

Sheffield Children's NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Sheffield Children's NHS Foundation Trust is one of four dedicated children's hospital trusts in the UK. It provides integrated healthcare for children and young people from the local population in Sheffield and South Yorkshire, as well as specialised services to children and young people nationally.

Sheffield Children's Hospital has been a foundation trust since 1 August 2006. They employ around 3,000 staff. They treat around 30,000 children and young people admitted to hospital as inpatients or day cases and more than 164,000 attending outpatient clinics or being treated in emergency department.

The trust has three locations registered with the Care Quality Commission. These include Sheffield Children's Hospital, Becton Centre for Children and Young People, and Ryegate Children's Centre. The trust also runs the EMBRACE retrieval service for the region.

The trust was in the process of a new hospital build, due to be complete in 2016. This aims to improve privacy and dignity of patient with increased number of single rooms and larger bed space areas. It also aims to increase the recreational and support facilities for children and young people and their families.

We carried out this comprehensive inspection as part of the pilot phase for the methodology adapted for dedicated children's hospitals. Sheffield Children's Hospital NHS Foundation Trust was rated as medium risk in the CQC's intelligent monitoring system. The inspection took place between 7 and 9 May 2014 and an unannounced inspection took place on 22 May 2014. We did not inspect the Children's and Adolescent Mental Health Services (CAMHS) provided by Sheffield Children's Hospital.

Overall, this trust was rated as good. We rated it good for being caring, effective and responsive to patients' needs and being well led, but improvement was required in providing safe care.

Our key findings were as follows:

- All staff working at the hospital were extremely proud to work for the hospital and dedicated to their work.

- The culture was found to be open and transparent with an evident commitment to continually improve the quality of care provided.
- The executive team were well known throughout the hospital and some members of the team did regular walkabout, and the medical director still worked clinically in the A&E department.
- The care provided throughout the Hospital was consistently found to be compassionate and demonstrated dignity and respect with good examples of providing emotional support to children, young people and their families or carers.
- Staffing out of hours (OOH), particularly within the A&E department was not always sufficient. The trust was in the process of presenting a paper on OOH cover to increase the number of consultants available and strengthen the OOH cover at the hospital.
- The nurse staffing tool used by the hospital was developed specifically by the Chief Nurse to take into account national standards and other factors specific to the needs of each ward and agreed levels for each shift were agreed with the ward manager as a basis for recruitment and ongoing staffing.
- The end of life care service demonstrated a clear commitment to always meet the preferences of patients on an end of life care pathway.
- The accuracy of statutory and mandatory training data was not consistent between the central database and those records held locally at the wards. Staff reported this was due to them reluctance to rely on the central database as it was often inaccurate.
- The hospital was clean and infection prevention and control measures were found to be good in the majority of areas, although a few staff were found to not comply with being bare below the elbows.
- The flow throughout the hospital was in the majority good and they had a high rate of day case activity to prevent children and young people having to stay in hospital. They were also starting to work with other providers to develop pathways to keep care closer to home.

We saw several areas of good and outstanding practice including:

Summary of findings

- Outstanding practice was found to be evident in end of life care, in particular their leadership and responsiveness to patients wishes and preferences on an end of life care pathway.
- The commitment and dedication of all staff and the transparent and open culture.
- The tool used for nurse staffing was developed by the chief nurse and agreed staffing levels were decided in a collaborative manner with ward managers to ensure all aspects of specialism and acuity were taken into account.
- The care and commitment provided in the A&E department was found to be excellent and the trust had consistently met the A&E 4 hour target for the previous twelve months.
- There was a drive to deliver care closer to home and reduce unnecessary admissions.

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

Importantly, the trust must:

- Ensure the hospital cover out of hours is sufficiently staffed by competent staff with the right skill mix, particularly in A&E.
- Ensure consultant cover in critical care is sufficient and that existing consultant staff are supported while there are vacancies in the department.
- Review the process for ongoing patient review for general paediatric patients following their initial consultant review to ensure there are robust processes for ongoing consultant input into their care.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Sheffield Children's NHS Foundation Trust

Sheffield Children's NHS Foundation Trust is one of four dedicated children's hospital trusts in the UK. They provides integrated healthcare for children and young people for the local population in Sheffield and South Yorkshire as well as specialised services to children and young people nationally. In the majority of cases the trust provides care for children and young people up to the age of 16 years but in some cases this is 18 years or more.

Sheffield Children's NHS Foundation Trust has been a foundation trust since 1 August 2006. They employ around 3,000 staff. They have seen an a consistent increase in activity and in 2012/13 had around 30,000 children and young people admitted to hospital as inpatients or day cases and more than 164,000 attending outpatient clinics or being treated in emergency department.

The trust was in the process of a new hospital build, due to be complete in 2016. This aims to improve privacy and

dignity of patient with increased number of single rooms and larger bed space areas. It also aims to increase the recreational and support facilities for children and young people and their families.

The trust has three locations registered with the Care Quality Commission. These include Sheffield Children's Hospital, Becton Centre for Children and Young People and Ryegate Children's Centre. The trust also runs the EMBRACE retrieval service for the region.

Sheffield Children's Hospital NHS Foundation Trust has a governance rating of 'green' with Monitor and has never had any regulatory action taken by them since they became a Foundation Trust. There have been no CQC inspections in the last two years.

The most recent appointment to the board was the Chief Finance Officer in May 2014. board had not had any recent appointments in the last two years. All other executive board members had been in post for between three and twelve years. The non-executive board members had been in post between two and six years.

Our inspection team

Our inspection team was led by:

Chair: Professor Edward Baker, Care Quality Commission

Head of Hospital Inspections: Heidi Smoult, Care Quality Commission

The team of 30 included CQC inspectors, specialist children's nurses, matrons, general paediatric consultants, paediatric surgeon, junior doctor, paediatric pharmacist, a paediatric intensivist, play specialist, parent representatives, NHS manager, NHS executives, CQC analysts and two recorders.

How we carried out this inspection

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

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

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), Monitor, NHS England, Local Area Team (LAT), Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

Summary of findings

We held one listening event on 7 May 2014 in the evening in the local community and one focussed listening event with patients and their families and carers on the hospital site on 8 May 2014 in the daytime, which had been arranged by the hospital Patient Advice and Liaison representative. These both aimed to listen to the views of children and young people and their families and carers about services they received. Some people who were unable to attend the listening events shared their experiences via email or telephone.

We carried out an announced inspection visit on 7 to 9 May 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including junior and senior nurses, junior doctors, consultants, student nurses,

administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with children and young people and staff from all the ward areas and outpatient services. We observed how children and young people were being cared for, talked with their parents carers, and reviewed their records of personal care and treatment.

We carried out unannounced inspection on 22 May 2014. We followed up in areas we required further evidence, reviewed the levels and type of staff available, and how they cared for children and young people.

What people who use the trust's services say

- We held a focused listening event where the majority of children, young people and their families told us that in the majority of cases they felt the care and treatment they received was good or excellent. This group included patients who had been patients of Sheffield Children's Hospital for a long time and some that had more recently been admitted to the ward.
- The Picker Young Inpatients Survey for 2013 found 96% of 'children and young people' aged 8+ years rated their hospital care as excellent, very good or good with 2% rating it as okay or bad.
- Patient Opinion is an independent non-profit feedback platform for health services, which aims to facilitate honest and meaningful conversations between patients and providers. There are 189 comments on the trust's section of the Patient Opinion website and they scored:
 - 4.4 stars out of 5 stars 'cleanliness'
 - 5 stars out of 5 stars 'environment'
 - 5 stars out of 5 stars 'information'
 - 4.7 stars out of 5 stars 'involved'
 - 5 stars out of 5 stars 'listening'
 - 4.5 stars out of 5 stars 'medical'
 - 4.6 stars out of 5 stars 'nursing'
 - 2 stars out of 5 stars 'parking'
 - 4.7 stars out of 5 stars 'respect'
 - 4.3 stars out of 5 stars 'timeliness'
- Between July 2013 and March 2014, Sheffield Children's Hospital NHS Foundation Trust had 16 reviews from patients on the NHS Choices website. It scored 4 out of 5 stars overall, with 4 stars given for staff co-operation, dignity and respect. Involvement in decisions and same sex accommodation. It scored 3.5 stars for cleanliness.
- Patient-Led Assessment of the Care Environment (PLACE) is self-assessments undertaken by teams focus NHS and independent healthcare staff and also the public and patients. In 2013, Sheffield Children's Hospital NHS Foundation Trust scored between 74% and 99% for all four measures, with cleanliness scoring the highest at 99%.

Facts and data about this trust

Context

- Foundation Trust since 1 August 2006
- Designated Paediatric Major Trauma Centre
- Serves a population of around 350,000

- Employs around 3,000 members of staff

Activity

- Inpatient admissions around 30,000 per annum including day case activity

Summary of findings

- Outpatient attendances around 164,000 per annum
- Around 53,000 A&E attendances per annum

Safety

- Never Events: 0 in twelve months prior to the inspection
- STEIS: 11 Serious Untoward Incidents (between Dec 2014 and March 2014)
- NRLS Deaths: 0 (excluding CAHMS); Severe: 1 (excluding CAHMS); Abuse: 0 (excluding CAHMS); Moderate: 6 (excluding CAHMS)
- Infections
 - C-difficile: 6 Not preventable following review
 - MSSA: 4 Not preventable following review
 - MRSA: 0

Effective

- No indicators flagged as risk or elevated risk

Caring

- NHS Choices: 4 out of 5 stars

Responsive

- A+E 4 hour target: achieved the 95% during the previous 12 months

Well-led

- Sickness levels 3.9% (below national average)
- Staff survey 2013:
 - Ten areas tending towards better than expected
 - Nine area within expectations
 - Nine areas tending towards worse than expected

Inspection history

- No CQC inspections in the previous 12 months

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall we rated the safety of services in the trust as requires improvement. For specific information please refer to the report for Sheffield Children's Hospital.</p> <p>Nurse staffing levels had recently been reviewed with all ward managers and the chief nurse to ensure there was an agreed staffing level for each shift taking into account national standards and specific knowledge of the wards acuity. While there were nurse staffing vacancies the trust did not use agency staff and filled them with their own bank staff that were familiar with the trust. Nursing and medical staffing levels in A&E department out of hours were, at times, below what was required and the trust was in the process of taking a paper to board regarding out of hours services and was signed off during our unannounced inspection period. The medical review of general paediatric patients by consultants was not consistently provided following the initial review. Discharge summaries on one ward were found to be significantly delayed but the trust dealt with this as a priority during the unannounced period.</p> <p>The incident reporting culture was good and there were good examples of changes being made as a consequence of incidents. Medicines management was found to be good. There were inconsistencies between statutory and mandatory training records held at a local level and those held centrally.</p>	<p>Requires improvement </p>
<p>Are services at this trust effective?</p> <p>Overall, we rated the effectiveness of the services in the trust as good. For specific information, please refer to the report for the Sheffield Children's Hospital.</p> <p>Children and young people were treated according to national evidence-based guidelines, and clinical audit was used to monitor standards of care, although there were some areas where changes being made following audit were not consistently applied. There were good outcomes for patients, and mortality rates were now within the expected range. Seven-day services were in place for general paediatrics, allied health professional and support services and were developing. Multidisciplinary team working was good and there were examples of patient pathways being developed to improve services.</p>	<p>Good </p>

Summary of findings

Are services at this trust caring?

Overall, we rated the caring aspects of services in the trust as good. For specific information, please refer to the reports for the Sheffield Children's Hospital.

Children and young people and their families received compassionate care, and we saw they were treated with dignity and respect. Patients and relatives we spoke with said they felt involved in their care, and they received good emotional support from staff. Patients who received end of life care were supported to have an excellent experience of care.

Good



Are services at this trust responsive?

Overall we rated the responsiveness of services in the trust as good. For specific information please refer to the report for Sheffield Children's Hospital.

The flow throughout the trust was good and there was a drive to reduce length of stay and provide day surgery where possible in accordance with national standards. The A&E department had met the four hour target consistency for the previous year. The trust took steps to consider patients individual needs and provide culturally sensitive care and translations services as required. There was a good provision for play therapists. There was learning from incidents and complaints and changes to care made as a consequence of learning. The inpatient areas where teenagers were regularly admitted did not have access to Wifi which would help them keep in touch with friends and school via social media networks

Good



Are services at this trust well-led?

The trust leadership was rated as good. For specific information about the leadership within the hospital please refer to the report for Sheffield Children's Hospital.

While there were improvements required at a local level in some of the core services at Sheffield Children's Hospital the overall leadership of the trust was rated as good. The trust had a clear vision and strategy to improve services through the new build, which had commenced prior to the inspection and was due to be complete in two stages in 2015 and 2016. The culture throughout the hospital was very 'family' orientated and open and transparent, with many staff having worked at the trust for the majority of their career. There was an evident sense of pride among staff in their work and affinity with the trust as a whole. Governance processes were standardised at board level, but there were inconsistencies in approach seen at a local level and which resulted in inconsistencies in data at times.

Good



Summary of findings

Leadership at the trust had been consistently stable and there was significant visibility of some executive members, although some staff said they would like to see the executive team more often.

The new build was going to provide a platform for further innovation and improvements and plans were underway relating to pathways of care and improved provision of quality and effective care.

Vision and strategy for this service

- The trust had spent a significant amount of time reviewing their current provision of services and the suitability of the environment and estate to provide the sustainable quality care and services and approved a new build that was underway at the time of our inspection. This was due to be completed in two phases. Towards the end of 2015 they aim to open the new main entrance and the wards in 2016.
- The new build aims to provide Improved privacy and dignity for patients and families with:
 - more side rooms and increased space around beds
 - improved ward recreational and support facilities
 - new outpatient provision with increased one stop facilities
 - improved access to support facilities within the department
 - improved patient parking facilities.
- While the new build is being built there are improvements in pathways being developed in conjunction with other provider to aim to provide care closer to home and reduce unavoidable admissions and reduce the need for inpatient stay by increasing day surgery provision.
- The vision and strategy for the new build had been widely circulated to staff and there was information available regarding the improvements being made.

Governance, risk management and quality measurement

- There were standardised governance processes in place at executive level and the reporting mechanisms into board committees were clear. However the governance processes on the wards and within the divisions were not standardised at all levels and resulted some ambiguity among staff in relation to the processes for governance.
- The quality of data in relation to statutory and mandatory training was a concern as ward managers were recording data locally as they did not have confidence in the central recording system. The executive team was aware of this and were taking steps to improve the correlation and ongoing recording of data to ensure they could take assurance from the local data.

Summary of findings

- The incident reporting culture was good and the majority of staff spoke positively about feedback they received and subsequent changes that had been made to improve care.
- As a consequence of the trust operating as a 'family' type organisation some processes for gaining assurance that tasks had been completed were through verbal conversations and the trust recognised that this needed to be improved to ensure there were clear records.
- The trust had clear quality metrics they used internally but they did not carry out robust benchmarking comparisons with other children's hospitals and the chief executive identified this as a key development that needed to be undertaken.

Leadership of service

- The leadership of the trust had been stable at board level and some members of the executive team were regularly visible throughout the hospital.
- The non-executive board members had been in post between two and six years.
- The executive board members had been in post for between three and twelve years, with one exception of a recent appointment of the Chief Finance Officer in May 2014.
- The board showed evident commitment to continuously improve the experience for patients and their families, although some improvements were not possible until the new build was complete.
- The chief nurse had been at the trust for a significant amount of time and could name every member of staff we met while walking around the trust during the inspection.
- The medical director continued to work clinically in the A&E department and was well known among staff.
- The staff advised us that there was an open culture and the executive team were approachable but some staff did state they would like to see increased visibility of some members of the team.

Culture within the service

- The culture within the hospital was very committed and passionate about the care and services being provided
- There was an open and transparent culture and staff were committed to supporting one another and working as a team
- A significant proportion of the staff within the hospital had worked there for the majority of their careers and spoke highly of the trust as a place to work.

Summary of findings

- Staff were positive about the new build and felt this would allow more improvements and innovations to be developed that are currently restrained by the estate and this prospect was a positive development to aspire to.

Public and staff engagement

- There had been significant staff engagement during the plans being developed for the new build to ensure their views were incorporated
- In addition, children, young people and their families had been consulted on the new build plans
- The chief nurse linked into the community through various user groups to capture feedback from patients and we received positive feedback relating to his engagement prior to the inspection.
- In addition, the chief nurse and the medical director gained staff feedback when they were out on the wards walking around or working (in the case of the medical director).

Innovation, improvement and sustainability

- The trust had a culture that encouraged innovation and improvements to be developed.
- There were examples where care had been improved as a consequence of learning identified in an audit or following incidents and staff felt they played a pivotal part in improving patient care.
- The new build aimed to provide improved estate and facilities to allow innovation and improvements to be made and staff were beginning to develop plans and review pathways with this in mind.
- Prior to the new build the trust continued to drive improvements in quality and efficiency through improved day case provision and reviewing pathways of care and reduce unnecessary admissions

Overview of ratings

Our ratings for Sheffield Children's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Requires improvement	Good
Neonatal services	Good	Not rated	Good	Good	Good	Good
Transitional services: PILOT	N/A	N/A	N/A	N/A	N/A	Requires improvement
End of life care	Good	Good	Good	Outstanding	Outstanding	Outstanding
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Our ratings for Sheffield Children's Hospital NHS Foundation Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Accident and emergency, Outpatients and Neonatal services.
2. As Transitional services were inspected as a pilot in this inspection, the overall service has been rated but not the individual key questions.
3. Well-led has been given 'good' overall for this hospital, which is outside of our published ratings principles. We believe an overall rating of "good" is appropriate as the required improvement within the two services rated as "requires improvement" was limited to specific areas (one of which was dealt with during the unannounced period), and we have rated one core service as "outstanding" for leadership.

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of good and outstanding practice including:

- Outstanding practice was found to be evident in end of life care, in particular their leadership and responsiveness to patients wishes and preferences on an end of life care pathway.
- The commitment and dedication of all staff and the transparent and open culture.
- The tool used for nurse staffing was developed by the chief nurse and agreed staffing levels were decided in a collaborative manner with ward managers to ensure all aspects of specialism and acuity were taken into account.
- The care and commitment provided in the A&E department was found to be excellent and the trust had consistently met the A&E 4 hour target for the previous twelve months.
- There was a drive to deliver care closer to home and reduce unnecessary admissions.

Areas for improvement

Action the trust **MUST** take to improve

- Ensure the hospital cover out of hours is sufficiently staffed by competent staff with the right skill mix, particularly in A&E.
- Ensure consultant cover in critical care is sufficient and that existing consultant staff are supported while there are vacancies in the department.
- Review the process for ongoing patient review for general paediatric patients following their initial consultant review to ensure there are robust processes for ongoing consultant input into their care.

Action the hospital **SHOULD** take to improve

- Review and standardise risk management and governance processes to ensure the local processes are consistent to ensure there are robust processes from board to ward.

- Review the current training matrix for statutory and mandatory training and improve the recording system so that there is a comprehensive record of compliance which is consistent with local and trust wide records.
- Review the processes for transition services in all specialties and ensure that a robust system is in place for all specialties as relevant
- Ensure all medical discharge summaries are sent to GP practices in a timely manner to ensure ongoing care is maintained
- Ensure there is provision of consultant ward rounds at weekends across all areas.
- Monitor and review the impact of not having an outreach team to ensure the current provision meets the needs of all patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Nursing care

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Service users were not protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was because general paediatric patients were not reviewed on an ongoing basis by consultant grade staff.

Regulation 9 (1), (a), (b) (i, ii, iii); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Nursing care

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Service users were not protected against the risks associated with not having sufficient numbers of suitably qualified, skilled and experienced staff employed for the purposes of carrying out the regulated activity.

Regulation 22: Health and Social Care Act 2008 (Regulated Activities) Regulations 2010