravenous/subcutaneous fluids in patients in the last days of life and the whiteboard e-handover process and compiled achievable action plans and implemented standard operating processes (SOPs) to improve performance and services offered.
- The service made sure staff were competent for their roles. There was a clinical practice educator who coordinated all aspects of an effective training and induction programme for staff. There were over 100 end of life care champions (link nurses) and they received in-depth, regular training study days.
- Staff of different disciplines worked together as a team to benefit patients. We observed that the service had an excellent approach to multidisciplinary working.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

However:

- Whilst the trust had implemented processes to ensure patients care preferences at the end of their life were documented, the trust was unable to evidence improvements as they were not auditing patient outcomes.
- The trust did not have gold standards framework accreditation and did not provide any indication this was planned.
- The trust performance in the national End of life care Audit: Dying in Hospital 2016 was worse than the England average for three of the five agreed clinical indicators and the trust answered no for five of the eight organisational indicators.

## Is the service caring?

Good ● → ←

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

- We received consistently positive feedback from patients, relatives and carers we spoke with. Patients told us they felt safe on the wards.
- Patients told us the staff were kind, caring and compassionate. Staff treated patients with dignity and respect.

# End of life care

- Patients and their relatives told us they were involved in planning their care and communication with staff was good.
- We observed positive interactions between staff of all disciplines and patients. Staff provided emotional support to minimise distress.
- In the trusts annual end of life survey 85% of respondents rated the care given to their loved ones in the last days to hours of life as excellent or good.

However:

- We were concerned that part of a deceased patients journey from a ward to the mortuary was external to the hospital buildings and was visible from public buses.

## Is the service responsive?

**Outstanding**  

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

- End of life services at Northern General Hospital were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. End of life services were delivered to meet the needs of the local population, to ensure patients received coordinated care that was accessible and responsive to people with complex needs.
- Outpatient clinics were available each week day across the three acute hospital sites.
- The multi-faith chaplaincy department had a diverse range of chaplains to reflect the religious, cultural and spiritual needs of the local population. The chaplaincy department also had faith contacts in the community they could utilise if required. The chaplains worked on a 24-hour basis across the whole trust.
- The Macmillan palliative care unit had a social worker based at the unit who staff could refer patients to for additional support if they had complex family needs
- The service took account of patients' individual needs. One of the specialist palliative care nurses was the teams' lead for learning disabilities. Staff were aware of, and gave excellent examples of, caring for patients and family members with learning disabilities.
- Staff on the Macmillan palliative care unit regularly organised and facilitated personalised events for patients. We were inundated with examples of events that had been arranged, sometimes at very short notice for patients.
- All the specialist palliative care nurses were non-medical prescribers, this meant that any medicines that were required to treat patients' symptoms could be prescribed in a timely manner and there were no delays in care and treatment being provided.
- Staff in the mortuary were aware of the multi-cultural needs of deceased patients and their families. Resources to support different cultures were kept in the waiting room and staff could provide families with these resources at their request.
- The Macmillan palliative care unit had a dedicated viewing area for recently deceased patients in the department and staff told us they could facilitate requests to wash and prepare the body in line with religious, spiritual and cultural beliefs.
- The mortuary had a multi-faith viewing room with multi-faith resources available for families of the deceased to utilise whilst visiting their loved one.

# End of life care

- There was a multi-faith chaplaincy department who could provide support to patients, relatives and staff regardless of their faith or belief.
- Staff we spoke with were focused and knowledgeable about supporting patients and families from different cultural and ethnical backgrounds.
- Staff could access translation and interpretation services and understood this was essential when dealing with sensitive information. We were given an example of when the team had suspected that a family was withholding information from a patient whose first language was not English. Resources were available in large print and easy read, on request.
- The Macmillan palliative care unit utilised volunteers for an innovative project called 'oral history in palliative care'. The oral history project involved the recording of unique life experiences. It captured voices and memories and the patients were involved in the process of producing their own life histories. Patients and families were given recordings on CDs.
- The unit had open visiting hours and could accommodate visits from children and pets, with prior arrangement with the ward manager. There was accommodation available for relatives to stay with their loved one when they were approaching the end of their life.
- Staff at the Macmillan palliative care unit helped to organise letter writing and the creation of memory boxes for patients approaching the end of their life. Letters written were in the patient's words and the unit could use charitable funds to purchase small gifts, that the patient requested, to be placed in memory box and left to the patient's family.
- Northern General Hospital had an innovative 'front door response team' based in the accident and emergency department. There were separate comprehensive 'emergency department discharge to die' pathways depending on whether the patient presented out of hours or in general hours.
- The front door response team had access to 'comfort boxes' that contained essential items for patients to support them if they chose to go home to die. This meant patients and their families had access to essential items without delay.
- The trust had recently appointed an 'acute' palliative care consultant. Their remit was to outreach to key areas of the hospital to access patients who were suitable for the service but may not be identified and referred to the team until later in their hospital stay. This pro-active approach was excellent and ensured patients were identified early on in their hospital stay and their care could be planned around their wishes, for example their identified preferred place of care and their preferred place of death.
- The trust had appointed a medical examiner to review all deaths at the Northern General Hospital site. The medical examiner contacted families to try and ascertain whether there were any concerns around the patient's death, therefore concerns and complaints could be pro-actively picked up early on and dealt with rapidly.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Meetings were offered to all families and carers following bereavement. This meant if family members had concerns they were addressed promptly and the family were supported following the loss of their loved one.

However:

- Despite implementing positive initiatives to ensure patients' preferred place of care was achieved, there were 259 delayed fast track discharges at this hospital.

# End of life care

## Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care. There was a clear management structure at directorate and departmental levels. The managers knew about the quality issues, priorities and challenges in the department.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The department had an end of life strategy with a focus on educating, developing and growing a strong and competent nursing workforce with the right skills to deliver quality end of life care.
- The governance system supported the strategy and provided continuing assurance up to board level. The service had approved a business case for a new end of life lead nurse role, who would take the lead on end of life governance from the end of life project group, when appointed.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt the care of the dying was everyone's responsibility and we found this culture was embedded across the hospital.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. The end of life project group met regularly to discuss risks and identify mitigations and actions.
- There was a risk register that captured most risks for end of life and care after death and risks and review dates were detailed clearly.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The Macmillan palliative care unit used a quality dashboard that allowed the leadership team to track the department's performance and set trajectories for improvement.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The end of life strategy had been created in co-production with a wide range of stakeholders.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We observed innovative practice around pathways for care of the dying and the appointment of an acute palliative care consultant whose role included widening the access of the palliative care team across the hospital.

However:

- The risk relating to deceased patients journey from wards to the mortuary being visible from public buses was not on the risk register.

## Outstanding practice

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

# End of life care

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides community services at 21 sites across Sheffield and the surrounding areas. Community services provided at the sites are listed below:

- Adult physiotherapy
- Continence clinics
- Dental services
- Community nursing and therapy
- Podiatry
- Renal dialysis clinic
- Tuberculosis treatment
- Tissue viability clinics
- Foot care surgery/treatment
- Pulmonary and respiratory condition support
- GP collaborative (Out of hours service)

At our previous inspection in December 2015, we inspected community health services for adults, community health inpatient services, community end of life care services, community dental services and the Sheffield Dialysis Unit.

At this inspection, we inspected all five domains of the community end of life care service. We also inspected the Well led domain for the GP collaborative run by the trust from Northern General Hospital.

## Summary of community health services

**Good**   

Our rating of community health services stayed the same. We rated them as good overall because:

- We rated community end of life care as good at this inspection, the Well led domain improved from requires improvement to Good, other domains remained as Good.
- At our previous inspection in December 2015, we rated community health services for adults and community dental services as outstanding; and we rated community health inpatient services and Sheffield Dialysis unit as good.
- The GP Collaborative (Sheffield Out of Hours Service) was well led with effective leadership and governance structures in place.

# Community end of life care

Good   

## Key facts and figures

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. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

All community services are involved in the care of people who are in or near to the last year of life. This is predominantly led by integrated care teams.

This report focuses on the intensive home nursing service (IHNS). The IHNS is provided by community clinical support workers under the leadership of registered nurses. This service enhances care provided by other services, for example district nurses, to enable people to die in their own home if this is their preferred place.

Patients needing care at the end of their life could be referred by any health care professional to the service.

End of life care in the community was last inspected in December 2015 as part of our comprehensive inspection programme. During the 2015 inspection, we inspected and rated all five key questions. Overall, we rated community end of life care as good. We rated safe, effective, caring, and responsive as good. We rated well led as requires improvement.

This inspection was a short notice announced inspection. We inspected the whole core service and looked at all five key questions.

During the inspection, we spoke with 11 members of staff, including all grades of nursing staff and community support workers, administrative staff and the leadership team. Due to the sensitive nature of the service, we were unable to observe care being provided however during our inspection we spoke with two people whose family members had been cared for by the IHNS and following the inspection we spoke with six relatives.

The trusts' chaplaincy department offers services to patients, relatives and staff 24 hours a day, seven days a week operating on an on-call basis out of hours.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- Staff caring for patients at the end of their life were aware of how and when to report incidents, including safeguarding concerns. We saw that staff received feedback and lessons learned were shared.
- Staff practiced safe infection control techniques.
- Staff caring for patients at the end of their life assessed patients and escalated their care to the specialist team when necessary.
- Guidelines, pathways and policies were produced in line with national best practice guidelines and recommendations.
- There was sufficient numbers of skilled staff to care for patients at the end of their life. The service was available seven days a week 24 hours a day.



# Community end of life care

- Staff understood the importance of seeking patient consent before providing care and treatment and showed a good understanding of the mental capacity act and deprivation of liberty safeguards.
- Relatives we spoke with gave consistently positive feedback. Staff spoke about the patients they cared for in a caring, compassionate and respectful way.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Staff provided emotional support to patients and their loved ones.
- Services were planned in conjunction with external partners, across the whole of the health system to meet the needs of local people.
- We saw numerous positive examples of initiatives to meet the individual needs of patients at the end of their life.
- There was a clear leadership structure and strategy for end of life care. Staff told us that their line managers were visible, approachable and supportive.
- Local governance arrangements were robust and the team was aware of the risks to their service.
- We saw numerous examples of engagement, improvements and innovation.

However:

- The trust had implemented processes to record whether patients preferred place of death was achieved and if not why not, they had not completed any audits of this data. Therefore, whilst a system was now in place the trust was still not measuring if patients achieved their wishes. However, we found establishing patients' preferred place of care was seen as a priority.

## Is the service safe?

Good   

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

- Mandatory training compliance had improved since our last inspection and was above the trusts planned compliance rate. In addition, bespoke training was arranged for the staff to enable them to safely care for people in their own homes.
- All grades of staff were aware of their safeguarding responsibilities and gave good examples of when they would escalate a concern.
- Patients had risk assessments completed and where necessary were escalated appropriately.
- Patient safety alerts were responded to appropriately.
- There were sufficient numbers of skilled staff available to support the care of patients at the end of their life.
- Medicines in patient's homes were managed appropriately. Community clinical support workers were competency assessed to administer patients' own prescribed medicines and were aware when they should escalate concerns.
- Staff we spoke with were aware of when they should report incidents. There were robust processes in place for reviewing, sharing and learning about incidents.

# Community end of life care

## Is the service effective?

Good ● → ←

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

- The trust had evidence based best practice guidelines, policies and patient pathways in place to support staff in the care and treatment of patients at the end of their life.
- Patients were supported with pain relief and their nutrition, hydration and mouth care.
- The IHNS had completed an evaluation of the patient and family experience of the intensive home nursing service in 2017, to highlight any service improvement areas linked to quality of care and the patient carer experience. The evaluation showed that 100% of patients and carers said they had confidence and trust in the staff caring for the patient.
- Information received from the trust showed that 100% of staff in the service had an up to date appraisal. This was better than the trusts planned compliance rate. Staff told us they found the appraisal process useful to determine their development and learning needs.
- The service had a robust training and education programme available to support staff to care for patients at the end of their life. Staff told us they were supported to professionally develop.
- We saw effective multidisciplinary working across all services. Staff we spoke to reported positive working with other teams both internally and those external to the trust.
- The service was available 24 hours a day seven days a week.
- Staff showed a good understanding of the need for consent and knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards.

However:

- Sheffield Teaching Hospital NHS Foundation Trust does not have the Gold Standards Framework accreditation.

## Is the service caring?

Good ● → ←

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

- We received consistently positive feedback from relatives we spoke with.
- Staff spoke about patients in kind, caring, respectful and compassionate way.
- Relatives told us that they were involved in planning their loved one's care and that communication with staff was good.
- Staff provided emotional support to patients and their families.
- In a survey completed by patients and relatives in 2107, 100% of those completing the survey said they were treated with dignity and respect and rated the care as good or very good.

# Community end of life care

## Is the service responsive?

Good   

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

- The intensive home nursing service was planned to meet and enhance the needs of the local population. Acute and community services at the trust worked in close partnership with a number of external providers and agencies to provide a responsive end of life care service to the local population.
- The intensive home support team provided different levels of service to meet individual needs. This included a visiting service through to 24-hour care.
- Staff had a set shift pattern however if needed they flexed their shifts to meet the needs of each individual family and patient.
- We heard numerous examples of how the staff provided support to patients receiving care at the end of life and their families. This included excellent examples of supporting patients and their family members with spiritual and cultural needs, as well as caring for people who were living with dementia or a learning disability. In addition staff told us how they had flexed the service to meet the needs of individual patients and their families.
- The multi-faith chaplaincy department had a diverse range of chaplains to reflect the religious, cultural and spiritual needs of the local population. There were Muslim chaplains, Roman Catholic chaplains, generic Christian chaplains and an honorary Buddhist chaplain. The chaplaincy department also had faith contacts in the community they could utilise if required. The chaplains provided trust wide 24-hour cover.
- The trust had robust procedures in place to facilitate fast tracked discharges and this was supported by the IHNS, who were able to respond to requests to provide care to patients in their own home at short notice.
- Staff had access to external translation and interpretation services.
- There had been no complaints about the intensive home nursing service in the previous 12 months. The service had a robust process for managing complaints and sharing lessons learned.

However,

- We were not able to make a judgement on how quickly the service was able to respond to an urgent referral for support, as this information was not collated by the trust. However, we saw that this was a bespoke service which enhanced and supported the care provided by other healthcare professionals. There are no national requirements for this type of service to be provided and no key performance indicators for this type of service.

## Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care. There was a clear management structure at directorate level. The managers knew about the quality issues, priorities and challenges in the department.

# Community end of life care

- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The trust had an end of life strategy with a focus on educating, developing and growing a strong and competent workforce with the right skills to deliver quality end of life care. The end of life strategy had been created in co-production with a wide range of stakeholders.
- The governance system supported the strategy and provided continuing assurance up to board level. The service had approved a business case for a new end of life lead nurse role, who would take the lead on end of life governance with the end of life project group, when appointed.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt that the care of the dying was everyone's responsibility.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The end of life project group met regularly to discuss risks and identify mitigations and actions.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The trust had implemented processes to record whether patients preferred place of death was achieved and if not why not they had not completed any audits of this data. Therefore whilst a system was now in place the trust was still not measuring if patients achieved their wishes. However, we found establishing patients' preferred place of care was a priority.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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, Head of Hospital Inspection, led this inspection. An executive reviewer, Louise Ashley, supported our inspection of well-led for the trust overall.

The team included 12 inspectors, two executive reviewers and 12 specialist advisors.

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.