

City Hospitals Sunderland NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Summary of findings

Combined quality and resource rating

Good 

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

City Hospitals Sunderland NHS Foundation trust (thereby known as 'the trust') provides acute and community services to people living in and around the city of Sunderland, South Tyneside, and County Durham.

The trust gained foundation status in 2004 and serves a local community of around 350,000 people by acute and community services, and a wider population of around 860,000 people in the provision of specialist services.

Since March 2016 the trust has been working with the neighbouring South Tyneside NHS foundation trust in a strategic alliance, known as the South Tyneside and Sunderland Healthcare Group. A single executive and management team has been in place across both trusts since November 2016, and in January 2018, both boards began to explore a formal merger between the trusts.

Services are commissioned by Sunderland Clinical Commissioning Group (CCG), South Tyneside CCG, Durham Dales, Easington and Sedgefield CCG, and North Durham CCG. The trust works in partnership with the local authority and the local mental health trust.

Overall summary

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

What this trust does

The trust provides acute inpatient, outpatient and community healthcare services to people living in and around the local area; it also provides specialist services to people living in a wider geographical area across the North East.

There are two main hospital locations, Sunderland Royal hospital and Sunderland Eye infirmary. There is also a children's centre in Sunderland, the Pallion Urgent Care centre on the Sunderland Royal hospital site and a number of community locations. (We only inspected Sunderland Royal hospital during this inspection).

There are five operational (clinical) divisions. These are;

- Surgery; which provides general surgery, urology, head & neck, ophthalmology, trauma and orthopaedic services
- Theatres; which provides anaesthetics, integrated intensive care unit (ICCU), day-case unit, pre-admission assessment unit; outreach, and psychology services
- Medicine; which provides emergency medicine, general medicine, medical specialties, rehabilitation elderly medicine.
- Family care; which provides obstetrics & gynaecology, and paediatrics and child health
- Clinical support; which provides medical physics, pharmacy, radiology, and therapy services.

Summary of findings

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

Between 17 April and 17 May 2018 we inspected urgent and emergency care, medical care (including older people's services), surgery (including theatres), and maternity. We inspected urgent and emergency care because it had been rated requires improvement in 'responsive' on the last inspection. We inspected medical care because it had been rated requires improvement in four care domains on the last inspection. Surgical care was inspected because there had been three never events. We inspected maternity services because although there was no information or intelligence to identify significant concerns, the trust had rated each domain as Outstanding.

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

What we found

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

- For acute services we rated safe as requires improvement; we rated effective, caring and well-led as good.
- We rated well led at trust level as good.
- We rated four of the five domains as good; in rating the trust, we took into account the current ratings of the services not inspected this time.
- Sunderland Eye Infirmary was not inspected this time; therefore the previous ratings remain the same for that location.
- Our rating of services stayed the same. We rated it them as good because:
 - There were commendable examples of compassionate care; we saw staff go the extra mile several times and their care and support exceeded good care standards in some circumstances. There was a strong, visible person-centred culture. Discussions between staff and patients were carried out in a compassionate and supportive way; staff provided reassurance and information appropriate for the individual patient and their family.
 - Pathways of care were focussed on the individual patient and involved collaboration with other service providers to meet the needs of patients and to ensure continuity of care.
 - Patients with a learning disability, those living with dementia, and bariatric patients could access services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined-up way within the hospital.
 - Patients we spoke with all felt involved in their care and had been provided with information to help them make informed decisions about their care.

Summary of findings

- Patients were protected from abuse because staff had received training in safeguarding; there was a multi-disciplinary safeguarding team who provided comprehensive support to front line staff.
- Patients, families, and staff were supported by the delirium and dementia outreach team (DDOT). The team supported patients with, or at risk of cognitive difficulties. There was support for carers and families in the form of information, education, and specialist advice. Therapeutic activities were provided for patients and the DDOT team visited wards across the trust to support cognitively frail in-patients who could not leave the acute areas. A follow up outpatient clinic was provided for patients who had experienced delirium.
- The psychiatric liaison team supported patients with mental health needs who were cared for in all areas of the hospital. The team also provided training to staff in order to support their learning.
- There were established multidisciplinary team (MDT) meetings for discussion of patients on specific pathways or with complex needs, this included attendance from nursing and medical staff, allied health professionals, and social workers.
- There was collaborative working with the local authority to promote timely safe discharges from hospital.
- There had been pharmacy initiatives which had been developed to support the needs of frail older people.
- There was strong clinical leadership in the areas we inspected and a strong sense of teamwork within different groups of staff who worked cohesively together for the benefit of patients. Leaders were visible, approachable, and responsive and promoted cohesive working and a positive culture.
- Staff generally felt that managers communicated well with them and kept them informed about the management of the wards and service changes.
- Staff were encouraged to report incidents. We saw evidence from actions plans and root cause analysis that staff had identified and investigated serious incidents appropriately.
- Local risk registers were in place which highlighted current risks and actions being taken to reduce the risk. Risks were discussed at governance meetings and we saw escalation of the risks to senior managers and clinical leads within the directorates.
- Changes in practice were based on national guidelines and best practice and were audited to ensure they were embedded throughout the clinical areas.
- There had been improvements in the recruitment of nursing and medical staff.
- Wards, department and public areas were clean and tidy. Cleanliness scores were displayed in the clinical areas. All clinical equipment was clean and ready for use.

However;

- Nurse staffing levels were consistently poor in some wards caring for medical, elderly, and surgical patients. There were unfilled shifts in acute areas; staff were moved from wards with higher levels of staffing to cover those working with less than safe levels. This impacted on the safety and quality of patient care; it is recognised that the movement of nursing staff occurs in most NHS trusts.
- An acuity tool was not in use to correlate nurse staffing with patient acuity and dependency. This meant staffing levels were not worked out based on patient need.
- Resuscitation and emergency equipment was not always checked regularly to ensure medicines and equipment was safe to use and within date.

Summary of findings

- Infection control procedures were not always followed in relation to hand hygiene, the use of personal protective equipment; staff were not always 'bare below the elbow'. This posed a risk to patients.
- There was inconsistent practice across wards regarding the management of medicines, for example drug fridge temperatures were not consistently recorded on some wards. Controlled drugs were not always checked as per the hospital policy.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and there was a need to improve compliance with mandatory training.
- Some national audit results were poor and clinical areas were not meeting standards.
- The trust was much worse than the England average for unplanned re-attendance rates in the emergency department.
- Lessons learned after two never events in 2017 were not shared across all surgical areas after each of the events.
- Some clinical policies and guidelines were past their review date. This meant staff did not always have the most up to date guidance to follow.

Are services safe?

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

- There had been consistently poor levels of nurse staffing on some wards with low fill rates of staffing on shifts. Senior leaders told us pressure ulcer development in patients had been related to poor staffing levels.
- There was no acuity tool in place to align nurse staffing with patient dependency. Staff were moved around on a shift by shift basis to staff clinical areas where numbers were low.
- Resuscitation equipment was not regularly checked and equipment and resuscitation medication were at risk of expiry. There was some out of date equipment when we carried out random checks in store cupboards.
- There was inconsistency around medicines management. Controlled drugs were not always checked and recorded daily. Fridge temperatures were not always checked and recorded daily.
- There had been inconsistent learning after serious incidents and never events. Three key members of staff who should have known about never events in their area did not know about them.

However;

- Nursing, midwifery and medical staff vacancies had improved overall.
- The emergency department had designated mental health assessment facilities that met best practice guidance for a safe mental health assessment room.
- During handovers of patients, staff identified risk to patients, and they documented risks using nationally recognised tools.
- Incidents were reported and investigated. Staff described a positive reporting culture and said they were encouraged and supported to report incidents; the majority of incidents resulted in no harm to patients.
- There were systems in place to protect adults and children from abuse. Staff were generally compliant with safeguarding training, and were supported by a multidisciplinary safeguarding team.
- The psychiatric liaison team supported front line staff in keeping patients with mental health needs safe.

Summary of findings

- There were dedicated pharmacists on each ward daily. Pharmacy services were available seven days a week, 12 hours per day with on-call support out of hours.
- Clinical areas were clean, tidy and well organised.

Are services effective?

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

- Patients' needs were assessed and care and treatment was delivered in line with legislation, such as the mental capacity act and mental health act; evidence-based guidance was used to achieve effective outcomes.
- There were positive examples of multidisciplinary working in all the clinical areas we inspected. Staff worked well together to deliver effective care and treatment for patients.
- There were positive examples of seven day working to support patient care and treatment.
- There was effective collaboration with external agencies to support safe and timely discharges, and to prevent hospital admissions.
- Wards and clinical areas took part in national, local and regional audits and used the results to improve patient outcomes.

However;

- Some clinical dashboards were not fully developed so there was limited assurance around patient outcomes.
- Some clinical guidelines and policies were past their review date. This meant staff did not always have the most up to date guidance to follow.
- A variety of results from national audits showed services were not always meeting the required standards; examples including royal college of emergency medicine audits, lung cancer audits and heart failure audits.
- Unplanned reattendance rates in emergency department were more than twice the national average. There were plans in place however to improve this.
- Appraisal rates for staff did not always meet the trusts own targets.

Are services caring?

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

- There were commendable examples of compassionate care; we saw staff go the extra mile several times and their care and support exceeded good care standards in some circumstances.
- Discussions between staff and patients were carried out in a compassionate and supportive way; staff provided reassurance and information appropriate for the individual patient and their family. Information was provided to allow patients to make informed decisions.
- Staff were motivated to offer care that was kind and promoted people's dignity. Patients' privacy and confidentiality were respected. Patients' individual preferences and needs were reflected in how care was delivered.
- We saw evidence that patients and families were involved in care planning. Staff discussed care with patients in a way that they could understand. People's emotional and social needs were assessed by staff and included in their care and treatment.
- Families were encouraged to be involved in the care of vulnerable patients such as those with learning disabilities or dementia.

Summary of findings

- Staff responded in a compassionate, timely and appropriate way when patients experienced physical pain, discomfort or emotional distress.
- Feedback from patients and their families was consistently positive.
- There were several examples of tender supportive care for those who had been bereaved.

However;

- There were a small number of occasions when patients told us staff had not always seemed very caring, friendly and showed a lack of empathy for the patient's situation.
- A small number of relatives told us they weren't able to stay with the patients in the emergency department and had found this upsetting and stressful.

Are services responsive?

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

- Services were planned to meet the needs of patients; pathways were in place across clinical areas to meet individual needs. There was close working between services to provide continuity of care.
- Access to services was generally good and there were positive examples of collaborative work to respond to the needs of patients when being discharged or transferred from hospital.
- Some of the environments had been designed or adapted to meet the needs of patients, including patients with additional needs such as those living with dementia or patients with learning disabilities.
- There was joint working to support frail older patients and comprehensive assessments which led to thorough care plans.
- Average length of stay was lower than the national average for some patient groups.
- Some clinical areas provided comprehensive support for patient with additional communication needs; for example, a braille translation service, induction loop, and British sign language signing service. Information leaflets were available in an easy-read format for patients with a learning disability.

However;

- The emergency department had not met the four hour target for eight of the 12 months from February 2017 to January 2018. Performance deteriorated from November 2017 to January 2018.
- The length of stay for some medical patients was longer than the England average.
- Some areas had not investigated and closed complaints within the trusts own timeframe of 25 days.
- Over the last two years, the percentage of cancelled operations at the trust was generally higher than the England average.
- Not all services were compliant with legislation around the accessible information standard for people with a disability, impairment or sensory loss to ensure they were given information that they can easily read or understand with support so they can communicate effectively with services.

Are services well-led?

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

- We saw several positive examples of strong local leadership. Leaders were visible, approachable, and supportive.

Summary of findings

- Leaders encouraged a positive patient focused culture. All areas were motivated to provide good patient care.
- Staff told us they were empowered to consider ways to improve services for patients.
- There were clear lines of accountability and responsibility, staff were aware of their roles.
- Staff told us they were kept up to date with information about service changes.
- Staff felt valued and supported, they were encouraged to report incidents, and they were open and honest.
- Local risk registers were in place; there were actions in place to mitigate against risk and individuals were responsible to carrying out action plans.
- Staff were able to articulate the values of the organisation and could mostly describe how they contributed to achieving the aims.
- We saw examples of innovative care, for example in bariatric surgery and in the therapeutic care offered to patients living with dementia.

However;

- There was limited governance or assurance in some clinical areas; for example around medicines management, resuscitation equipment checks, patient outcomes, infection prevention and control, and in ensuring clinical guidance was up to date.

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

In Emergency department;

- Staff in the department had developed a new technique and equipment to replace shoulder dislocation. The new procedure was quicker, required less medication or sedation and had been found to improve recovery times for patients.
- The children's ED had a robust process for safeguarding supervision for staff that meant staff were well supported about safeguarding cases.

In Medicine we saw several examples of outstanding practice;

The division had:

- Developed a 'delirium and dementia outreach team' (DDOT) which saw around 500 new patients each month.
- Developed a dementia-friendly unit, the Alexandra Centre, which is used as a day therapy suite for cognitively frail inpatients.
- A hospital elder life programme assistant (HELPA) had been developed to provide cognitively stimulating activities at the bedside.
- Developed a consultant led chest pain assessment unit (CPAU) for the rapid diagnosis of chest pain.

Summary of findings

- Developed a frailty team to improve outcomes for frail people by providing a comprehensive geriatric assessment (CGA) to all frail patients admitted through the medical admissions unit.
- Introduced a 'check and challenge' safety checklist for frail patients, resulting in prompts for decisions on resuscitation and the necessity of equipment.
- Introduced emergency healthcare plans (EHCP) to anticipate and plan for emergencies in the frail population.
- A frailty and community geriatrics service had been introduced which identified older patients with frailty attending the hospital.
- Worked with the local authority to ensure continuity of discharge from hospital and had developed a 'discharge hub'.
- Developed a criteria led discharge pathway that was followed if the patient did not need medical input on discharge. This allowed nursing staff to discharge patients if they met defined criteria.
- Developed the 'screening tool of older persons prescriptions in frail (STOPPFrail) adults with limited life expectancy.
- Developed home haemodialysis in response to growth in the number of haemodialysis patients.

In Surgery;

- The introduction of a day of surgery admissions unit had speeded up patient flow for urology and ear, nose and throat (ENT) patients.
- The bariatric unit had pioneered introduction of loop gastric bypass in the United Kingdom with research and publications to support. In addition, the service had hosted educational events to teach over 50 surgeons across the UK the loops bypass. The bariatric unit were participating in the largest ever UK funded surgical randomised control study of By-Band-Sleeve.
- During the inspection we saw a 'block room' within theatres, for the purpose of nerve blocks prior to a surgical procedure. This increased the flow of patients.
- The surgical division invited a regional learning disability team to bring a group of teenage service users to hospital and asked them what they wanted when they attended surgery. As a result of this consultation, the department now received a care plan two week prior to any planned surgery, which outlined each patient wants, needs, likes and dislikes. In addition to this, the anaesthetist met patients at the pre-assessment stage and clarified any additional needs. Following this process, the theatre division received an operating chair which enabled patients with learning difficulties to be sedated in the chair, and then reclined flat in theatre.
- The trust had a delirium and dementia outreach team (DDOT) who were available to support staff when caring for patients who needed additional support and advice to maintain their wellbeing and safety. The serviced provided therapeutic activities, one to one support, and education for staff and carers.
- The surgical division utilised a phone app for exercise in patients with peripheral arterial disease, when they were unable to get funding for a physical exercise programme recommended by NICE. The phone app had been presented nationally with plans to present follow-up information at the vascular society.

In Maternity;

- Staff engaged effectively with a local charity to supply a well-equipped bereavement room for use by families experiencing pregnancy loss. In addition, there was a counselling room in the antenatal clinic.
- The service engaged in research to inform evidence based care with high recruiting rates to its trials.

Summary of findings

Areas for improvement

In Emergency department:

The department must:

- Ensure that staff adhere to the hand hygiene policies and procedures are adhered to by all staff at all times
- Have a proactive approach about how to improve the unplanned re-attendance rate of patients other than mental health patients.

The department should:

- Record daily checks on resuscitation equipment and supplies to ensure there is evidence of checks being carried out.
- Work towards improving compliance to mandatory training.
- Ensure all eligible staff have signed patient group directives (PGDs).
- Have robust processes in place to demonstrate compliance with RCEM clinical audit requirements and show improvements in compliance when standards are not being met.
- Consider providing staff with additional training about working with people with mental health conditions to ensure such patients are treated with dignity and respect at all times.

In Medicine:

Action the service MUST take to improve:

- Ensure there are sufficient qualified, skilled and experienced nursing and medical staff on medical wards. This is to include provision of staff out of hours, bank holidays and at weekends.
- Ensure consistency of staffing across wards through the introduction of an acuity tool to determine accurate staffing levels.

Action the service SHOULD take to improve:

- Ensure consistent practice and compliance across wards with trust policies regarding the management of medicines.
- Ensure mandatory training compliance rates meet trust targets.
- Ensure the input from a consultant cardiologist identified in the heart failure audit meets national targets.
- Investigate the causes of the failure to meet the aspirational standards for vision assessment, blood pressure assessment, assessment for the presence or absence of delirium and the proportion of patients with a call bell in reach identified in the national audit of inpatient falls.
- Ensure the division meets the trust target for the investigation and closure of complaints.

In Surgery:

Action the service MUST take to improve:

- The service must ensure safe staffing levels in order to deliver safe harm free care for patients.
- Ensure controlled drugs are checked and monitored in line with NICE guidelines
- Ensure lessons learned from Never Events are shared across the whole surgical division and not just within the surgical speciality where the incident occurred.

Summary of findings

- Ensure the safe storage of dirty linen on wards to reduce the risk of infection

In Maternity:

Action the service SHOULD take to improve:

- The service should continue to work towards the national guidelines of 1:28 midwifery staffing ratio.
- The service should ensure that all clinical guidelines that are past their review date have been reviewed and if approved issued with a revised review date.
- The trust should continue to reduce the percentage incidence of Apgar scores of less than seven at five minutes to bring it into line with or below the England average.

Action we have taken

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

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

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.

This was the first time we had inspected well led separately at the trust.

We rated well-led at the trust as good because the trust executive leadership team had an appropriate range of skills, knowledge, and experience. The executive directors understood the challenges to quality and sustainability and the non-executives told us they had confidence in the executive leadership and were kept up to date and felt well informed.

There were a range of leadership programmes which employees at all levels could access and we saw positive examples of leadership across the organisation. There were processes for providing staff with development and for career progression, and ‘taster sessions’ as part of talent management.

There was a clear vision and set of values, and we saw quality and sustainability of care were priorities within the vision. The trust strategies were clear and comprehensive. Non-executive directors were clear about their involvement in development of the strategy and were focussed on achieving it. Staff we spoke with told us they felt valued and respected. We saw that leaders promoted the vision and values and made high quality compassionate care a priority.

There was an open and honest culture, and senior leaders empowered front line staff to make improvements and raise concerns when something wasn’t right.

The trust had a process known as ‘excellence reporting’; staff could submit a report through the incident reporting framework. This meant there were opportunities to learn from what had gone well.

The board and other levels of governance at the trust functioned effectively and interacted with each other appropriately.

Summary of findings

The trust had established processes from board to ward and back to the board in order to gain assurance, identify gaps, set priorities and put in place plans to address these gaps.

There was a mortality review group which looked at all in-patient deaths; it reported through the clinical governance steering group. There was a well-established process and the trust had been engaging in mortality reviews for four years. The reviews incorporated a separate end of life review which enabled the trust to assess the quality of end of life care.

The trust had invested in information systems to improve the quality of patient care. As one of the 16 Global Digital Exemplar NHS trusts in England, there had been much investment in advanced digital solutions and we saw examples of how the IT systems worked for the benefit of patients.

People's views and experiences had been gathered and acted upon in order to change services. There had been comprehensive engagement with staff, the public and key stakeholders around the strategic alliance with South Tyneside hospital. We saw positive examples of how the trust had engaged with certain groups for the benefit of patients; for example, there was a young person's group, close working with learning disability services and good collaboration with domestic abuse agencies, and mental health services.

There was a strong focus on learning and improvement throughout the organisation; the trust participated in research and clinical trials to seek improvements to patient care and outcomes. There was participation and learning from internal and external reviews including learning from end of life care deaths. Learning was generally shared to make improvements after serious incidents had been reported.

There was positive and innovative practice for patients living with dementia. The Alexandra centre housed the dementia and delirium outreach team service which supported patients, carers and staff within the trust by providing therapeutic patient care, information, education, and specialist input to the wards.

However;

We saw there had not always been correlation between patient harm and reduced nurse staffing levels. Some wards had consistently poor staffing levels; senior leaders were not able to tell us whether they had identified any concerns in these wards, or if there had been any senior nurse support or intervention.

There was no safe staffing tool in place which considered patient acuity or dependency. Instead ward managers entered daily staffing numbers onto a database, measured against budgeted and 'safe' staffing numbers using a traffic light system. Matrons moved staff around to ensure areas were staffed on a shift by shift basis.

We found poor standards of infection prevention and control (IPC) in the emergency department and during the well led review, a senior manager told us the trusts own measure of 100% compliance had not been accurate.

Further work was needed to make improvements in national audit results, cancer targets and four hour waiting times in ED. We asked senior leaders about recovery plans from poor performance but did not receive consistent answers, for example on how the numbers of hospital developed pressure ulcers could be reduced.

There was no mental health strategy to ensure direction to meet the needs of mental health patients, although there were mental health policies and procedures to support how the needs of patients were met.

The capacity of the executive directors was on the risk register; they all had a number of roles and their larger portfolios generated a heavy workload.

There were nine speak up champions, some had been appointed based on them having a quiet area available to speak with staff rather than volunteering for the role.

The trust had not always prioritised the needs of people with protected characteristics; this meant that the voices of all staff were not heard or acted on to shape services and culture. There were limited changing facilities for disabled staff. There was no ratified equality and diversity policy. There were no staff networks.

Summary of findings

The percentage of BME staff who reported bullying and harassment had increased from the previous year. None of the board were from a BME background, and only 27% were female. Senior leaders acknowledged there was a need to promote equality and diversity going forward.

The trust was not compliant with the accessible information standard in each of the five steps (identifying, recording, flagging, sharing and meeting the information and communication support needs) for patients, service users, carers and parents with a disability, impairment or sensory loss.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good ↑ Aug 2018	Good →← Jul 2018	Good →← Aug 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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Sunderland Royal Hospital	Requires improvement →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good ↑ Aug 2018	Good →← Aug 2018	Good ↑ Aug 2018
Sunderland Eye Infirmary	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Overall trust	Requires improvement →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good ↑ Aug 2018	Good →← Aug 2018	Good →← Aug 2018

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

Ratings for Sunderland Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Medical care (including older people's care)	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Outstanding ↑↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Surgery	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Critical care	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Maternity	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Gynaecology	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Services for children and young people	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Outstanding Jan 2015	Good Jan 2015
End of life care	Requires improvement Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Outpatients	Good Jan 2015	N/A	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Diagnostic imaging	Good Jan 2015		Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Overall*	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 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 Sunderland Eye Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Jan 2015	N/A	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Surgery	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Outpatients and diagnostic imaging	Good Jan 2015	N/A	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Overall*	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015

*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.

Sunderland Royal Hospital

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Key facts and figures

City Hospitals Sunderland was established as an NHS trust in April 1994 and became the first NHS Foundation Trust in the North East in July 2004.

The trust provides hospital services to a local community of around 350,000 along with a range of more specialised services to a population of around 860,000. The trust also provides a substantial range of community based services particularly within family care and therapy services.

The trust operates from Sunderland Royal hospital, Sunderland Eye Infirmary, Pallion urgent care centre and the Children's centre and provides outreach services at a range of satellite locations. During this inspection, we inspected only the Sunderland Royal hospital location.

There are two main hospital locations, Sunderland Royal hospital, and Sunderland Eye infirmary. The trust has an annual income of around £358m and employs around 4,800 people.

Sunderland Royal hospital has 814 inpatient beds across 35 wards; there are 34 maternity beds and 25 critical care beds. In 2017-2018, there were over 156,500 attendances in the emergency department. The outpatient department saw around 96,600 patients for their first appointment, and there were 197,512 follow up appointments provided

Summary of services at Sunderland Royal Hospital

Good  

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

- There were commendable examples of compassionate care; we saw staff go the extra mile several times and their care and support exceeded good care standards in some circumstances. There was a strong, visible person-centred culture. Discussions between staff and patients were carried out in a compassionate and supportive way; staff provided reassurance and information appropriate for the individual patient and their family.
- Pathways of care were focussed on the individual patient and involved collaboration with other service providers to meet the needs of patients and to ensure continuity of care.
- Patients with a learning disability, those living with dementia, and bariatric patients could access services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined-up way within the hospital.

Summary of findings

- Patients we spoke with all felt involved in their care and had been provided with information to help them make informed decisions about their care.
- Patients were protected from abuse because staff had received training in safeguarding; there was a multi-disciplinary safeguarding team who provided comprehensive support to front line staff.
- Patients, families, and staff were supported by the delirium and dementia outreach team (DDOT). The team supported patients with, or at risk of cognitive difficulties. There was support for carers and families in the form of information, education, and specialist advice. Therapeutic activities were provided for patients and the DDOT team visited wards across the trust to support cognitively frail in-patients who could not leave the acute areas. A follow up outpatient clinic was provided for patients who had experienced delirium.
- The psychiatric liaison team supported patients with mental health needs who were cared for in all areas of the hospital. The team also provided training to staff in order to support their learning.
- There were established multidisciplinary team (MDT) meetings for discussion of patients on specific pathways or with complex needs, this included attendance from nursing and medical staff, allied health professionals, and social workers.
- There was collaborative working with the local authority to promote timely safe discharges from hospital.
- There had been pharmacy initiatives which had been developed to support the needs of frail older people.
- There was strong clinical leadership in the areas we inspected and a strong sense of teamwork within different groups of staff who worked cohesively together for the benefit of patients. Leaders were visible, approachable, and responsive and promoted cohesive working and a positive culture.
- Staff generally felt that managers communicated well with them and kept them informed about the management of the wards and service changes.
- Staff were encouraged to report incidents. We saw evidence from actions plans and root cause analysis that staff had identified and investigated serious incidents appropriately.
- Local risk registers were in place which highlighted current risks and actions being taken to reduce the risk. Risks were discussed at governance meetings and we saw escalation of the risks to senior managers and clinical leads within the directorates.
- Changes in practice were based on national guidelines and best practice and were audited to ensure they were embedded throughout the clinical areas.
- There had been improvements in the recruitment of nursing and medical staff.
- Wards, department and public areas were clean and tidy. Cleanliness scores were displayed in the clinical areas. All clinical equipment was clean and ready for use.

However;

- Nurse staffing levels were consistently poor in some medical, elderly and surgical wards. There were unfilled shifts in acute areas; staff were moved from wards with higher levels of staffing to cover those working with less than safe levels. This impacted on the safety and quality of patient care.
- Infection control procedures were not always followed in relation to hand hygiene, the use of personal protective equipment; staff were not always 'bare below the elbow'. This posed a risk to patients.
- Resuscitation and emergency equipment was not always checked regularly to ensure medicines and equipment was safe to use and within date.

Summary of findings

- There was inconsistent practice across wards regarding the management of medicines, for example drug fridge temperatures were not consistently recorded on some wards. Controlled drugs were not always checked as per the hospital policy.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and there was a need to improve compliance with mandatory training.
- Some national audit results were poor and clinical areas were not meeting standards.
- The trust was much worse than the England average for unplanned re-attendance rates in the emergency department.
- Lessons learned after two never events in 2017 were not shared across all surgical areas after each of the events.
- Some clinical policies and guidelines were past their review date. This meant staff did not always have the most up to date guidance to follow.

Urgent and emergency services

Good   

Key facts and figures

City Hospitals Sunderland (CHS) urgent and emergency care service (also known as A&E, emergency department or ED) is mainly based at Sunderland Royal Hospital (SRH) however there are also services provided at Sunderland Eye Infirmary and Pallion Health Centre. On the SRH site, departments include acute medicine, adult emergency department, cardiology, children's emergency department, emergency ambulatory care unit (EACU) and integrated assessment unit (IAU).

The Trust has a dedicated Urgent Care Centre based at Pallion Health Centre (on Sunderland Royal Hospital site) to support emergency care services. Sunderland Eye Infirmary's emergency department (ED) provides emergency ophthalmic services 24/7 for approximately 33,000+ patients per year, both adults and children. These include trauma and non-trauma patients.

For the purposes of this inspection, we visited the adult emergency department (ED), the paediatric ED and the emergency ambulatory care unit. Colleagues from another team inspected cardiology and the integrated assessment unit. Neither Pallion Urgent Care Centre nor Sunderland Eye Infirmary were included in this inspection.

Care is provided for the population of Sunderland and the surrounding districts of North Durham, Hartlepool and South Tyneside.

The emergency department at CHS provides a 24-hour, seven-day a week service to the local population. There were 95,059 attendances from April 2016 to March 2017 at SRH, 26% of these were children.

CHS adult and paediatric EDs are located in a new purpose-built building on the Sunderland Royal Hospital site.

The paediatric department has its own waiting room divided into sections for children and young people and its own entrance. There are toys for children to play with and a television screen playing child friendly programmes. The entrance to the department is locked at night and only accessible by buzzer for safety and security reasons.

There is one dedicated paediatric resuscitation room, three high dependency rooms with full observation equipment, three high acuity rooms, six treatment rooms and an eight-bedded children's assessment and observation unit. The rooms in the paediatric department are in the process of being decorated with child and young person friendly décor. There is direct access via a lift to one of the paediatric wards on the floor above.

The adult department has a large waiting room with reception and initial assessment desk, two triage rooms and three large patient areas, see and manage for less serious conditions, high acuity for more poorly patients and the emergency ambulatory care unit for patients with certain specific medical conditions. There is also a four-bedded resuscitation bay.

Both departments are major trauma units. This means that they can treat patients who arrive by ambulance or on foot with serious illness or injury. Patients very seriously injured in major incidents are taken to the nearest major trauma unit not at this hospital.

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

We inspected all areas of the department and spoke with 38 members of staff. We spoke with 15 patients and relatives, four staff who did not work for the organisation, observed staff delivering care and looked at patient records. We held focus groups and reviewed trust policies and performance information from, and about, the trust.

Urgent and emergency services

At the last inspection, we rated three key questions for the service as good. At this inspection we re-inspected all five questions.

SRH was last inspected as part of the comprehensive inspection programme in 2014. During the 2014 inspection, all five domains were inspected and four were rated. The service was rated as 'Good' in the safe, caring and well led domains, 'requires improvement' in the responsive domain and unrated in the effective domain. The service was rated as 'good' overall.

The service had addressed previous recommendations at this inspection.

Summary of this service

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

- A system had been put in place to ensure that patients had an initial assessment on arrival to the department within 15 minutes by nurses who had undergone triage training.
- Policies and procedures online were reviewed and up to date.
- There were outstanding examples of caring, compassionate care and maintaining privacy and dignity. We saw staff go the extra mile several times and their care and support exceeded good care standards. The caring relationships were highly valued by staff and promoted by the matron. There was a strong, visible person-centred culture.
- Patients and families were involved in the decision making on their care in a way that they understood.
- Services were planned in a way to meet the individual's needs.
- Patients with a learning disability, those living with dementia, and bariatric patients could access emergency services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined-up way from within the department.
- The emergency department had designated mental health assessment that met best practice guidance for a safe mental health assessment room. Staff assessed patients who presented at the rooms that had no ligature points. Staff routinely carried personal alarms.
- Complaints were managed in line with the trust's policy timescales.
- There was a sense of teamwork within the department and operational staff worked together in partnership to provide effective leadership.
- Senior clinical leadership was visible in the department during our inspection and attended the department to support staff during our inspection.

However;

- Infection control procedures were not always followed in relation to hand hygiene and use of personal protective equipment.
- Resuscitation and emergency equipment was not checked regularly to ensure medicines and equipment had not expired.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and the department needed to improve compliance with mandatory training.
- The department needed to improve compliance with appraisal rates in the department.

Urgent and emergency services

- National audit results were poor and the department was not meeting most of the standards. Further local audit work was underway to ensure that audit compliance improved.
- The trust was much worse than the England average for unplanned re-attendance rates.

Is the service safe?

Requires improvement ● ↓

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

- The department had experienced a high number of black breaches throughout the winter months.
- Resuscitation equipment was not regularly checked and equipment and medication were at risk of expiry. We also found some out of date equipment when we carried out random checks in store cupboards.
- Infection control policies were not always followed and we saw medical and nursing staff with nail varnish and false nails working in the department. There was poor compliance in medical staff with mandatory training for infection prevention and control at the time. There was some equipment for patient use which was soiled.
- Cupboards in both the paediatric and adult EDs containing sharps or cleaning chemicals were not always locked.
- Median time to initial assessment and ambulance turnaround times were worse than the national average.
- There were gaps in non-clinical records therefore there was not always evidence that safety checks such as cleaning of the sluices had been carried out.
- Call bells were not always within reach of vulnerable patients thus there was a risk they could not attract attention if they needed help or became unwell.
- We had some concerns about the nursing staff establishment because despite a zero-vacancy rate and low sickness absence rate the service did not use an acuity tool and we were concerned on the sustainability and reliance on bank staff.

However;

- The emergency department had designated mental health assessment facilities that met best practice guidance for a safe mental health assessment room.
- There were few nursing and medical staff vacancies and the department were in the process of reassessing staffing numbers to ensure comprehensive cover.
- The department had 16 hours per day consultant cover as recommended by the Royal College of Emergency Medicine (RCEM) guidance 'rule of thumb'.
- There were robust incident reporting processes in place to ensure staff were informed of trends and lessons learned.
- Medicines were stored and managed in a safe way.
- Medical records were electronic and the department was virtually paperless with only consent forms and ECGs not electronic.

Urgent and emergency services

Is the service effective?

Good  → ←

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

- There was evidence of the use of up to date recognised guidance and pathways in the department.
- There was evidence of good multidisciplinary working, seven-day services and access to drug and alcohol dependency support services.
- Pain was reviewed effectively, mechanisms were in place to ensure that patients did not remain in pain whilst waiting to see medical staff.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- There was evidence of health promotion being carried out in the department such as smoking cessation, weight management, and child health.
- We saw that staff had an understanding of consent, mental capacity and deprivation of liberty safeguards. Staff gained verbal consent prior to performing care and documented consent for more serious interventions.
- The staff were aware of poor audit results, had action plans in place and had implemented changes to electronic records to ensure accurate and contemporary data collection. Awareness raising and training sessions had also been delivered.
- Medical staff had surpassed the trust appraisal rate of 90% and were 100% compliant.

However;

- Between January 2017 and December 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- SRH performed poorly in RCEM audits including Severe asthma, Consultant sign off, Vital signs, Procedural sedation and VTE (blood clots) however clinical record keeping systems and local audit had taken place to ensure improvements in compliance.
- Staff groups did not meet the trust appraisal target of 90% with the current appraisal rate at 73% for nursing staff.
- The results were better than average for three of the standards within the RCEM Audit: Severe sepsis and septic shock 2016/17.

Is the service caring?

Good  → ←

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

- Feedback from people who used the service and those who were close to them was mostly positive about the way staff treated people.
- Patients provided us with positive feedback about their care during our inspection. We saw reception, nursing and medical staff supporting patients in a positive way.

Urgent and emergency services

- Friends and relatives provided us with good examples of care.
- Most patients told us that they received compassionate care and that staff supported their emotional needs.
- Staff were motivated to offer care that was kind and promoted people's dignity. People's privacy and confidentiality were respected at all times of their treatment. People's individual preferences and needs were reflected in how care was delivered.
- We saw evidence that patients and families were involved in care planning. Staff discussed care with patients in a way that they could understand. People's emotional and social needs were assessed by staff and included in their care and treatment.
- Staff responded compassionately when people needed help and supported them to meet their personal needs as and when required.
- Staff helped people and those close to them to cope emotionally with their care and treatment.

However;

- Some patients living with mental health conditions thought that staff were not always compassionate or understanding of their conditions.
- Staff from outside the department told us nursing staff in adult ED weren't always very friendly.
- Relatives were not included throughout the patient journey in the adult ED and had to wait in the waiting room. Patient and relatives told us this was quite stressful.
- There had been a number of complaints about the department where staff attitude was highlighted.

Is the service responsive?

Good  

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

- Services were planned in a way to meet the needs of the local population. Services were configured to ensure patients with specific conditions did not have unnecessary waits before being seen.
- The department had developed a significant number of patient pathways to improve the flow in the department and the experience of patients.
- The care and treatment needs of all individuals were met with mental health support, language support and specialist equipment available if needed.
- The department provided excellent support for family and carers after a patient passed away including care bags with boxes for rings or locks of hair, flower seeds, soft toys, and clay hand and foot print kits of deceased children.
- Staff understood and respected the different cultural needs of the local population when a patient died and were able to accommodate these in the post mortem period.
- The access and flow in the department was well managed with senior staff aware of the bed status of the department and throughout the hospital. They had worked with other departments to find ways of managing flow effectively.
- The department met the standard for median time to treatment for patients for 11 months over the 12 month period from January 2017 and December 2017, and was better than the England average. There were no patients who had waited in the department for more than 12 hours from decision to admit over the same time period.

Urgent and emergency services

- The department performed better than the England average for patients leaving the department without being seen over the last 12 months.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared with staff.

However;

- The department had not met the four hour target for eight of the 12 months from February 2017 to January 2018. Performance got significantly worse from November 2017 to January 2018.

Is the service well-led?

Good   

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

- The service had taken action on most of the issues raised in the 2014 inspection. For example, patients were streamed and had an initial assessment carried out within 15 minutes of arrival and access and flow in the department had improved.
- The doctor and nurse in charge on shift provided leadership and were focused on the current demands within the department to aid patient flow. They had regular discussions with other staff throughout the trust to facilitate patients being moved out of the department. The team reviewed the status of the department regularly to give an overview of capacity and demand.
- Staff enjoyed working in the department and felt listened to and valued. They had no concerns about the culture of the department such as bullying and thought the department was a good learning environment. Line managers supported staff and were accessible.
- The senior departmental staff had an open-door approach and initiatives were in place to encourage staff to suggest and develop ideas. We saw evidence of these coming to fruition in the department. For example, staff were empowered to plan the move of the department from the old building to the new one.
- Risks were identified on the risk register and reviewed regularly.
- Regular staff meetings were held within the department and governance was regularly discussed. Staff were kept up to date with governance concerns via meetings and newsletters.
- The trust had systems to identify capacity and demand issues within the department. This was reviewed regularly and concerns escalated and managed by the team.
- Processes were in place to ensure that staff were aware of their role in the event of a major incident.
- The department was flexible to meet demand and staff were adaptable and moved to busy areas as the needs of the department changed throughout the day.

However;

- Managers were not checking to make sure all basic checks in the department such as on resuscitation trolleys, out of date equipment and cleaning were being carried out as per department policies.
- Governance around basic measures such as infection, prevention and control processes and security of cupboards needed improvement.

Urgent and emergency services

Outstanding practice

- Staff in the department had developed a new technique and equipment to replace shoulder dislocation. The new procedure was quicker, required less medication or sedation and had been found to improve recover times for patients.
- The children's ED had a robust process for safeguarding supervision for staff that meant staff were well supported about safeguarding cases.

Areas for improvement

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

The department must

- Ensure that staff adhere to the hand hygiene policies and procedures are adhered to by all staff at all times
- Have a proactive approach about how to improve the unplanned re-attendance rate of patients other than mental health patients.

The department should:

- Record checks on resuscitation equipment and supplies to ensure there is evidence of checks being carried out.
- Work towards improving compliance to mandatory training.
- Ensure all eligible staff have signed patient group directives (PGDs).
- Ensure all staff have undergone the most appropriate level of life support training for their grade as per the Royal College of Emergency Medicine.
- Have robust processes in place to demonstrate compliance with RCEM clinical audit requirements and show improvements in compliance when standards are not being met.
- Consider providing staff with additional training about working with people with mental health conditions to ensure such patients are treated with dignity and respect at all times.

Medical care (including older people's care)

Good  

Key facts and figures

Sunderland Royal Hospital has 336 medical inpatient beds across 13 wards providing care and treatment for 16 specialties. There are four specialty units on site.

(Source: Routine Provider Information Request – Sites)

The division of medicine includes divisions of emergency care (including emergency department, cardiology and acute medicine).

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

(Source: Routine Provider Information Request – Context Acute)

The trust had 28,382 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 3,994 (14%), 2,089 (7%) were elective, and the remaining 22,299 (79%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology – 5,747
- Clinical oncology (previously radiotherapy) – 5,621
- Clinical haematology – 5,030

(Source: Hospital Episode Statistics)

Summary of this service

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

- Patients were protected from abuse because staff had received training in safeguarding, there was a named nurse for safeguarding, and staff reported good support from the psychiatric liaison team. The psychiatric liaison team offered staff training to wards as requested.
- Wards and departments were clean and ward cleanliness scores were displayed in the wards. All clinical equipment was clean and labelled providing assurance of cleanliness.
- Discussions between staff and patients were carried out in a compassionate and supportive way, staff provided reassurance and information appropriate for the patient.
- Completion rates for mandatory training were seen as a priority by the senior management team and had improved at the time of inspection.
- Patient observations were recorded appropriately on the electronic system and concerns about deteriorating patients were escalated in accordance with guidance.
- A process was in place to ensure that patient group directions (PGDs) were effectively managed.

Medical care (including older people's care)

- Electronic and paper care plan documentation and risk assessments were fully completed and fluid, food and rounding charts were completed appropriately.
- Hospital results were better than the England and Wales average for eight of the nine standards relating to discharge.
- Staff and patients were supported by the delirium and dementia outreach team (DDOT). The team supported patients with, or at risk of cognitive difficulties. There was support for carers and families in the form of information, education, and specialist advice. Therapeutic activities were provided for patients and the DDOT team visited wards across the trust to support cognitively frail in-patients who could not leave the acute areas. A follow up outpatient clinic was provided for patients who had experienced delirium.
- The division used innovative approaches to provide pathways of care that were focussed on the individual and involved collaboration with other service providers designed to meet the needs of patients through co-ordination of services to ensure continuity of care.
- The trust had worked with the local authority to ensure continuity of discharge from hospital and had developed a 'discharge hub'.
- Facilities and premises were innovatively designed to meet the complex needs of patients and provide treatment in a conducive environment.
- The division provided outreach clinics to enable patient access to services and appointments in a way and at a time that suits them.
- Initiatives such as the 'Screening tool of older persons prescriptions in frail adults with limited life expectancy' (STOPPPFrail) had been developed to meet the needs of vulnerable patients.
- Staff showed a good understanding of mental capacity and referred to it as being decision and time specific.
- The average length of stay for medical elective patients at Sunderland Royal Hospital was lower than the England average.
- The trust had been consistently below (0.06-0.12 falls per 1000 bed days) the national average (0.19) for patients suffering harm from a fall in hospital.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine (91%) was above the England average (89%).
- The division had developed a consultant led chest pain assessment unit for the rapid diagnosis of chest pain.
- A frailty and community geriatrics service had been introduced which identified older patients with frailty attending the hospital.
- We saw the division proactively identified the changing needs and preferences of patients and responded appropriately, e.g. home haemodialysis
- The division of medicine had a clear and effective management structure in place with clear lines of responsibility and accountability.
- Staff felt that managers communicated well with them and kept them informed about the management of the wards and service changes.
- Senior staff were motivated and enthusiastic about their roles and had clear direction with plans in relation to improving patient care.

However;

Medical care (including older people's care)

- Staffing levels were reviewed three times each day and staff were moved from wards with higher levels of staffing to cover those working at less than safe levels. This was designed to ensure patient safety but had caused concern over the lack of continuity of care from staff moved at short notice to unfamiliar wards.
- Fill rates for qualified nurses and non-qualified care staff varied in the six months before inspection and did not rise above 77% for qualified staff during the day and 81% at night. These shortfalls in qualified nurse staff had been met by an increase in non-qualified care staff (113% during the day and 103% at night).
- Ward managers told us that staffing was not based on a specific patient acuity tool and this led to inconsistency.
- We found inconsistent practice across wards regarding the management of medicines, e.g. fridge temperatures were not recorded on some wards
- The heart failure audit identified input from a consultant cardiologist was lower than the England and Wales average.
- The lung cancer audit identified the proportion of patients seen by a cancer nurse specialist was 83%, which was worse than the audit minimum standard of 90%. (After our inspection, the trust told us a large proportion of lung cancer patients were admitted for palliative care and therefore not seen by the lung cancer nurse specialist).
- The friends and family test response rate for medicine at Sunderland Royal Hospital was worse than the England average and specific strategies were not in place to increase the response rate.
- For medical non-elective patients, the average length of stay was 7.7 days, which is higher than England average of 6.6 days.
- The trust took an average of 28 days to investigate and close complaints; this slightly worse than the trust complaints policy where the aim was to close them within 25 days.

Is the service safe?

Requires improvement   

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

- Staffing levels were reviewed three times each day and staff were moved from wards with higher levels of staffing to cover those working at less than safe levels. This was designed to ensure patient safety but had caused concern over the lack of continuity of care for patients by staff being moved at short notice to unfamiliar wards.
- Fill rates for qualified nurses and non-qualified care staff varied in the six months before inspection and did not rise above 77% for qualified staff during the day and 81% at night. These shortfalls in qualified nurse staff had been met by an increase in non-qualified care staff (113% during the day and 103% at night).
- Ward managers told us that staff moves were not based on a specific patient acuity tool and this led to inconsistency.
- We found inconsistent practice across wards regarding the management of medicines, e.g. fridge temperatures were not recorded on some wards.

However;

- Completion rates for mandatory training were seen as a priority by the senior management team and had improved at the time of inspection.
- The DDOT ran a course for staff called 'insights into confusion' which was mandatory for all elderly care staff.

Medical care (including older people's care)

- Patients were protected from abuse because staff had received training in safeguarding, there was a named nurse for safeguarding, and staff reported good support from the psychiatric liaison team (PLT). The team offered staff training to wards as requested.
- Wards and departments were clean and ward cleanliness scores were displayed in the wards. All clinical equipment was clean and labelled providing assurance of cleanliness.
- The storage and provision of linen in ward areas assured staff that it is clean before use and the separation of clinical and non-clinical waste complied with trust policy.
- The trust had procedures in place for the transfer of patients between wards and departments.
- The trust had introduced an electronic patient record supported by paper records for each patient as well as integrated patient assessment and bed management systems.
- Patient observations were recorded appropriately on the electronic system and concerns about deteriorating patients were escalated in accordance with guidance.
- A process was in place to ensure that PGDs were effectively managed and staff were competency assessed.
- All staff were aware of how to report incidents and gave examples of the types of things they would report including staffing shortages.

Is the service effective?

Good ● ↑

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

- The medical division had care pathways for stroke, deep vein thrombosis (DVT), cellulitis, rapid access chest pain and sepsis in place. We reviewed policies and found them to be in date with version control and a named author.
- Electronic and paper care plan documentation and risk assessments were fully completed and fluid, food and rounding charts were completed appropriately.
- The electronic patient record enabled staff to identify patients at risk of malnutrition, weight loss or requiring extra assistance at mealtimes.
- Results for the hospital in the 2016 Heart Failure Audit were better than the England and Wales average for two of the four standards relating to in-hospital care.
- Hospital results were better than the England and Wales average for eight of the nine standards relating to discharge.
- The Myocardial Ischaemia National Audit Project (MINAP) identified better than England average results.
- Nursing and medical staff reported good multidisciplinary working and all medical wards participated in multidisciplinary board rounds. This led to a co-ordinated approach to treatment plans and decisions.
- Staff were supported by the psychiatric liaison team and the DDOT to avoid unnecessary admissions.
- A rotation system for health care assistants with the DDOT had been initiated to maintain skills and share learning.
- Staff had access to an alcohol liaison nurse for patients who had a diagnosis of alcoholic liver disease and also made referrals to community substance misuse services.
- The trust undertook environmental audits using the Kings Fund Dementia Audit Tool

Medical care (including older people's care)

However;

- The heart failure audit identified input from a consultant cardiologist was lower than the England and Wales average.
- The lung cancer audit identified the proportion of patients seen by a cancer nurse specialist was 83%, which was worse than the audit minimum standard of 90%. After our inspection, the trust told us a large proportion of lung cancer patients were admitted for palliative care and therefore not seen by the lung cancer nurse specialist).
- The service had not improved the overall scores in the Sentinel Stroke National Audit Programme since the previous audit. On a scale of A-E, where A is best, Sunderland Royal Hospital achieved grade D in the latest audit, which was the same as the previous audit, April 2017 to July 2017.
- The trust had not met the aspirational standards for vision assessment, blood pressure assessment, assessment for the presence or absence of delirium and the proportion of patients with a call bell in reach.

Is the service caring?

Good   

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

- Staff were caring and compassionate and interacted with patients in a friendly way. This was confirmed through feedback from patients and relatives who valued that they and their relatives had been treated with dignity and respect.
- Discussions between staff and patients were carried out in a compassionate and supportive way, staff provided reassurance and information appropriate for the patient.
- Mental health patients said staff had been kind, caring and respectful and we observed positive interaction with patients through staff giving patients a 'pamper session' and doing nails and hair.
- Patients told us that they knew what was happening and almost all patients said they had been kept informed.
- All wards involved relatives in the care of patients where possible and with the permission of the patient.
- Although there were set visiting times, all wards were flexible and provided information regarding current care and treatment.
- The hospital had a multi-faith chaplaincy service and a bereavement service which staff could access to support patients or carers who needed.

However;

- The friends and family test response rate for medicine at Sunderland Royal Hospital was 20% which was worse than the England average of 25%.

Is the service responsive?

Outstanding   

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

Medical care (including older people's care)

- The division used innovative approaches to provide pathways of care that were focussed on the individual and involved collaboration with other service providers designed to meet the needs of patients through co-ordination of services to ensure continuity of care.
- Facilities and premises were innovatively designed to meet the complex needs of patients and provide treatment in a conducive environment.
- The division provided outreach clinics to enable patient access to services and appointments in a way and at a time that suits them.
- Initiatives such as the 'screening tool of older persons prescriptions in frail adults with limited life expectancy' (STOPPPFrail) had been developed to meet the needs of vulnerable patients.
- We saw the division proactively identified the changing needs and preferences of patients and responded appropriately, e.g. home haemodialysis.
- The average length of stay for medical elective patients at Sunderland Royal Hospital was lower than the England average.
- At the time of inspection the trust's referral to treatment time (RTT) for admitted pathways for medicine (91%) was above the England average (89%).
- The trust had developed a 'delirium and dementia outreach team' (DDOT) and a dementia-friendly unit supported by a hospital elder life programme.
- The division had developed a consultant led chest pain assessment unit (CPAU) for the rapid diagnosis of chest pain.
- The trust had developed a frailty team to improve outcomes for frail people by providing a comprehensive geriatric assessment (CGA) and emergency healthcare plans (EHCP) which had reduced the length of stay of patients and optimised patients' medication.
- A frailty and community geriatrics service had been introduced which identified older patients with frailty attending the hospital.
- The trust had worked with the local authority to develop a 'discharge hub' ensuring safe and timely discharge from hospital.
- The division had responded to changes in demand by identifying the need for and employing additional resources in specific services.
- The trust had introduced a clinical pharmacy service including clinical pharmacist review of all outpatient chemotherapy.

However;

- For medical non-elective patients, the average length of stay was 7.7 days, which is higher than England average of 6.6 days.
- The trust took an average of 28 days to investigate and close complaints, this was slightly worse than their complaints policy, which stated complaints should be closed within 25 days.

Is the service well-led?

Good  

Medical care (including older people's care)

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

- The division of medicine had a clear and effective management structure in place with clear lines of responsibility and accountability.
- The senior management team had a comprehensive understanding of the current risks, challenges and pressures impacting on service delivery particularly workload.
- Staff felt that the division had strong leadership and managers communicated well with them and kept them informed about the management of the wards and service changes.
- Staff and junior doctors said they felt valued and supported and there was a positive, open and transparent culture on the wards and they felt able to raise concerns as necessary.
- Divisional management meetings, operational team meetings and clinical governance meeting took place each month.
- The division had a risk register which was detailed and thorough in identifying, recording and managing risks, issues and mitigating actions.
- The trust quality strategy (April 2018) identified ways to encourage public feedback in a more systematic way through internet and social media feedback.
- The national NHS Staff Survey (2017) showed the trust score had improved on the 2016 result.

However;

- Specific strategies were not in place to increase the lower than England average response rate for patient feedback obtained through the friends and family test.

Outstanding practice

The division had:

- Developed a 'delirium and dementia outreach team' (DDOT) which saw around 500 new patients each month.
- Developed a dementia-friendly unit, the Alexandra Centre, which is used as a day therapy suite for cognitively frail inpatients.
- A hospital elder life programme assistant (HELPA) had been developed to provide cognitively stimulating activities at the bedside.
- Developed a consultant led chest pain assessment unit (CPAU) for the rapid diagnosis of chest pain.
- Developed a frailty team to improve outcomes for frail people by providing a comprehensive geriatric assessment (CGA) to all frail patients admitted through the medical admissions unit.
- Introduced a 'check and challenge' safety checklist for frail patients, resulting in prompts for decisions on resuscitation and the necessity of equipment.
- Introduced emergency healthcare plans (EHCP) to anticipate and plan for emergencies in the frail population.
- A frailty and community geriatrics service had been introduced which identified older patients with frailty attending the hospital.
- Worked with the local authority to ensure continuity of discharge from hospital and had developed a 'discharge hub'.

Medical care (including older people's care)

- Developed a criteria led discharge pathway that was followed if the patient did not need medical input on discharge. This allowed nursing staff to discharge patients if they met defined criteria.
- Developed the 'screening tool of older persons prescriptions in frail (STOPPPFrail) adults with limited life expectancy.
- Developed home haemodialysis in response to growth in the number of haemodialysis patients.

Areas for improvement

Action the service **MUST** take to improve:

- Ensure there are sufficient qualified, skilled and experienced nursing and medical staff on medical wards. This is to include provision of staff out of hours, bank holidays and at weekends.
- Ensure consistency of staffing across wards through the introduction of an acuity tool to determine accurate staffing levels.

Action the service **SHOULD** take to improve:

- Ensure consistent practice and compliance across wards with trust policies regarding the management of medicines.
- Ensure mandatory training compliance rates meet trust targets.
- Ensure the input from a consultant cardiologist identified in the heart failure audit meets national targets.
- Investigate the causes of the failure to meet the aspirational standards for vision assessment, blood pressure assessment, assessment for the presence or absence of delirium and the proportion of patients with a call bell in reach identified in the national audit of inpatient falls.
- Ensure the division meets the trust target for the investigation and closure of complaints.

Surgery

Good   

Key facts and figures

Sunderland Royal Hospital provides care and treatment for eight surgical specialties across eight inpatient wards with 213 beds. There was a pre-assessment unit, a fracture clinic and surgical day case unit on site. Within the division, there were the clinical directorates of general surgery, urology, head & neck. This directorate included ENT, oral & maxillofacial surgery and orthodontics, ophthalmology and trauma & orthopaedics.

Patients were admitted to the surgical day case unit by staff and then seen by a doctor and anaesthetist prior to being prepared for theatre. Once prepared for theatre patients were taken to the admissions lounge to wait for surgery. Patients from the ward either walked to theatre or transferred on a bed or trolley accompanied by a member of the ward staff.

The trust had 55,519 surgical admissions from October 2016 to September 2017. Emergency admissions accounted for 10,106 (18%), 36,542 (66%) were day case, and the remaining 8,871 (16%) were elective.

In 2014, CQC carried out an announced comprehensive inspection and rated the service as good overall. The safe, effective, caring, responsive and well-led domains were individually rated as good.

Our inspection was unannounced to enable us to observe routine activity and we re-inspected all domains and key questions.

During this inspection, we visited general surgery, trauma and orthopaedics, bariatric, upper gastrointestinal, colorectal, urology, vascular, head and neck wards and the surgical assessment unit. We visited theatres on C, and D floors and observed care being given as well as surgical procedures being undertaken. We spoke with 11 patients and 39 members of staff. We observed care and treatment and looked at care records for 17 people. We also reviewed performance information from and about this hospital.

Summary of this service

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

- There was a senior team in the surgery division covering business and clinical leadership. We found that this team was cohesive and promoted a positive culture in the service.
- Staff were encouraged, and knew how, to report incidents. We saw evidence from actions plans and root cause analysis that staff identified and investigated serious incidents appropriately.
- The surgical division had risk registers in place. These highlighted current risks and documented mitigating actions to reduce the risk. Risks were discussed at governance meetings and we saw escalation of the risks to senior managers and clinical leads within the division/trust.
- Completion of the World Health Organisation surgical safety checklist was monitored and regularly met trust targets.
- Recruitment of nursing and medical staff had improved with wait lists for some theatre posts.
- Changes in practice were based on national guidelines and best practice and were audited to ensure they were embedded throughout the team.
- Themes and trends of complaints were monitored by the matron and shared with staff through one to one discussions, emails, ward rounds and team meetings.

Surgery

- There were established multidisciplinary team (MDT) meetings for discussion of patients on specific pathways or with complex needs, this included attendance from consultants, specialist nurses, allied health professionals and radiologists.
- All patients at Sunderland Royal Hospital had a lower than expected risk of readmission for non-elective admissions when compared to the England average.
- Patient reported outcome measures (PROMS) were about the same as the England average.
- Surgical consultants provided a seven-day service. Consultants were available on call out of hours and would attend when required to see patients at weekends. The trust's pharmacy provided a seven-day service from 8am to 8pm. We found that patients had access, seven days per week, to diagnostic services – for example, x-rays.
- Patients we spoke to all felt involved in their care and had been provided with information to allow them to make informed decisions.
- The trust served a community with a wide range of needs and translation services were available for people whose first language was not English. The trust had access to a braille translation service, induction loop, and British sign language signing service. We saw that information leaflets were also available in a pictorial and easy-read format and described what to expect when undergoing surgery and post-operative care.
- We observed positive, kind and caring interactions on the wards and between staff and patients.
- We identified good examples of continuous improvement and innovation, such as improvements in patient flow and performance in theatres, and the introduction of loop gastric bypass.

However;

- Data showed that between 1 October 2017 and 31 March 2018 the wards D41, D42 and D48 had 56.6%, 44.5% and 63% (consecutively) unfilled shifts.
- In accordance with the Serious Incident Framework 2015, the trust reported six serious incidents (SIs) in surgery which met the reporting criteria set by NHS England from January 2017 to December 2017. These included: surgical/invasive procedure incident meeting SI criteria with three (50% of total incidents); pressure ulcer meeting SI criteria with two (33% of total incidents) and slips/trips/falls meeting SI criteria with one (17% of total incidents).
- From January 2017 to December 2017, the trust reported two incidents classified as never events for surgery. These were both surgical/invasive procedure incidents meeting serious incident (SI) criteria.
- Never event lessons learned were not shared across all surgical directorates following every incident.
- Fridge temperatures were not always checked and recorded daily. We saw numerous occasions from April 2017 when medicine fridge checks had been missed.
- We saw clean equipment stored in ward sluice rooms next to bagged dirty linen.
- Staff told us that monitoring equipment was outdated and starting to fail which was causing problems. We were also advised that the division was part way through the tendering process to replace the older equipment, and had tested equipment on a trial basis. Risk was managed by using parts from the machines no longer in use.

Is the service safe?

Requires improvement ● ↓

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

Surgery

- Fill rates for staff were consistently poor in some ward areas. There had been episodes of patient harm which were related to poor staffing levels. Data showed that between 1 October 2017 and 31 March 2018 the wards D41, D42, and D48 had 56.6%, 44.5% and 63% (consecutively) unfilled shifts.
- There was no acuity tool in place which aligned nurse staffing to patient dependency.
- In accordance with the Serious Incident Framework 2015, the trust reported six serious incidents (SIs) in surgery which met the reporting criteria set by NHS England from January 2017 to December 2017. These included: surgical/invasive procedure incident meeting SI criteria with three (50% of total incidents); pressure ulcer meeting SI criteria with two (33% of total incidents) and slips/trips/falls meeting SI criteria with one (17% of total incidents).
- From January 2017 to December 2017, the trust reported two incidents classified as never events for surgery. These were both surgical/invasive procedure incidents meeting serious incident (SI) criteria.
- Not all relevant staff were aware of the lessons learned from Never events.
- Fridge temperatures were not always checked and recorded daily. We saw numerous occasions from April 2017 when medicine fridge checks had been missed.
- We saw clean equipment stored in ward sluice rooms next to bagged dirty linen.
- We were advised that monitoring equipment was outdated and starting to fail which was causing problems. We were also advised that the division were part way through the tendering process to replace the older equipment, and had tested equipment on a trial basis. Risk was managed by using parts from the machines no longer in use.

However;

- Staff were aware of and followed the process to report incidents. Staff we spoke with were aware of the reporting system and could tell us when they would report an incident. Staff described a positive reporting culture within the division and said they were encouraged and supported to report incidents.
- Risk meetings were held regularly to discuss incidents and key messages in various formats informed all staff of lessons learned. Risks were managed following national guidelines and best practice.
- Records relating to patient care were detailed enough to identify individual needs and to inform staff of any risk and how they were to be managed.
- The completion of the World Health Organisation (WHO) surgical safety checklist was well embedded across the surgical division and overall compliance was good.
- Staff we spoke with confirmed registered nurses completed NEWS and sepsis training. We were advised that a NEWS score of 5 or above triggered a prompt on the electronic recording system for the sepsis screening tool to be completed. The screening tool used the NICE Guidance high risk criteria to identify patients with sepsis. Once the screening tool had been completed the outcome was escalated to a doctor. We saw evidence of this in the patient records.
- The service had systems in place for the identification and management of adults and children at risk of abuse. We found that the surgical division made referrals to the local authority when necessary.
- Clinical areas were visibly clean and tidy and we observed good practice in relation to hand hygiene. The service scored well on hand hygiene audits.
- The service had significantly reduced the number of patients who acquire clostridium difficile infection whilst in their care and were currently below the agreed trajectory.

Surgery

- Medicines were stored securely in appropriately locked rooms and fridges. There were dedicated pharmacists on each ward daily. Pharmacy services were available seven days a week, 12 hours per day with on-call support out of hours. Pain relief requirements out of hours were dealt with by an anaesthetist.

Is the service effective?

Good  → ←

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

- Care and treatment for patients was based on national guidance from the National Institute of Health and Care Excellence (NICE), the Association of Anaesthetists of Great Britain and Ireland, and the Royal College of Surgeons.
- Clinical governance leads received NICE guidance on a monthly basis along with actions required which were linked to specific guidance. The clinical governance leads provided an opinion on the relevance of each published NICE guideline specific to their area and either led or participated in the completion of a baseline assessment (gap analysis) to ensure guidance was followed.
- Patients had access to effective nutrition and hydration and a range of pain relief options to support them to manage their pain. Pre-admission information for patients gave them clear instructions on fasting times for food and drink prior to surgery.
- During this inspection, we saw patients being offered pain relief. Patients we spoke with said staff offered them pain relief on a regular basis and said staff checked that the pain relief administered had been effective.
- Staff understood the importance of consent to treatment and had been trained in dealing with patients who lacked capacity to consent to treatment.
- Surgical consultants provided a seven-day service. Consultants were available on call out of hours and would attend when required to see patients at weekends. Pharmacists provided a seven-day service from 8am to 8pm. We found that patients had access, seven days per week to diagnostic services – for example, x-rays.
- Nursing staff had a competency framework which evidenced their progression from preceptorship. Development of nurses continued from student placements to a senior level. Staff received clinical supervision and annual appraisals to ensure competencies were maintained.
- There were established multidisciplinary team (MDT) meetings for discussion of patients on specific pathways or with complex needs, this included attendance from consultants, specialist nurses, allied health professionals and radiologists.
- National audits for hip fracture, bowel cancer, and oesophago-gastric cancer were mostly within expected range. The Patient Reported Outcomes Measures (PROMS) survey were about the same as the England average.
- Mortality indicators were monitored and were within the expected range. We reviewed minutes of mortality meetings across the division and found minutes were completed with varying levels of documented detail. The agenda was standardised across the division.

However;

- Compliance with staff appraisals was much lower than the services own targets.

Surgery

Is the service caring?

Good  → ←

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

- Patients we spoke with felt involved in their care and had been provided with information to allow them to make informed decisions.
- From December 2016 to November 2017, the friends and family test response rate for surgery at Sunderland Royal Hospital was 29%, which was the same as the England average. The friends and family test showed that 97.3% were likely or extremely likely to recommend the service.
- We observed positive, kind and caring interactions on the wards and between staff and patients. Patients spoke positively about the standard of care they had received.
- Families were encouraged to be involved in the care of vulnerable patients such as those with learning disabilities or dementia. We saw that ward managers were available on wards we visited and patients could speak to them if needed.
- Clinical nurse specialists were available within surgery and attended wards to provide additional support and advice to patients.
- Information was included within care plans to highlight whether a patient had an additional emotional or mental health need. Patients could access counselling services, psychologists, the mental health team through the psychiatric liaison team, and from the delirium and dementia outreach team.
- We saw the 'this is me' document in use within surgical services. The document provides professionals with information about the person with dementia as an individual. The document helped to enhance care and support given while the patient was in an unfamiliar environment.
- The learning disability nurse ensured each patient had a hospital passport. The passport was designed to help people with learning disabilities to communicate their needs to doctors, nurses and other healthcare professionals.
- We saw that information leaflets and advice posters were available on wards we visited, these included discharge information, specialist services and general advice about nutrition and hydration. All documents were in English but an alternative language could be obtained from the external translation service used by the trust.
- The trust had a multi-faith chaplaincy service and bereavement service and patients had access to specialist nurses for further information and support when required.

Is the service responsive?

Good  → ←

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

- The leadership team planned services by working with commissioners to ensure they could respond to the needs of the local community.
- The surgical division strove to meet people's individual needs by providing access to care. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

Surgery

- From September 2016 to August 2017, all patients at Sunderland Royal Hospital had a similar expected risk of readmission for elective admissions when compared to the England average. All patients at Sunderland Royal Hospital had a lower than expected risk of readmission for non-elective admissions when compared to the England average.
- From October 2016 to September 2017 the average length of stay for all elective patients at Sunderland Royal Hospital was 2.5 days, which is lower compared to the England average of 3.3 days.
- The average length of stay for all non-elective patients at Sunderland Royal Hospital was 4.0 days, which is lower compared to the England average of 5.0 days.
- We saw that the service was organised to improve access and flow issues through the service and waiting times were closely monitored. From December 2016 to November 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery was better than the England average. In the latest period, November 2017 82% of this group of patients were treated within 18 weeks versus the England average of 69%.
- There had been improvements in theatre utilisation; theatre utilisation on average each week was 90% during 2017/18 against previous levels of 82%. The cancellation rate had reduced to less than 5% in 2017/18 against previous levels of 9.7%. An average of 30 patients attended for same day pre-assessment each day (156 per week) straight from clinic rather than being added to the waiting list. Previous attempts to achieve this had resulted in around five patients a day going straight to pre assessment from clinic.
- Staff we spoke with could describe how they would respond if a complaint or concern was raised. This included offering an initial apology. Concerns were dealt with at ward level initially and if the complaint could not be resolved, it would be escalated to the trusts' Help and Advice service, previously known as the Patient Advice and Liaison Service (PALS).
- Patients using the service felt they could raise concerns and complaints and they would be listened to. Complaints and concerns were taken seriously by the surgical division and were acted on in a timely manner.
- During the inspection we saw a 'block room' within theatres, for the purpose of nerve blocks prior to a surgical procedure, which increased the flow of patients.
- During the inspection we found that the 'five step' process for the Accessible Information Standard (identify, record, flag, share, meet) were followed systematically and embedded into 'business as usual' working practices within the surgical division.
- Translation services were available for people whose first language was not English. The trust had access to a braille translation service, induction loop, and British sign language signing service. We saw that information leaflets were also available in a pictorial and easy-read format and described what to expect when undergoing surgery and post-operative care.
- We saw evidence of care, which took into account the individual needs of patients. We saw examples of support and care planning for vulnerable patients including those living with dementia or learning disabilities.
- The trust had a delirium and dementia outreach team who were available to support staff when caring for patients who needed additional support and advice to maintain their wellbeing and safety. The service provided therapeutic activities, one to one support, and education for staff and carers. Private consultation rooms were available for staff to meet with carers.
- The service provided psychological support for patients.

However;

Surgery

- Over the two years, the percentage of cancelled operations at the trust was generally higher than the England average. In the latest period, Q2 2017/18, this trust cancelled 83 surgeries. Of the 83 cancellations 14% were not treated within 28 days. These figures were impacted upon, by national instruction to cancel operations due to severe winter pressures. This impacted on trust performance in a way which was partially out of their control.

Is the service well-led?

Good   

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

- Ward managers we spoke with described positive, supportive relationships with the senior leadership team and matrons. We found that the ward managers on the wards we visited knowledgeable and professional. They were visible and approachable for the staff they supported.
- The local leadership team was strong and effective. Staff spoke positively about their leaders and felt respected. We spoke with staff who were engaged and felt involved in the service and its continuing development; this was evident throughout the service.
- There were reporting mechanisms from the ward to the trust board and clear governance systems within the division, which included effective communication mechanisms from the trust board to the various wards.
- 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
- The surgical division had risk registers in place. We reviewed the risk registers for surgery and theatres and found they highlighted current risks, documented mitigating actions to reduce the risk, review dates and action completion dates. Risks were reviewed and discussed at governance meetings and we saw escalation of the risks appropriately undertaken.
- The service had governance and clinical governance structures in place with clearly defined roles so that risk and quality were monitored and actions taken to address any gaps.
- All areas we visited were patient focussed. The culture amongst staff was positive and staff were motivated about caring for patients requiring surgical procedures.
- We were informed that as part of the trust's quality strategy launched in April 2018, a number of mechanisms were put in place to help capture public feedback in a more systematic way across the organisation and used to measure success and continuously improve services within the surgical division.
- We identified good examples of continuous improvement and innovation, such as improvements in patient flow and performance in theatres, and the introduction of loop gastric bypass.

However;

- There were consistently low fill rates for nurse staffing on some wards, and these were related to some patient harms.
- There had been inconsistent learning from never events.

Outstanding practice

- The introduction of a day of surgery admissions unit had speeded up patient flow for urology and ear, nose and throat (ENT) patients and was positively commented upon by both patients and staff.

Surgery

- The bariatric unit had pioneered introduction of loop gastric bypass in the United Kingdom with research and publications to support. In addition, the service had hosted educational events to teach over 50 surgeons across the UK the loops bypass. The bariatric unit were participating in the largest ever UK funded surgical randomised control study of By-Band-Sleeve.
- During the inspection we saw a 'block room' within theatres, for the purpose of nerve blocks prior to a surgical procedure. This increased the flow of patients.
- We were made aware that the surgical division invited a regional learning disability team to bring a group of teenage service users to hospital and asked them what they wanted when they attended surgery. As a result of this consultation, the department now received a care plan two week prior to any planned surgery, which outlined each patient wants, needs, likes and dislikes. In addition to this, the anaesthetist met patients at the pre-assessment stage and clarified any additional needs. Plans were in place to ensure the process was streamlined. Following this process, the theatre division received an operating chair which enabled patients with learning difficulties to be sedated in the chair, and then reclined flat in theatre.
- The trust had a delirium and dementia outreach team (DDOT) who were available to support staff when caring for patients who needed additional support and advice to maintain their wellbeing and safety. The serviced provided therapeutic activities, one to one support, and education for staff and carers. Private consultation rooms were available for staff to meet with carers.
- The surgical division utilised a phone app for exercise in patients with peripheral arterial disease, when they were unable to get funding for a physical exercise programme recommended by NICE. The phone app had been presented nationally with plans to present follow-up information at the vascular society.

Areas for improvement

Action the service MUST take to improve:

- The service must ensure safe staffing levels in order to deliver safe harm free care for patients.
- Ensure controlled drugs are checked and monitored in line with NICE guidelines
- Ensure lessons learned from Never Events are shared across the whole surgical division and not just within the surgical speciality where the incident occurred.
- Ensure the safe storage of dirty linen on wards to reduce the risk of infection

Maternity

Good   

Key facts and figures

The maternity service at Sunderland Royal Hospital has 35 maternity beds across two wards: antenatal/postnatal ward (13 beds) and the delivery suite (22 beds). There was also an antenatal day unit and one theatre on site.

Sunderland maternity unit is purpose built and opened in 2000. It is situated on Level D in the Chester Wing. There is a community midwifery led approach and additional support available from a team of consultants for patients with medium or high-risk pregnancies.

Antenatal care is provided by community midwives based in children's centres, GP practices and during home visits. The antenatal day unit is available for consultants, midwives and patients to refer into should they have any concerns about the wellbeing of the patient or baby. Staff on the antenatal day unit can undertake various investigations and arrange medical input should this be required.

The delivery suite has 22 LDRP rooms (labour, delivery, recovery and postnatal) which are single en-suite rooms.

From October 2016 to September 2017 there were 3,042 deliveries at the trust.

We visited the antenatal clinics, antenatal day unit, antenatal and postnatal ward, the delivery suite and theatres and recovery room. We spoke with eight patients, four relatives/partners, 30 staff including doctors, midwives, healthcare assistants and managers, and reviewed 13 records/prescription charts.

Summary of this service

We previously inspected maternity services jointly with gynaecology services and rated the service overall as good. We cannot compare our new ratings below directly with our previous ratings because at this inspection we only looked at maternity services.

We rated the service as good because:

- The senior leadership team running the service were highly visible, approachable, and responsive and worked as a cohesive team to promote a positive culture.
- The average percentage for one to one care in established labour was 94%, this had improved from the last inspection.
- Staff knew how to report incidents and were encouraged to do so. We saw evidence, from action plans, root cause analyses and from reviewing minutes of meetings, that serious incidents were identified and investigated appropriately and lessons shared.
- In theatres the service used a maternity modified World Health Organisation surgical safety checklist and monitored compliance.
- Changes in practice were based on national guidelines and best practice and audited to ensure they were embedded throughout the team.
- Patient outcomes were mostly in line with national averages when compared to similar services.
- Apart from the antenatal day unit and clinics, a full seven-day service was provided which patients could access directly without having to go through their GP.

Maternity

- Patients we spoke with all felt involved in their care and had been provided with information to allow them to make informed decisions.
- Staff were compassionate and caring and, for those patients experiencing a pregnancy loss, there were counselling and bereavement services available together with a sympathetically equipped bereavement suite.
- The trust served a community with a wide range of needs and there were effective systems in place to ensure effective communication.

However;

- As at April 2018, recommended midwifery to birth ratios were not met. The service did not meet the national benchmarking for midwifery staffing. The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour set by the Royal College of Obstetricians and Gynaecologists (RCOG), recommend a ratio of 1:28. The ratio of midwives to births was 1:29.
- The number of babies with an Apgar score of less than seven at five minutes was marginally higher than the England average. However, the service had put action plans in place to address this and initial investigations showed there was no harm caused to babies.
- Staff told us many clinical guidelines were past their review date. The service had prioritised updating those guidelines affected by national guidance, so those beyond the review date were the guidelines little used by staff. Work to ensure all guidelines were updated was on-going and the service had put this piece of work on its risk register.

Is the service safe?

Good   

We safe as good because:

- The average percentage for one to one care in established labour was 94%, this had improved from the last inspection.
- To maintain safe staffing levels, the service monitored staffing levels using nationally recognised tools.
- To support staff in keeping patients safe, staff attended multi-disciplinary mandatory training provided by the service. The service had a safeguarding lead midwife and staff knew how and when to make safeguarding referrals, so that safeguarding was everyone's business.
- During handovers of patients that we observed, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools. Care was evidence based and to improve patient care the service was active in clinical research.
- 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 maternity safety thermometer, dashboard and case reviews.
- The majority (73%) of incidents resulted in no harm and lessons were learned in a series of forums such as weekly in-depth case reviews open to all staff.
- The service was visibly clean, the environment was thoughtfully laid out, and secure. Staff had enough equipment to do their job which was safe and ready to be used. Medicines were stored and managed safely.

Maternity

However;

- As at April 2018, recommended midwifery to birth ratios were not met. The service did not meet the national benchmarking for midwifery staffing. The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour set by the Royal College of Obstetricians and Gynaecologists (RCOG), recommend a ratio of 1:28. The ratio of midwives to births was 1:29.

Is the service effective?

Good ● → ←

We rated effective as good because:

- The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Nutrition and hydration needs were met for patients, babies, and relatives. A range of methods were available to effectively manage pain.
- The service took part in national, local and regional audits and used the results to improve patient outcomes. We saw results of these were used to improve services for patients.
- Staff were regularly appraised and given opportunities to develop their competencies.
- Staff worked effectively as a multi-disciplinary team, including by attending multi-disciplinary training. Apart from the antenatal day unit and clinics, the service was open 24/7, and promoted healthy living.
- Patients were consented to treatment appropriately, and staff were aware of when patients needed additional emotional support, with effective referral procedures to perinatal mental health teams.

However;

- The service's maternity dashboard was not fully developed. There were no parameters or any way to show deviation from expected performance or how outcomes could be improved. The royal college of obstetrics and gynaecology good practice guide suggests use parameters and red, amber, green indicators to show when results were at a high or low threshold.
- The number of babies with an Apgar score of less than seven at five minutes was marginally higher (4.3%) than the England average of 4%. The trust had been identified as an outlier for this data. However, it had put action plans in place to address this and initial investigations showed there was no harm caused to babies.
- Staff told us many clinical guidelines were past their review date. The service had prioritised updating those policies affected by national guidance, so those beyond the review date were the policies little used by staff. Work to ensure all policies were updated was on-going and the service had put this piece of work on its risk register.

Is the service caring?

Good ● → ←

We rated caring as good because:

Maternity

- Patients we spoke with felt involved in their care and had been provided with information to allow them to make informed decisions. All patients had a named midwife and staff were available if they needed them: the service was amongst the best performing trusts for response times to care after birth.
- Data from the national friends and family test were generally better than the England average. The service added to this feedback by conducting its own monthly real-time feedback. Data for February 2018 real-time feedback showed an overall recommendation score of 75%.
- Staff administered treatment to babies on the postnatal ward which meant the babies did not need to be separated from their mother.
- Staff were compassionate and caring and a specialist bereavement midwife had been recruited which was an improvement since the last inspection. Also, the service now had a dedicated and sympathetically furnished bereavement suite. The chaplaincy service provided an annual remembrance service which was called 'Enfolded in Love'.
- Vulnerable patients were assessed in detail and staff had the benefit of drawing on the expertise of a substance misuse midwife.
- In all areas we inspected, staff valued and cared for families' emotional needs. The service worked hard to understand the needs of patients and their partners. Partners could stay overnight in the delivery suite. Staff responded in a compassionate, timely and appropriate way when patients experienced physical pain, discomfort or emotional distress.
- We saw staff took the time to interact with patients who used the service and those close to them in a respectful and considerate way. Staff also maintained the privacy and dignity of patients and families especially at those times when the patient may be more vulnerable.
- The team had developed a pathway for surrogate pregnancies after supporting and caring for a family through the process.

Is the service responsive?

Good   

We rated responsive as good because:

- The leadership team had been involved in a recent local clinical services review and worked with commissioners to ensure patients were involved in planning the new service.
- Individual needs of patients were met because, subject to contrary risks indicated, they could choose a birth at home, a midwife led birth for low risk pregnancies, or an obstetric led birth.
- As far as possible the service designed itself to respond to the needs of patients, for example, by extending the opening hours of the antenatal day unit.
- The service responded to patients with extra needs, by arranging advocates for them or by offering one to one appointments rather than group appointments. The design of the unit responded to the needs of wheelchair users by having spacious rooms. To support patients who were anxious the service offered access to an antenatal day unit for telephone advice or one to one monitoring if needed. The unit also operated a telehealth system for monitoring blood pressures so that patients could remain in their home so responding to the need for local care.
- The service had recruited specialist midwives to support vulnerable patients throughout their pregnancy.

Maternity

- Staff were responsive to the needs of patients. For example, following temporary closure of a local unit in another trust there was surge in demand for services from the unit. Staff responded by working extra hours.
- The service responded to complaints in an open and positive way, offering patients the chance to be involved in any investigation, with a view to using the complaint as an opportunity to learn where possible. Complaint responses were within allotted timescales and taken seriously.

Is the service well-led?

Good   

We rated well-led as good because:

- The service had a cohesive, highly visible and approachable local leadership team who had recently led the service through a local clinical services review.
- Flowing out of the local clinical services review the service had a clear strategy and vision and, albeit no final decisions had been made, quality patient care was key.
- The service had a positive culture where staff were proud to recommend the service and work in it. The leadership team delegated to staff, where possible, so that there was leadership at every level.
- Governance structures were clear with defined roles, which supported the local leadership team in monitoring quality outcomes and managing risk, so that performance was improved where possible and safety and quality were prioritised.
- Systems and processes were in place which ensured the local leadership team had the information they needed to support them in keeping the service's performance under review.
- Public and staff were engaged through surveys, co-production events, meetings, newsletters, and partnerships.
- The service told us about areas where it had innovated or continually improved, such as, regarding education of staff using a SimMom suite, or through engagement in research programmes, supported by its full-time research midwives.

Outstanding practice

Staff engaged effectively with a local charity to supply a well-equipped bereavement room for use by families experiencing pregnancy loss. In addition, there was a counselling room in the antenatal clinic.

- The service's engagement in research to inform evidence based care with high recruiting rates to its trials.

Areas for improvement

The service **SHOULD**:

- The service should continue to work towards the national guidelines of 1:28 midwifery staffing ratio.
- The service should ensure that all clinical guidelines that are past their review date have been reviewed and if approved issued with a revised review date.
- The trust should continue to reduce the percentage incidence of Apgar scores of less than seven at five minutes to bring it into line with or below the England average.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

Sarah Dronsfield, Head of Hospitals Inspection chaired this inspection and Ruth Dixon, Inspection Manager led it. An executive reviewer, Mike Fleming supported our inspection of well-led for the trust overall.

The team included eight inspectors, one executive reviewer, 13 specialist advisers, and one expert by experience.

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