City Hospitals Sunderland NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Good
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

City Hospitals Sunderland NHS Foundation Trust provides services at two acute hospitals, Sunderland Royal Hospital and Sunderland Eye Infirmary. The trust also provides services at one general practice, Church View General Practice. The trust provides acute hospital services to a population of around 350,000 people across the Tyne, Wear and Durham area. In total the trust has 855 beds across two hospital sites and employs around 4,923 staff.

Sunderland Royal Hospital, which has 833 beds, provides accident and emergency services, medical, surgical, critical care, maternity, children's and young people's services. Sunderland Eye Infirmary, which has 22 beds, provides ophthalmology care and treatment in ophthalmic surgery and specialist accident and emergency care. Both hospital sites provide outpatients' services.

Church View General Practice was inspected at the same time as the acute services by the Care Quality Commission's Primary Medical Services Directorate team. The findings of this inspection are reported separately to the inspection of the acute services.

We inspected City Hospitals Sunderland NHS Foundation Trust as part of our comprehensive inspection programme. We inspected Sunderland Royal Hospital and Sunderland Eye Infirmary on 16, 17, 18 and 19 September 2014. We also undertook an unannounced inspection on 2 October 2014.

We carried out this in-depth inspection because the trust was placed in risk band 2 in the Care Quality Commission's (CQC) intelligent monitoring system.

We inspected the following core services:

- Sunderland Royal Hospital – accident and emergency, medical, surgical, critical care, maternity, children's and young people's services, end of life and outpatients' services.
- Sunderland Eye Infirmary – accident and emergency, surgical and outpatients' services.

Overall, the trust was rated as good. Safety and responsive were rated as requires improvement but all other domains - effectiveness, caring and well led were rated as good.

The trust had an established and stable senior leadership team who staff reported were visible and approachable. There was a clear vision and strategy for the future provision of services, which involved consultation with staff within the trust and fostered innovative practice development.

There were reporting mechanisms from the ward to the Trust Board and clear governance systems within the trust, which included effective communication mechanisms from the Trust Board to the various wards and departments, as well across divisions, services and hospitals. Risk was generally well managed, although the trust faced challenges over the recruitment of medical and nursing staff particularly in the medical wards, which will be compounded by the budget deficit going into next year. Further development was required over the investigating, grading and feeding back from incident reporting.

Staff and public engagement was good, and mechanisms were in place to involve the local service users in decisions about the development of services and feedback on experiences of services received. Staff felt engaged and involved in the development of their services, although some medical staff did not feel fully consulted. Staff expressed pride in the services they provided with the patient's care as central to their values.

Our key findings were as follows:

- The trust had an overall elevated risk for the Hospital Standardised Mortality Ratio, which was higher than expected for weekend mortality as well as for weekday mortality. It was working with other trusts in the region and with NHS England to improve its mortality rates.
- There were arrangements in place to manage and monitor the prevention and control of infection. There was a dedicated team to support staff and ensure policies and procedures were implemented. We found

Summary of findings

all areas visited visibly clean. Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.difficile) rates were within an acceptable range for the size of trust.

- There were staff shortages at Sunderland Royal Hospital, particularly on the medical wards, mainly due to vacancies for nursing and medical staff. The trust was actively recruiting, the staffing establishment had been reviewed and kept under regular review. In the meantime, bank and locum staff were being used to fill any deficit in numbers.
- There were no concerns about staffing levels or skill mix at Sunderland Eye Infirmary. The staffing establishments and skill mix were maintained and kept under regular review.
- There were arrangements in place for reporting incidents, but improvements were required to improve the investigation processes, including the timeliness and training around root cause analysis and grading of incidents.
- Patients were able to access suitable nutrition and hydration including special diets. Patients reported that on the whole they were content with the quality and quantity of food.
- Patients were provided with care in a compassionate manner and treated with dignity and respect.
- Access and flow within the children's service was effective, which was achieved in part through close collaborative working between the directorate of paediatrics and emergency medicine. A shared medical consultant staffing approach, which included consultant staff qualified in paediatric emergency medicine, had been developed. The service had a range of facilities and approaches to ensure that the needs of local families were met.
- The children's and young people's service had a clear vision and strategy and the well led domain was rated as outstanding with a strong management team who worked together. The service regularly implemented innovative improvements. The service had facilitated the inspection of services by a team of young inspectors, which was excellent practice.
- Staff in the critical care unit demonstrated compassion and empathy to patients and their families. Patients were invited to meetings in the unit to give their stories and provide feedback about their experiences with the aim of improving patient experience on the unit. There was a range of support services provided for patients after they left critical care to ensure they received the right psychological and emotional support to aid recovery.
- Processes were in place for the implementing and monitoring the use of evidence-based guidelines and standards to meet patients' care needs.
- There was effective communication and collaboration between multidisciplinary teams.
- On the whole, the importance of patients' and public views were recognised and mechanisms were in place to hear and act on patients' feedback. The trust was working on improving the complaint procedures, particularly around investigations and timing of responses.

We saw several areas of outstanding practice including:

Sunderland Royal Hospital

- There was close collaborative working between the directorate of paediatrics and emergency medicine, which had developed a shared medical consultant staffing approach, including consultant staff qualified in paediatric emergency medicine.
- The directorate of paediatrics had facilitated the inspection of the service by a team of young service user inspectors.
- The use of the tele-health system in maternity services enabled women to monitor blood glucose levels and blood pressure in their own homes avoiding unnecessary visits to hospital.
- The compassion expressed to families if their family member died whilst on the critical care unit. For example, - nurses placed a locket of hair and the rings of the patient in a small silver bag and handed a printed card to the family with sympathy from the staff at the critical care unit.

Sunderland Eye Infirmary

- The enhanced recovery pathway for cataract surgery and the role of the primary nurse were viewed as an excellent development of the service and resulted in individual surgeon's cataract audits showing consistently high visual acuity outcomes against bench mark standards (UK Cataract National Dataset Audit).

However, there were also areas of poor practice where the trust needs to make improvements.

Summary of findings

Importantly, the trust must for Sunderland Royal Hospital:

- Ensure that there are sufficient qualified, skilled and experienced nursing and medical staff, particularly on medical wards and children's services. This is to include provision of staff out of hours, bank holidays and at weekends.
- Ensure that staff are suitably skilled and supported through the completion of mandatory training and appraisals particularly in the accident and emergency department (A&E) at Sunderland Royal Hospital.
- Ensure that medicines are managed appropriately. Medicines were not always started promptly when a patient was admitted over the weekend and incidents involved Controlled Drugs (CDs) were not always appropriately investigated and reported within the service.
- Ensure that there is appropriate pharmacist support to ward and units, including with the reconciliation of medication.
- At Sunderland Royal Hospital - ensure that patients are placed on the most appropriate ward to meet their clinical needs.
- In the accident and emergency department at Sunderland Royal Hospital ensure that the hospital fully complies with the four hour wait standard and the 15 minute hand over time for patients arriving by ambulance.
- Continue to review and reduce the mortality outliers for the Summary Hospital-level Mortality Indicator (SHMI) within the trust.
- Ensure that the 'do not attempt cardio-pulmonary resuscitation' (DNACPR) orders are signed by the appropriate medical professional and that discussions with patients or family members are recorded.
- Ensure that patient observation and monitoring charts for nutrition and hydration are fully and appropriately completed particularly on medical wards.

For both hospitals, the trust must:

- Ensure that Patient Group Directives (PGDs), which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment, are updated and monitored in line with trust policy.
- Ensure that incidents are investigated, graded and reported appropriately to ensure that lessons can be learnt to improve the safety and quality of services.

In addition, for Sunderland Royal Hospital the trust should:

- Train staff to use the syringe drivers used in the community when transferring end of life patients into the community. Thereby, ensuring that patients are not taken off one piece of equipment prior to discharge and then connected to the other equipment used in the community.
- Provide training on the grading of incidents and ensure that there are effective incident feedback mechanisms in place so that lessons can be learnt.
- Review the arrangements over the storage and supply of surgical instruments to ensure that there is appropriate provision of equipment.
- Review the storage and provision of linen in ward areas so that staff are assured that it is clean before use.
- Ensure that there is assurance systems in place regarding the training, supervision, appraisal and revalidation of the specialist palliative care team who are employed by a different trust.
- Review the specialist palliative care team in accordance with the Commissioning Guidance for Specialist Palliative Care.

For the Sunderland Eye Infirmary, the trust should:

- Review the storage of medical records.
- Review the participation in audits, including clinical audits in the A&E department.
- Review the arrangements for the role of the Eye Infirmary when dealing with major incident/events across the trust.
- Review the practice of recording patient concerns in the electronic nursing evaluation, in line with best practice guidance.

For both hospitals, the trust should:

- Seek ways to further increase the engagement of clinicians in complaint and investigation processes.
- Put in place mechanisms for reviewing and if necessary updating patient information, particularly in the outpatient departments.
- Introduce patient surveys specific to the outpatient department.

Summary of findings

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to City Hospitals Sunderland NHS Foundation Trust

Sunderland Royal Hospital is one of two acute hospitals forming City Hospitals Sunderland NHS Foundation Trust. City Hospitals Sunderland NHS Foundation Trust was established as an NHS trust in April 1994 and under the Health and Social Care (Community Health and Standards) Act 2003 became an NHS Foundation Trust in July 2004. The trust provides acute hospital services to a population of around 350,000 people across the Tyne, Wear and Durham area. In total the trust has 855 beds across two hospitals and employs around 4,923 staff. Sunderland Royal Hospital has 833 beds.

We carried out this comprehensive inspection because City Hospitals Sunderland NHS Foundation Trust was placed in a risk band 2 in CQC's intelligent monitoring system.

Sunderland Royal Hospital provides medical, surgical, critical care, maternity, and children's and young people's services for people across the Tyne, Wear and Durham area. The trust had 31,678 admissions between April 2013 and March 2014. The maternity service provided a Labour, Delivery, Recovery and Postnatal (LDRP) model of care, which enables women to remain in the same room throughout their birthing experience. The service delivered approximately 3,228 babies in 2013/14.

Sunderland Eye Infirmary provides ophthalmology care and treatment in surgical, accident and emergency (A&E) and outpatient services for people living in the Tyne and Wear and Durham area. The Eye Infirmary provides a seven-day ophthalmic accident and emergency (A&E) unit serving the north east. The A&E unit treats approximately 30,000 patients per year, who present with conditions ranging from minor irritations to major ocular trauma. Further outpatient clinics are held at South Tyneside, Durham and Hartlepool.

Our inspection team

Our inspection team was led by:

Chair: Doctor J Ahluwalia, Medical Director

Head of Hospital Inspections: Julie Walton, Care Quality Commission

The team of 43 people included CQC inspectors and a variety of specialists: Consultant in Emergency Medicine, Consultant Paediatrician, Consultant Clinical Oncologist, Consultant Obstetrician and Gynaecologist, Consultant Anaesthetist, surgical registrar, ophthalmic registrar, junior doctor, clinical nurse specialist, senior nurses, emergency nurse practitioner, student nurses and experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider :

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

Accident and emergency (A&E)

- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people

Summary of findings

• End of life care

• Outpatients

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, local area team, Monitor, Health Education England and Healthwatch.

We carried out announced visits between 17 and 19 September 2014. During the visit we held a focus group with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the trust, including the wards, theatres, critical care, outpatients, maternity and accident and emergency department. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records. We completed an unannounced visit on the night of 2nd October 2014.We held a listening event on 16 September 2014 in Sunderland to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment we looked at as part of the inspection. The team would like to thank all those who attended the listening events.

What people who use the trust's services say

Friends and family Test

The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The trust consistently had a higher response rate for services than the England average, for example for the medical services the response was 6% above the England average. For the A&E the trust scored consistently higher than the England average. Sunderland Eye Infirmary consistently had a high response rate with scores of 100 out of 100 for four of the 12 months. The antenatal, birth and post natal FFT response rates were above the England average with scores above the national average.

Adult Inpatient Survey 2013

The trust scored about the same as other acute trusts for the areas of questioning including about the doctors and nurses, care and treatment and leaving hospital. However, the trust scored worse on one question – for staff answering questions about proposed operation or procedure.

2012/2013 Cancer Patient Experience Survey

The trust was in the top 20% of trusts for scores in 11 of the survey questions.

PLACE 2014

The trust scored 99.6 (England average 97.2) for cleanliness, 96.4 (England average 88.7) for food, 94.3 (England average 87.7) for privacy, dignity and well-being and 96.6 (England average 91.9) for facilities.

Listening events

We held a listening event on 16 September 2014 to hear people's views about care and treatment received at the hospitals. We also held community focus groups with the support of Regional Voices who was working with Voluntary Action groups so that we could hear the views of harder to reach members of public. We also received information from members of the public via Healthwatch.

Facts and data about this trust

Sunderland Royal Hospital provides services to a local community of 350,000 residents and is starting to provide more specialised services to a wider population.

The Accident and Emergency department (A&E) at Sunderland Royal Hospital saw 92,880 people last year. The A&E department had seen an increase in the number

Summary of findings

of attendances per month since 2011/12. The average number of attendances per month in 2011/12 was 9,974, whilst in 2012/13 it was 10,449. There was a slight decrease to 10,430 in 2012/13 although in the first quarter of the financial year 2014/15 this has risen again to 10,589.

The hospitals had approximately 58,698 inpatient admissions during 2012-13. Last year the outpatient departments had approximately 623,789 attendances for both consultant and nurse led clinics. The hospitals carried out approximately 28,000 outpatient procedures last year.

The trust serves a children and young person population of 80, 351, which accounts for 17% of the area's population. There were 3,500 non-elective and 500 elective paediatric medicine admissions within the last 12 months. In addition, there were 2,072 paediatric surgical admission (all specialities). The out-patient department saw 4,500 new attendances along with 10,000 follow up review attendances. The service delivered approximately 3,228 babies in 2013/14.

Sunderland is the 44th most deprived area in England out of 326 local authorities. Sunderland has a number of areas which are significantly worse than expected in the local health profiles with all children's and young peoples' health being significantly worse than expected.

Trust revenue - £484 million (January 2013 – Jun 2014)

The trust was in deficit of around £2million at the time of the inspection.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We found that some aspects of safety required improvement. At Sunderland Royal Hospital, we were concerned about the staffing levels across some areas including children's, but particularly on the medical wards out of hours, on bank holidays and at weekends. Staffing levels did not always meet the NICE (National institute for health and clinical excellence) guidance. We found that there were a high number of nursing and medical staff vacancies, although the staffing establishments and the skill mix were regularly reviewed. Staff were concerned about how increasing workloads would be managed and how standards of care could be maintained. Effective handovers took place between staff shifts and included daily safety briefings to ensure continuity and safety of care. Across both hospital sites there were issues over some aspects of medicine management. We found that Patient Group Directives were out of date, which could create a risk of patients receiving the wrong medicine. The chief pharmacist told us that this was flagged up on the risk register in January 2014 and should be resolved by December 2014. Medicines were not always being managed appropriately. We found medicines were not always started promptly when a patient was admitted over the weekend due to a lack of pharmacy staff at weekends, which also impacted on the pharmacist service's ability to undertake a reconciliation of patients' medicines when admitted. There were arrangements in place for reporting incidents and learning from incidents in line with national guidance. However, there was some improvement required on the quality of incident investigations, the capability of staff and action was needed regarding the delays in undertaking a route cause analysis of incidents. Some concerns were raised during the inspection about how the critical care outreach team received feedback from reported incidents. The critical care outreach team had submitted a number of incident reports where patient outcomes had been negatively affected; no feedback had been provided about investigations, outcomes and/or requirements to change practice. We observed how some incidents reported at levels 4 or 5 were almost always downgraded to level 0, 1 or 2 (Incidents graded at below level 4 did not require feedback to the reporter, according to the trust's policy). There were several examples of where patients had suffered harm as	**Requires improvement** 

Summary of findings

a result of an incident, and the re-graded incident score suggested there had been 'no harm'. As staff had not received feedback regarding this re-grading there was no learning or clarity on the process.

To address this, the trust was introducing a new quality and risk role and increasing training in this area. We looked at a sample of incident investigations and found they were graded appropriately. Staff were encouraged to report incidents, and most received feedback on what had happened as a result. The trust informed us that all incidents are reviewed by a Risk Manager and moderate/ serious incidents (particularly 4&5) are reviewed by the Rapid Review Group.

Staff were aware of safeguarding procedures and understood their responsibilities with raising concerns. The trust records showed that 91% of nursing staff had undertaken adult safeguarding training Level 1 and 73% of medical staff had completed this; 80% of medical staff and 81% of nursing staff had completed Level 2 child protection training.

We found the wards and departments visibly clean. Arrangements were in place to manage and monitor the prevention and control of infection. Rates of Methicillin-resistant Staphylococcus Aureus and Clostridium difficile were within an acceptable range for the size of the trust.

Improvement was required with the numbers of staff completing mandatory training, particularly medical staff in the Sunderland Royal Hospital A&E department where the 80% standard had not been achieved in any of the 11 subject areas that were mandatory for this staff group. For nursing staff, the 80% target had not been achieved in seven of the 14 subject areas. There were varying degrees of completion in some subject areas across the trust in other services.

Patients were on the whole protected from receiving unsafe care because medical records were available. There was, however some room for improvement in the standard of record keeping in relation to Do not attempt cardio pulmonary resuscitation (DNACPR) decision and the monitoring of fluid balances, as some of the records reviewed were not fully completed.

Are services at this trust effective?

Good

Processes were in place to implement and monitor the use of evidence-based guidelines and standards to meet patients' care needs. We found a significant amount of clinical audit took place, which was complemented by audit of performance measures. The Sunderland Royal Hospital's A&E department took part in the

nationally recognised Trauma Audit Network (TARN) and College of Emergency Medicine (CEM) audits. The department also used nurse practitioners in an effective way to manage minor injuries and illness, and more serious cases in the majors' area. There was however, limited auditing taking place in the A&E at Sunderland Eye Infirmary.

There was effective multidisciplinary working in the -"rapid, assessment, interface and discharge" (RAID) model. An initiative which had been implemented in coordination with the local mental health trust, and involved the provision of a 24 hour service for patients with mental health conditions. Effective communication and collaboration took place between multidisciplinary teams who met regularly to identify patients requiring visits or to discuss any changes to the care of patients. Patients were able to access pain relief in a timely manner and their nutrition and hydration needs were met and there was evidence of multi-disciplinary working and access to specialist support seven days a week.

The trust had an overall elevated risk for the Hospital Standardised Mortality Ratio, which was higher than expected for weekend mortality as well as for weekday mortality. Additionally, two mortality outlier alerts had been raised with the trust from CQC and Dr Foster analysis that showed higher mortality for Pneumonia and for Pulmonary Heart Disease. The inspection team is satisfied that the trust had taken sufficient actions to reduce the risks to patients in relation to issues identified by the trust's review of these alerts. The trust had also identified specific areas through internal monitoring where their mortality was higher than expected based upon the average for England. It was working with other trusts in the region and NHS England to improve mortality rates. There were no concerns over mortality at the Sunderland Eye Infirmary.

At the Sunderland Eye Infirmary the enhanced recovery pathway for cataract surgery and the role of the primary nurse were viewed as excellent developments of the service and resulted in individual surgeon's cataract audits showing consistently higher visual acuity outcomes compared with benchmark standards (UK Cataract National Dataset audit). The input from the multidisciplinary team, and the way in which the team worked together, was outstanding and this included the way in which staff engaged with healthcare colleagues outside of the unit.

The end of life care delivered by City Hospitals Sunderland was evidence based and followed a region wide initiative called 'Deciding Right'. This meant that patients were protected from inappropriate care and support.

Summary of findings

Are services at this trust caring?

Good

Patients were provided with care in a compassionate manner, and were given emotional support. We also observed staff behaving towards patients in an understanding manner. We observed positive, kind and caring interactions on the wards and between staff and patients. Patients spoke positively about the standard of care they received.

The data from the hospitals' patients' satisfaction surveys, Friends and Family Test, showed that most services performed above the NHS England average.

Most patients we spoke with felt they understood their care options and were given enough information about their condition. Services were provided to ensure that patients received appropriate emotional support.

During the inspection, we saw and were told by patients that the staff working in the outpatient department were caring and compassionate at every stage of the patient's journey. People were treated respectfully and, whenever possible, their privacy was maintained. Services were in place to emotionally support patients and their families, and patients were kept up to date with and involved in discussing and planning their treatment. Patients were able to make informed decisions about the treatment they received.

On the critical care unit patients and relatives had good opportunities to provide feedback and influence the running of the service in order to develop the experience of patients and relatives. Staff demonstrated compassion and empathy to patients and their families. Patients were invited to meetings in the unit to give their stories and provide feedback about their experiences with the aim of improving patient experience on the unit. There was a range of support services provided for patients after they left critical care to ensure they received the right psychological and emotional support to aid recovery.

Maternity and family planning services were caring. Women spoke positively about their treatment by clinical staff and the standard of care they had received. Staff interacted with women in a respectful way and provided compassionate care. Women were involved in their birth plans and had a named midwife.

Children, young people and parents told us they felt they received compassionate care with good emotional support. They felt they were fully informed and involved in decisions relating to their treatment and care.

Summary of findings

There were support services available to patients and relatives who were having difficulty coming to terms with the fact that their relatives and loved ones were at the end of their life. Patients reported that they were offered support from a number of sources such as the chaplaincy and others.

Are services at this trust responsive?

Requires improvement

For the last two years the Accident and Emergency department within Sunderland Royal Hospital had not been able to fully comply with the four hour wait standard, or to meet the standard that ambulance patients should be handed over within 15 minutes of arrival. In 2013/14 and the first quarter of 2014/15 the trust failed to meet the standard for 95% of patients to be admitted, transferred or discharged from A&E within four hours. Although it was evident that the trust had taken action in an attempt to address these deficiencies. These had included improving access to mental health professionals, and the creation of a neurology "hot clinic". However, these were continuing pieces of work which had not yet addressed the breaches of the four hour, or ambulance handover waits.

The trust was experiencing access and flow pressures particularly in the medical services. There was a trust escalation plan; however, not all staff were aware of how it worked. Daily ward rounds were undertaken during the week and included therapists, to review patient progress and expedite discharges. The trust had implemented admissions avoidance measures including re-admissions avoidance a collaboration project with Sunderland Clinical Commissioning Group and various staff groups.

There was a children's A&E department, that was adjacent to the main department, which was open 24 hours a day, seven days' a week. There was also a children's short stay assessment unit that was open from 9am – 10pm. This department was led by A&E paediatric consultants and paediatric consultants from the main hospital. It was also staffed by paediatric trained A&E nurses.

Access to and flow within the children's service was effective. This was achieved in part through close collaborative working between the directorate of paediatrics and emergency medicine. A shared medical consultant staffing approach, which included consultant staff qualified in paediatric emergency medicine, had been developed. The service had a range of facilities and approaches to ensure that the needs of local families were met.

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Systems were in place to plan and deliver services to meet the needs of local people. Staff were responsive to people's individual needs. Identified issues relating to waiting times were continuously monitored, and waiting list initiatives were implemented to meet demand.

The trust was meeting the Referral to Treatment targets, for July 2014, there was 91% of patients admitted in 18 weeks, 98% of non-admitted patients seen in less than 18 weeks and 94% of patients seen up to 18 waiting for follow up. The target was 90%. Only the urology services were not meeting the target, which stood at 72% admitted and 84% incomplete. There was a recovery plan in place, which was discussed and reviewed regularly.

Mechanisms were in place to ensure that the service was able to meet the individual needs of people such as those living with dementia, a learning disability or physical disability. There was a lead nurse for learning disabilities who supported staff with advice, training and practical assistance, for instance undertaking assessments 48 hours in advance of a patient's admission to an acute ward so that reasonable adjustments could be made. Care pathways had been developed and communication passports used. There was a dementia outreach team to give support to wards caring for elderly patients. In addition, there was a dementia steering group, which were looking at particular aspects such as food and colours in the environment. External local groups were also invited to participate in service development. Services were available to support patients, particularly those who lacked capacity to access the services they needed. There was a central data base maintained to track the number of patients who were subject to a deprivation of liberties decision and where they were in the hospital. Training had been provided in assessing mental capacity, which was clinically led.

For patients whose first language was not English, there was access to translation and to sign language interpretation services. However, we were told that relatives sometimes translated clinical consultations with patients, at their request, which was not good practice.

Systems were in place to capture concerns and complaints; review these and take action to improve the experience of patients. There was a Patient, Carer and Public Experience Committee (PCPEC), which looked at themes coming out of complaint information and fed this to the Trust Board. Complaints were dealt with at this committee, and included the lead for learning disabilities. A new model had been introduced using a traffic light system to identify early in the process complex complaints. Themes identified had

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included the care of patients with dementia, pain management and appointment scheduling. Examples where changes were made as a result were the appointment of four elderly rehabilitation consultants (due to start in September/October), colour coding of equipment and identifying when a person had special needs and intentional ward rounds.

Information about the trust's complaints procedure was available for patients and their relatives. Staff were aware of the local complaints procedure and were confident in dealing with complaints as they arose. Complaints were dealt with at local level in the first instance and discussed at team meetings. There was a non-executive champion at Board level and the trust had identified that it needed to improve on its processes for dealing with complaints including the response times, improving clinical engagement with the process and improving the investigation process. Written acknowledgement of complaints had a 3 day response time. The trust had introduced complaint co-ordinators to support the process and was in the process of appointing four investigator roles to assist with the complaint and incident investigation process. We were told how complaints were treated as an opportunity to improve services. In addition, members of the trust were visiting other trusts to see what worked well to support improvements in their complaints handling process.

In outpatients the waiting times were within acceptable limits, with clinics only occasionally being cancelled. Patients were able to be seen quickly for urgent appointments if required. Outreach clinics were run and offered to patients closer to their homes, and some outpatient minor surgery was offered to patients at these clinics.

Are services at this trust well-led?

Good

The trust had an established and stable senior leadership team who staff reported were visible and approachable. The trust had a clear vision and strategy for the future provision of services, which involved consultation with staff within the trust and fostered innovative practice development.

There were reporting mechanisms from the ward to the Trust Board and clear governance systems within the trust, which included effective communication mechanisms from the Trust Board to the various wards and departments, as well across divisions, services and hospitals. Risk was generally well managed, although the trust faced challenges over the recruitment of medical and nursing staff particularly in the medical wards, which will be compounded by the budget deficit going into next year.

Summary of findings

Staff and public engagement was good, and mechanisms were in place to involve the local service users in decisions about the development of services and feedback on experiences of services received. Staff felt engaged and involved in the development of their services. Staff expressed pride in the services they provided with the patient's care as central to their values.

Vision and strategy

- The trust had a vision and strategy for the organisation, with clear aims and objectives on how these were to be met. Staff told us that the trust's values and objectives had been cascaded across the wards and departments and we saw these evident on ward areas.
- Staff had a clear understanding of the trust's values and was able to repeat the vision and discuss its meaning at the focus group meetings we held.
- Individual hospitals and services had their own vision and strategy, which was linked to the trust's overall vision, for example the children's and young people's service had its own clear vision and strategy and was led by a strong management team who worked together.
- The Sunderland Eye Infirmary staff shared with us their vision of the Eye Infirmary being a centre of excellence that they were proud of.
- The critical care team had set aside time in the forthcoming weeks to discuss the strategic and long-term plans for the service. This was to take into account the planned increase in vascular surgery and the proactive work being undertaken by the outreach team to increase patient flow through the service. The short term strategy was around improving the staffing skill mix, the long term ambition was to strive and provide the best service possible within available resources.
- There was a long-term strategy for the A&E service for constructing and building a new A&E department. This new A&E department was due to open in 2016, with building work commencing in 2015. However, the July 2014 A&E performance and quality report showed that there was an intention to find immediate solutions to its present day pressures, for instance the four hour access target.
- The strategy for women's and children's services aligned with the trust's strategic planning process for 2014/17. The strategy was part of the trust's 'Accelerating the Bigger Picture Strategy', which included a programme to expand maternity services, ante-natal clinics and a second theatre to accommodate medium and high risk births for South Tyneside.

Governance, risk management and quality measurement

Summary of findings

- Governance processes were embedded for the management of risk across divisions and services. However, despite there being feedback mechanisms within the service including from complaints, patient/relative feedback staff did not always receive feedback on reporting. There were concerns particularly around the quality of incident investigations, timeliness and grading of incidents over harm caused. The critical care outreach team had reported incidents, some of which had been re-graded to a lower score, which then resulted in no feedback to the person reporting. This was in line with trust policy but resulted in a lack of clarity or an explanation as to why the incident was regarded lower. We found that there was no particular training available on the grading of incidents, which could lead to inconsistent practice and missed opportunities for learning.
- The sharing and dissemination of information was felt by most staff to be good, although on the critical care unit for example, it was felt that this was somewhat weakened by the lack of clinical directors not attending Trust Board meetings.
- The trust had systems in place to appraise NICE guidance and ensure that relevant guidance was implemented into practice.
- There were a number of risk registers that were speciality specific and trust-wide. These were reviewed and updated regularly. We saw that action was being taken to manage, minimise or eliminate risks.
- The trust was facing a deficit going into the next year. The arrangements for any cost improvement plans were in development. At the start of the year there was a cost improvement process, which looked at the opportunities within operations to make savings. Historically, this was a 4% target. This had been increased to 5.5% - 6% for the forthcoming year. There was a system in place to assess the impact of these plans on the quality of services. The Medical Director and Director of Nursing and Quality signed off any impact assessment to give assurance over quality and safety. Issues being considered include the re-working of data flow regarding staff pay, cost and efficiency with agency staff and the implementation of safe and sustainable service. The trust was also looking into the low bed occupancy compared to other trusts and the meaning of this to the trust.
- The trust also provided services at a GP practice, Church View. We found that the reporting and governance systems were not well established or robust when dealing with this service compared to the rest of the trust and required more focus and attention. The outcome to the inspection of this service is

reported in the GP practice report. The governance and reporting arrangements in place for this service was not consistent in terms of robustness and quality as other arrangements across services in the acute hospitals.

Leadership of the trust

- The senior leadership of the divisions were provided by a triumvirate consisting of a clinical director, a business manager and a matron.
- Senior nursing staff had bi-annual meetings with the trust's Chief Executive and the outcomes to these would be reported back to their staff.
- In many areas staff reported that the senior nurses, lead consultants and directorate managers were present and visible. Staff told us how the leadership team were approachable, open and proactive.
- The trust ran leadership courses for aspiring managers.

Culture within the trust

- There was a strong emphasis on team work, and staff described the culture in many areas as open, transparent and supportive. Staff reported that they felt supported and listened to.
- Staff worked well together, not only between specialities but across disciplines.
- In many areas staff described a sense of pride and worked hard to improve the outcomes for patients.
- There was an open and transparent culture across services, for example in the children's and young people's service staff spoke positively about the management team. They were aware of the future challenges, in the short and long term, and were proactive in their approach.

Public and staff engagement

- Staff and the public were effectively engaged in making decisions about service planning.
- There were systems in place to enable patients to provide real-time feedback about their experiences, for example on the critical care unit, computer tablets had been made available.
- The Family and Friends Test showed that 100% of patients attending Sunderland Eye Infirmary were extremely likely or likely to recommend the service to their family or friends.
- Engagement with staff took the form of staff meetings, team briefings, informal discussions at handover and, monthly clinical governance meetings. Information was shared about incidents and minutes from meetings.

Summary of findings

- Generally, staff reported that were involved and consulted with. However, at the consultant focus group there was a mixed picture as not all consultants felt that they were fully engaged with service development.
- Social activities were put on for staff to encourage team building, including the critical care unit's sports day.
- The NHS Staff Survey 2013 showed that the trust scored as expected in 22 out of 30 areas and better than expected in seven areas. 72% of staff felt they were able to contribute towards improvements at work. One negative finding related to the percentage of staff having equality and diversity training in the previous 12 months. The trust requirement is 3 yearly, so not all staff receive this annually, hence the lower percentage uptake.
- Staff sickness rates were reducing and had dropped in April 2014 from 5.1% to 4.7%. There were sickness/absence processes in place and a staff counselling service available to support staff.

Innovation, improvement and sustainability

- Innovation was encouraged throughout the trust and staff reported that they felt actively engaged in research and service development. Some of the innovations include the following-
- The children's and young people's service regularly implemented innovative improvements. The service had facilitated the inspection of services by a team of young inspectors, which was excellent practice.
- The critical care service had gone from having had no research portfolio two years ago to becoming involved in national trials. The unit was also shortlisted in the 'best acute design' category of the Building Better Healthcare Awards.
- The enhanced recovery pathway for cataract surgery and the role of the primary nurse were viewed as an excellent development of the service and resulted in individual surgeon's cataract audits showing consistently higher visual acuity outcomes compared to national bench mark standards.
- The antenatal service's manager had project managed the use of tele-health system, which enabled women to monitor their blood glucose levels and blood pressure in their own homes, avoiding unnecessary visits to the clinic.
- The maternity service had also been shortlisted as finalists in the CHKS Excellence in Maternity Care Award 2014.
- There were a range of innovative ideas brought into practice within the children and young people's service including

improving commissioned services for babies with tongue tie, one paediatrician developed a traffic light tool for the use in paediatric disability review clinics empowering families to bring their issues forwards.

Overview of ratings

Our ratings for Sunderland Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Not rated	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Outstanding	Good
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Our ratings for Sunderland Eye Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Not rated	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for City Hospitals Sunderland NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

Sunderland Royal Hospital

- There was close collaborative working between the directorate of paediatrics and emergency medicine, which had developed a shared medical consultant staffing approach, including consultant staff qualified in paediatric emergency medicine.
- The directorate of paediatrics had facilitated the inspection of the service by a team of young service user inspectors.
- The use of the tele-health system in maternity services enabled women to monitor blood glucose levels and blood pressure in their own homes avoiding unnecessary visits to hospital.
- The compassion expressed to families if their family member died whilst on the critical care unit. For example, - nurses placed a locket of hair and the rings of the patient in a small silver bag and handed a printed card to the family with sympathy from the staff at the critical care unit.

Sunderland Eye Infirmary

- The enhanced recovery pathway for cataract surgery and the role of the primary nurse were viewed as an excellent development of the service and resulted in individual surgeon's cataract audits showing consistently high visual acuity outcomes against bench mark standards (UK Cataract National Dataset Audit).

Areas for improvement

Action the trust MUST take to improve

Importantly, the trust must for Sunderland Royal Hospital:

- Ensure that there are sufficient qualified, skilled and experienced nursing and medical staff, particularly on medical wards. This is to include provision of staff out of hours, bank holidays and at weekends.
- Ensure that staff are suitably skilled and supported through the completion of mandatory training and appraisals particularly in the accident and emergency department (A&E) at Sunderland Royal Hospital.
- Ensure that medicines are managed appropriately. Medicines were not always started promptly when a patient was admitted over the weekend and incidents involved Controlled Drugs (CDs) were not appropriately investigated and reported within the service.
- Ensure that there is appropriate pharmacist support to ward and units, including with the reconciliation of medication.
- At Sunderland Royal Hospital ensure that patients are placed on the most appropriate ward to meet their needs.
- In the accident and emergency department at Sunderland Royal Hospital ensure that the hospital fully complies with the four hour wait standard and the 15 minute hand over time for patients arriving by ambulance.
- Continue to review and reduce the mortality outliers for the Summary Hospital-level Mortality Indicator (SHMI)within the trust.
- Ensure that the 'do not attempt cardio-pulmonary resuscitation' (DNACPR) orders are signed by the appropriate medical professional and that discussions with patients or family members are recorded.
- Ensure that patient observation and monitoring charts for nutrition and hydration are fully and appropriately completed particularly on medical wards.

For both hospitals, the trust must:

- Ensure that Patient Group Directives (PGDs), which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment, are updated and monitored in line with trust policy.

Outstanding practice and areas for improvement

- Ensure that incidents are investigated, graded and reported appropriately to ensure that lessons can be learnt to improve the safety and quality of services.

In addition, for Sunderland Royal Hospital the trust should:

- Train staff to use the syringe drivers used in the community when transferring end of life patients into the community. Thereby, ensuring that patients are not taken off one piece of equipment prior to discharge and then connected to the other equipment used in the community.
- Provide training on the grading of incidents and ensure that there are effective incident feedback mechanisms in place so that lessons can be learnt.
- Review the arrangements over the storage and supply of surgical instruments to ensure that there is appropriate provision of equipment.
- Review the storage and provision of linen in ward areas so that staff are assured that it is clean before use.
- Ensure that there is assurance systems in place regarding the training, supervision, appraisal and revalidation of the specialist palliative care team who are employed by a different trust.
- Review the specialist palliative care team in accordance with the Commissioning Guidance for Specialist Palliative Care.

For the Sunderland Eye Infirmary, the trust should:

- Review the storage of medical records.
- Review the participation in audits, including clinical audits in the A&E department.
- Review the arrangements for the role of the Eye Infirmary when dealing with major incident/events across the trust.
- Review the practice of recording of complaints in patients' notes in line with best practice guidance.

For both hospitals, the trust should:

- Put mechanisms in place for reviewing and if necessary updating patient information, particularly in the outpatient departments.
- Introduce patient surveys specific to the outpatient department.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Patient group directions (PGDs), which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment, must be updated and monitored in line with the trust's policy.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Appropriate steps had not been taken to ensure that there were sufficient numbers of suitably qualified, skilled and experienced nursing and medical staff working in the hospital to carry out the activity of TDDI on medical wards, including provision of staff out of hours, bank holidays and weekends, in order to safeguard the health safety and welfare of service users.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Ensure that the hospital fully complies with the four-hour wait standard in accident and emergency (A&E) and meets the standard that ambulance patients should be handed over within 15 minutes of arrival in the department.

This section is primarily information for the provider

Compliance actions

Continue to review and reduce the mortality outliers for the Summary Hospital-level Mortality Indicator (SHMI) within the trust.

Ensure that patient group directives (PGDs), which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment, are updated and monitored in line with the trust's policy.

Review the available support by pharmacists and ensure that this meets the needs of wards and departments, including reconciliation of medication advice.

Ensure that incidents are appropriately investigated, graded and reported appropriately to ensure that lessons can be learnt to improve the safety and quality of services.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Ensure that staff are suitably skilled and supported through the completion of mandatory training and appraisals, particularly in the A&E department.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Ensure that 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders are signed by the appropriate medical professionals, and that discussions with patients or family members are recorded. Ensure that patients' records are maintained up to date including fluid balance and turning charts.