

Sheffield Children's NHS Foundation Trust

Inspection report

Western Bank
Sheffield
South Yorkshire
S10 2TH
Tel: 01142717000
www.sheffieldchildrens.nhs.uk

Date of inspection visit: 26 February to 04 Apr 2019
Date of publication: 16/07/2019

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 

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.

Summary of findings

Background to the trust

Sheffield Children's NHS Foundation Trust is one of four dedicated children's hospital trusts in the UK. It provides acute and community services for children and young people in Sheffield and South Yorkshire, as well as specialised services for patients further afield. The trust operates from one main acute hospital site, Sheffield Children's Hospital, as well as inpatient child and adolescent mental health services at the Becton Centre and respite care provided at Ryegate House. In addition, care is provided to children and young people in their own homes and at clinics across the city.

Three of the four districts within South Yorkshire (Barnsley, Doncaster and Rotherham) have a lower than average proportion of Black, Asian and Minority ethnic (BAME) residents. Sheffield has a similar ethnic make up to the England average. However, there is a higher percentage of residents from 'other ethnic groups' (2.2% compared to an England average of 1%). The four districts making up South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield) all lie within the first quintile in the index of deprivation meaning they are four of the most deprived districts in England.

The trust has 154 acute inpatient beds and 30 beds for mental health inpatients.

Between October 2017 and September 2018, there were 23,978 inpatient admissions, 253,329 outpatient attendances and 57,074 accident and emergency attendances.

A comprehensive inspection of all acute services took place in 2014. Mental health and community services had a comprehensive inspection in 2016.

Overall summary

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

What this trust does

Sheffield Children's NHS Foundation Trust provides acute and community services for children and young people in Sheffield and South Yorkshire, as well as specialised services for patients further afield. The trust operates from one main acute hospital site, Sheffield Children's Hospital, as well as inpatient child and adolescent mental health services at the Becton Centre and respite care provided at Ryegate House. In addition, care is provided to children and young people in their own homes and at clinics across the city.

Services provided include: Urgent and emergency services, medical care, surgery, critical care, neonatal services, transition services, end of life care, outpatients, diagnostics, acute community services, specialist community mental health services for children and young people and child and adolescent mental health wards.

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.

Summary of findings

What we inspected and why

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

Between 26 and 28 February 2019, we carried out an unannounced inspection at Sheffield Children's Hospital of urgent and emergency services, surgery, transition services and outpatients. Between 12 and 14 March 2019, we carried out an unannounced inspection at the Becton Centre of child and adolescent mental health wards and specialist community mental health services for children and young people.

We inspected urgent and emergency services because the safe domain had been rated as requires improvement at our last inspection.

We inspected surgery because there had been several incidents reported, including never events. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death.

We inspected transition services because they were rated as requires improvement at our last inspection in 2016.

We inspected outpatients because they had not been inspected since 2014 and there had been a couple of serious incidents related to treatment delays.

We inspected child and adolescent mental health wards and specialist community mental health services for children and young people because they had been rated as requires improvement in our inspection in 2016. We also undertook a focussed inspection in 2018, which had identified concerns.

What we found

Overall trust

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

- We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- Sheffield Children's Hospital was rated as good overall. Safe, effective, caring, responsive and well-led were all rated as good. All ratings were the same as the previous inspection with the exception of safe, which had improved one rating.
- At this inspection, we rated five out of the six services we inspected as good overall and one as requires improvement. In rating this trust, we took into account the current ratings of the five services not inspected this time.
- Since our previous inspection in 2016, transition services and child and adolescent mental health wards had undertaken some significant work and improved one rating from requires improvement to good overall.
- Our full inspection report summarising what we found and the supporting Evidence Appendix containing detailed evidence and data about the trust is available on our website .

Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

Summary of findings

- Safeguarding systems and processes did not always operate effectively and consistently to protect patients from the risk of harm and abuse, and the trust was not fully meeting the new or emerging mental health needs of patients at the acute site.
- Since our previous inspections of specialist community mental health services for children and young people in 2016 and 2018, the trust had not demonstrated enough evidence of improvement and the pace of delivery was slow. For example, patient risk assessments and care plans were not completed or regularly reviewed, and crisis plans had not been considered, for all patients.
- The environment in the emergency department did not fully meet the needs of patients. For example, there were no dedicated rooms to complete mental health assessments, some facilities were not child-friendly, and the unit easily became overcrowded during busy periods. This meant privacy and dignity could be compromised when the unit was operating at full capacity.
- Children and young people receiving mental health inpatient care and treatment did not have free access to mobile phones and electronic devices. One lodge had a blanket restriction in place which was not in relation to managing procedural security or individual patient risk. Access to outdoor space was restricted and there was conflicting information in ligature risk assessments for the ward and for outdoor space.
- Rates of compliance for completion for mandatory training was lower than the trust target in some services.

However:

- Since our previous inspection of transition services in 2016, the rating of safe went up one rating from requires improvement to good. The trust had recruited more staff to improve and strengthen capacity within the team. All children were always cared for by a named consultant.
- Services managed and controlled infection risk well and staff kept themselves, equipment and the premises clean.
- Services managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- Services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Services provided care and treatment based on national guidance and evidence of its effectiveness. New guidance was monitored through the trust's clinical governance committee and managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health and assessed and monitored patients regularly to see if they were in pain.
- Services monitored the effectiveness of care and treatment and used the findings to improve them.
- Since our previous inspection of transition services in 2016, the rating of effective went up one rating from requires improvement to good. Staff worked collaboratively to ensure patients were cared for and supported appropriately and managers monitored the effectiveness of care and treatment.
- Since our previous inspection of child and adolescent mental health wards in 2016, the rating of effective went up one rating from requires improvement to good. Physical health monitoring was embedded into patients' care and treatment, the multi-disciplinary team provided a wide range of therapies and staff worked closely with external agencies and partners to review patients' progress.

Summary of findings

However:

- Although staff from the services we inspected understood how and when to assess whether a patient had the capacity to make decisions about their care, Mental Health Act and Mental Capacity Act training only became mandatory in 2019 and the trust could not be assured of the competency of all staff.
- Specialist community mental health services for children and young people had not improved since our previous inspections in 2016 and 2018. Care plans were not personalised and not completed for all patients, and staff did not regularly set or review goals with patients to ensure treatment was effective in meeting their individual needs.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Children, young people, families and carers were supported, treated with dignity and respect and were involved as partners in their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- In specialist community mental health services for children and young people, the rating went down from good to requires improvement. Patients and carers did not always receive a plan of care or involved in decisions about care, experienced long waits to access the service, and did not always receive feedback when making suggestions about the service. Carers were not regularly offered any emotional or practical support for themselves.

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Services were planned and delivered in a way to meet the individual's needs and the local population, taking into account people with complex needs, and there was access to specialist support and expertise.
- Since our previous inspection of transition services in 2016, the rating of responsive went up one rating from requires improvement to good. The trust had established a robust process to discuss and review complex cases, co-ordinated by the transition team, and had developed a centrally-based electronic database to monitor all children and young people with a transition plan.
- A specialist team was available for children and young people who presented in the emergency department with symptoms of deliberate self-harm, although more work was required to meet other specific needs of children with mental health needs and learning disabilities throughout the organisation.
- The emergency department consistently met the 95% national standard for patients who were admitted, transferred or discharged within four hours of arrival in the unit, and the trust performed better than the England average.
- The child and adolescent mental health inpatient wards were discharge oriented and the service worked collaboratively with community teams to plan discharge from admission. The ward facilities promoted recovery, comfort, dignity and privacy, and children and young people had access to outdoor space and sports facilities at Becton Centre.

Summary of findings

However:

- Waiting lists for assessment and treatment remained long for children and young people receiving care and treatment from specialist community mental health services, and some patient appointments were not rearranged in a timely manner
- In outpatients, although referral to treatment times were better than the England average, the service had overdue follow up and new appointments and the 'did not attend' rate was consistently higher than the national average.
- Although services treated concerns and complaints seriously, complaints were not always resolved within the timescales as set out in the trust policy.

Are services well-led?

The overall well-led rating comes from the trust-wide well-led inspection. It takes into account leadership at service level and the most senior level.

We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a cohesive executive team. There was more work to do about capacity of executive leaders, however the trust had recognised this and already had existing plans in place.
- There was leadership development at board level and the board planned to roll leadership development training out across different levels in the organisation.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with children, young people and families, and there was an established youth forum where patients over 12 years of age could contribute their thoughts and ideas to improve services. The trust also engaged well with staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The trust had a strong focus on quality and safety balanced against financial stability.

However:

- Although the trust used a systematic approach to continually improve the quality of its services and promote high standards of care by creating an environment in which excellence in clinical care would flourish, more development was required to ensure consistency throughout the organisation, and to provide assurance from ward to board.
- Although the trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, further work was required within the community child and adolescent mental health service to improve and strengthen the escalation of risks and develop a robust culture for seeing actions through to delivery.

Summary of findings

- There was more work to do in relation to caring for children with mental health needs and learning disabilities. The trust was not fully meeting the new or emerging mental health needs of patients at the acute site.
- Safeguarding systems and processes did not always operate effectively and consistently to protect patients from the risk of harm and abuse.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice across the trust.

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

Areas for improvement

We found areas for improvement including 18 breaches of legal requirements that the trust must put right. We found 39 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued five requirement notices to the trust. This meant the trust had to send us a report stating what action it would take to improve services.

Our action related to breaches of legal requirements at a trust-wide level and in the following core services: urgent and emergency care, surgery, child and adolescent mental health wards and specialist community mental health services for children and young people.

What happens next

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

Outstanding practice

We found the following outstanding practice;

In Transition Services

- The service had set up systems to ensure that the voice of young people was heard in the transition service strategy. For example, the youth forum had approved the trust transition policy
- Specialist services evidenced outstanding health promotion activities for young people who had reached the age of transition. This included the liver service that provided an animation-based education tool, and the diabetic service that ran a course in the school holidays to provide young people with further information about their condition.

Summary of findings

- There was a 'burns club' where young people in transition could socialise. This helped to reduce feelings of isolation and anxiety.

In Outpatients;

- The trust had considered how to address the challenges around 'was not brought' to appointments and reduce the numbers of people who did not attend for appointments.

Areas for improvement

Action the trust MUST take to improve:

Trust-wide

- The trust must ensure there are consistent and effective governance systems and processes at service, divisional and board level to ensure appropriate assurances are received from ward to board and to monitor and improve the quality and safety of services. Regulation 17 (1)(2)(a)(b)(c)(f).
- The trust must ensure safeguarding processes, practices and procedures are followed and applied consistently across all services within the trust, ensure all staff are trained to the required level and ensure training and safeguarding supervision is compliant with national guidance. Regulation 13 (1)(2)(3).
- The trust must ensure rates of compliance for completion of mandatory training in key skills for all staff meets trust targets. Regulation 18 (1)(2).

In Urgent and Emergency Care

- The trust must ensure risks to the health and safety of patients with mental health needs of receiving care and treatment are mitigated. Regulation 12 (2)(a)(b).
- The trust must ensure patients with infections are isolated whilst waiting. Regulation 12(2)(h).
- The trust must ensure equipment stocks including for purposes of resuscitation are properly maintained in-date and routinely rotated. Regulation 12 (1)(f)(g).
- The trust must ensure clinical staff receive mandatory training in how to recognise and provide a first response to patients with mental health needs. Regulation 18 (2)(a).

In Surgery

- The trust must ensure best practice is followed when prescribing, giving, recording and storing medicines. Regulation 12 (1)(2).
- The trust must ensure the number of staff within the surgery and critical care division who had received an appraisal meets trust compliance targets. Regulation 18 (1)(2).

In child and adolescent mental health wards

- The trust must ensure that blanket restrictions are avoided unless they can be justified as necessary and proportionate responses to risk identified for particular individuals. The impact of a blanket restriction on each patient should be considered and recorded in the patient's records. Regulation 13 (4)(b).
- The trust must ensure that patients are not moved and cared for in the health-based place of safety unless this is necessary and is a proportionate response to risk posed by the service user including risk to themselves. Regulation 13 (4)(b).

Summary of findings

- The trust must ensure that there are clear systems and processes for contingency planning. This should include staffing shortages and managing individual patient risks. Regulation 17 (2)(b).
- The trust must ensure that patients' care and treatment records document patient involvement, views and voice. Care and treatment records must reflect patient wishes in relation to identification. Regulation 9 (3)(a)(b).

In specialist community mental health services for children and young people

- The trust must ensure that all staff have the necessary skills, knowledge and training to support and care for patients with mental health concerns. Regulation (18(2)(a).
- The trust must ensure that staff complete a personalised and holistic care plan with each patient which meets their individual needs and is updated regularly. Regulation 9(3)(a)(b).
- The trust must ensure that staff fully complete a comprehensive and up-to-date risk assessment with each patient, which includes details of how staff plan to manage identified risks. Regulation 12(1)(2)(a)(b).
- The trust must ensure that where necessary patients have crisis plans in place which are created in line with best practice guidance. Regulation 12(2)(b).
- The trust must continue to ensure that an effective system is in place to manage waiting lists. Regulation (17(2)(b).

Action the trust SHOULD take to improve:

Trust-wide

- The trust should continue its review of executive leadership capacity and portfolios. (Regulation 18)
- The trust should implement the enhanced escalation framework to improve oversight and escalation of risk across the all services within the trust. (Regulation 17)
- The trust should develop a formal learning disabilities strategy and arrangements for the provision of psychiatric liaison services in the emergency department. (Regulation 12)
- The trust should ensure patients with a learning disability and the needs of patients with complex needs and their families are addressed and managed appropriately in all services. (Regulation 9)
- The trust should ensure all complaints are fully investigated in all services within the required timeframe, and that records include all appropriate information relating to the investigation and complaint outcome. (Regulation 16)
- The trust should ensure all deaths are reviewed consistently in line with national guidance. (Regulation 17)
- The trust should ensure the accessible information standard is practiced, and information is available to patients (particularly patients cared for by child and adolescent mental health services) in formats that meet their individual needs. (Regulation 9)

In Urgent and Emergency Care

- The trust should ensure further measures are taken to address overcrowding in the emergency department. (Regulation 15)
- The trust should ensure facilities for patients who require a hoist or to support hearing impaired families are suitable for the purpose. (Regulation 15)
- The trust should ensure facilities are suitably child-friendly, so they are fit for purpose. (Regulation 15)
- The trust should ensure benchmarking of audit and performance results with other paediatric urgent and emergency services is undertaken. (Regulation 17)

Summary of findings

In Transition Services

- The trust should ensure transition training is mandatory for all clinical staff and those training figures are kept centrally, so they can be accessed by ward managers and audited as part of the trust record keeping audit. (Regulation 17)
- The trust should complete work on the database of young people with a transition plan. (Regulation 17)
- The trust should ensure consideration is given to progress the work of the transition team by allocating more nursing hours as proposed in the current business case. (Regulation 17)
- The trust should ensure key specialist staff prioritise attendance at multi-agency meetings about young people with complex needs. (Regulation 12)
- The trust should develop a transition risk register. (Regulation 17)
- The trust should continue to recruit psychology services to specialities which support transition. (Regulation 18)
- The trust should consider offering transition clinic appointments out of hours to avoid disruption of education. (Regulation 9)

In Outpatients

- The trust should ensure follow up and new appointment waiting times are met and provided when due. (Regulation 12)
- The trust should ensure patient records are completed as required. (Regulation 17)
- The trust should ensure the service continues to reduce the numbers of cancelled clinics in outpatients. (Regulation 12)
- The trust should ensure all toy cleaning is documented on the required cleaning logs in outpatients. (Regulation 15)
- The trust should continue to address the 'Did not attend' rate in outpatients. (Regulation 12)

In child and adolescent mental health wards

- The trust should ensure patients have access to activities on evenings and weekends. (Regulation 9)
- The trust should ensure staff maintain accurate and contemporaneous records including patient observations, clear records when patient risk assessments have been reviewed and updated and section 17 leave. (Regulation 17)
- The trust should ensure a nurse call system is installed in accordance with the planned works. (Regulation 12)
- The trust should review the environmental restrictions to ensure that these are proportionate to risk and the least restrictive. Patients should always have access to drinks and snacks. (Regulation 13)

In specialist community mental health services for children and young people

- The trust should ensure that an up-to-date fire risk assessment is completed for the health-based place of safety suite at the Becton Centre. (Regulation 15)
- The trust should ensure that risk is adequately monitored for patients on waiting lists for assessment and treatment. (Regulation 12)
- The trust should ensure that the treatment and recovery team have adequate staff to undertake patient treatment. (Regulation 18)

Summary of findings

- The trust should ensure that a suitable lone working protocol is in place to ensure the safety of staff in the treatment and recovery team. (Regulation 12)
- The trust should ensure that staff receive feedback from incidents, audits, complaints and compliments within the service. (Regulation 17)
- The trust should ensure that staff responsibility for physical health monitoring is clearly documented. (Regulation 12)
- The trust should ensure that staff document and monitor progression of patient goals for their care and treatment. (Regulation 9)
- The trust should ensure that team meeting discussions are fully documented. (Regulation 18)
- The trust should ensure that patient's communication needs are clearly addressed and documented. (Regulation 9)
- The trust should ensure that patients and carers receive feedback from complaints and suggestions made to the service (Regulation 9)
- The trust should ensure that policies and procedures are reviewed in line with deadlines. (Regulation 17)
- The trust should ensure that all staff are aware of how to escalate risks to be submitted to the service's risk register. (Regulation 17)

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.

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a cohesive executive team. There was more work to do about capacity of executive leaders, however the trust had recognised this and already had existing plans in place.
- There was leadership development at board level and the board planned to roll leadership development training out across different levels in the organisation.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with children, young people and families, and there was an established youth forum where patients over 12 years of age could contribute their thoughts and ideas to improve services. The trust also engaged well with staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Summary of findings

- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The trust had a strong focus on quality and safety balanced against financial stability.

However:

- Although the trust used a systematic approach to continually improve the quality of its services and promote high standards of care by creating an environment in which excellence in clinical care would flourish, more development was required to ensure consistency throughout the organisation, and to provide assurance from ward to board.
- Although the trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, further work was required within the community child and adolescent mental health service to improve and strengthen the escalation of risks and develop a robust culture for seeing actions through to delivery.
- There was more work to do in relation to caring for children with mental health needs and learning disabilities. The trust was not fully meeting the new or emerging mental health needs of patients at the acute site.
- Safeguarding systems and processes did not always operate effectively and consistently to protect patients from the risk of harm and abuse.

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 ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good Jul 2019	Good ↔ Jul 2019

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ Jul 2019	Good ↔ Jul 2019				
Community	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Mental health	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Sheffield Childrens Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Medical care (including older people's care)	Good Oct 2016	Good Aug 2014	Good Aug 2014	Good Oct 2016	Good Oct 2016	Good Oct 2016
Surgery	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Critical care	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Oct 2016	Good Aug 2014
Neonatal services	Good Aug 2014	Requires improvement Oct 2016	Good Aug 2014	Good Aug 2014	Good Aug 2014	Good Aug 2014
Transition services	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
End of life care	Good Aug 2014	Good Aug 2014	Good Aug 2014	Outstanding Aug 2014	Outstanding Aug 2014	Outstanding Aug 2014
Outpatients	Good ↔ Jul 2019	N/A	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Requires improvement Oct 2016	Good Oct 2016				

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
Specialist community mental health services for children and young people	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019

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

Acute health services

Background to acute health services

Sheffield Children's Hospital is the main acute hospital site which provides service for children and young people in Sheffield and South Yorkshire, as well as specialised services for patients further afield. The hospital has 154 acute beds and provides core services of urgent and emergency care, medical care, surgery, critical care, neonatal services, transition services, end of life care, outpatients and diagnostic services.

During this inspection, we inspected the urgent and emergency services, surgery, transition services and outpatients.

Summary of acute services

Good   

Our rating of Sheffield Children's Hospital stayed the same. We rated it as good because:

- Urgent and emergency services were rated as good. We rated effective, caring, responsive and well-led as good. Safe was rated as requires improvement.
- Surgery was rated as good. Safe, effective, caring, responsive and well-led were all rated as good.
- Transition services were rated as good. This was an improvement from our last inspection in 2016. Safe, effective, caring, responsive and well-led were rated as good.
- Outpatients were rated as good. Safe, caring, and well-led were rated as good. Responsive was rated as requires improvement. Effective was not rated.

Sheffield Children's Hospital

Western Bank
Sheffield
South Yorkshire
S10 2TH
Tel: 01142717317
www.sheffieldchildrens.nhs.uk

Key facts and figures

Sheffield Children's Hospital has 154 acute inpatient beds and 30 beds for mental health inpatients.

Between October 2017 and September 2018, there were 23,978 inpatient admissions, 253,329 outpatient attendances and 36,836 accident and emergency attendances.

Summary of services at Sheffield Children's Hospital

Good   

Our rating of services at Sheffield Children's Hospital stayed the same. We took into account the current ratings of services not inspected this time. We rated the hospital as good overall because: we rated safe, effective, caring, responsive and well-led as good. Safe had improved one rating since our previous inspection.

Urgent and emergency services

Good   

Key facts and figures

The trust provided emergency department services for children up to age 16 years at Sheffield Children's Hospital and was also part of the city's major trauma centre.

Alongside the emergency department was the acute assessment unit which comprised 14 beds. Patients requiring a longer period of observation, but who were less likely to require an inpatient admission, were moved to the unit for the period of observation and treatment required.

From August 2017 to July 2018 there were 57,074 attendances at the trust's urgent and emergency care services. The emergency department was built to accommodate much lower attendances and plans were underway to expand the size of the department to include a helipad, thus providing improved facilities for patients and their families receiving treatment.

The proportion of emergency department attendances that resulted in an admission was 13.9% in 2017/18 which was similar to the previous year and significantly lower than the England average of 18.7%.

Urgent and emergency care attendances by disposal method

August 2017 to July 2018

Admitted to hospital	6,492
Discharged (<i>includes: no follow-up needed and follow-up treatment by GP</i>)	29,850
Referred (<i>includes: no follow-up needed and follow-up treatment by GP</i>)	664
Transferred to another provider	20
Died in department	8
Left department (<i>includes: left before treatment or having refused treatment</i>)	59
Other	40

We undertook an inspection of the emergency department from 26 to 28 February 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

When we visited the emergency department we spoke with 25 patients and their families and carers, 32 members of medical, nursing and other staff, and reviewed 27 patient records.

Summary of this service

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

Urgent and emergency services

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Although the scope to maintain privacy was limited by the environmental shortcomings of the department, privacy was maintained as far as possible by medical and nursing staff as they administered care and treatment for the patient.
- Staff involved patients and those close to them in decisions about their care and treatment, including those who required support for their mental health needs.
- Patients requiring extra assistance with care and treatment were identified during their initial assessment and staff ensured they accessed support services.
- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- A primary care service was co-located in the emergency department and had been implemented effectively.
- A clear leadership structure was in place which staff we spoke with could explain. Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had enough staff and made sure staff were competent for their roles.
- Staff kept themselves, equipment and the premises clean.
- The department's paediatric clinical guidelines had been adopted by other NHS trust emergency departments. The department had taken a number of steps to improve the management of sepsis.

However:

- The emergency department easily became overcrowded when it was busy. When the acute assessment unit was operating to capacity, privacy and dignity could be compromised.
- Assessments were not always completed in a timely manner for patients who presented with mental health concerns.
- The effectiveness of the safeguarding checklist was weakened because it was not always used consistently.
- Facilities for patients who required a hoist or to support hearing impaired families were limited.
- Children with infections were not isolated whilst waiting.
- Some of the facilities were not child-friendly.
- Clinical staff did not receive mandatory training in how to recognise and provide a first response to patients with mental health needs.
- Although we saw evidence of regular checks undertaken by staff, some resuscitation equipment stocks were out of date and equipment stocks were not routinely rotated.
- Whilst the department worked closely with other children's hospitals nationally and compared informally, specific benchmarking of audit and performance results with other paediatric services was not undertaken.

Urgent and emergency services

- Planning to meet the needs of patients with a learning disability and the needs of patients with complex needs and their families required development.
- It was unclear what measures were planned to improve mental health liaison. The emergency department did not provide a psychiatric liaison service.

Is the service safe?

Requires improvement ● → ←

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

- The emergency department easily became overcrowded when it was busy. When the acute assessment unit was operating to capacity, privacy and dignity were compromised.
- There were no dedicated rooms within the department to complete mental health assessments. We had some concerns as to the visibility of patients in the waiting area.
- The helipad was located in a public place which presented potential risks and compromised the privacy and dignity of patients.
- Some of the facilities, for example the procedure room, were not child-friendly.
- The effectiveness of the safeguarding checklist was weakened because it was not used consistently. Emergency department staff did not utilise child sexual exploitation or mental health assessment tools to support the identification of risk to patients.
- Clinical staff did not receive mandatory training in how to recognise and provide a first response to patients with mental health needs.
- Children with infections were not isolated whilst waiting.
- Emergency department staff did not have access to patients' mental health records, as these records were maintained in another electronic system. This meant the sharing of information from mental health records for patients presenting with mental health conditions was limited.
- Although we saw evidence of regular checks undertaken by staff, some resuscitation equipment stocks were out of date and equipment stocks were not routinely rotated.
- The procedure for the ongoing monitoring and observation of the patient in the emergency department was unstructured which presented some risk through lack of continuity.
- The emergency department did not provide a psychiatric liaison service.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept themselves, equipment and the premises clean.
- The department had implemented the paediatric observation priority score to support the initial assessment of patients and the use of this tool was embedded. The department had implemented guidelines for sepsis.

Urgent and emergency services

- The time from arrival to initial assessment was consistently better than the England average. An effective primary care stream had been introduced. A defined pathway and standard operating procedure was in place for patients presenting with deliberate self-harm.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. A system for the management of medicines had been implemented which used electronic dispensing and audit tracking.

Is the service effective?

Good   

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

- Patients requiring extra assistance with care and treatment were identified during their initial assessment and staff ensured they accessed support services.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain outcomes for patients were audited. Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care and Gillick competence was included in mandatory training. Staff followed the trust policy and procedures when a patient could not give consent.
- The service provided care and treatment based on national guidance and there was evidence of its effectiveness. Managers checked to make sure staff followed guidance. The department had taken a number of steps to improve the management of sepsis. The paediatric clinical guidelines had been adopted by other NHS trust emergency departments.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The GP collaborative service was co-located in the emergency department and had been implemented effectively.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The emergency department participated in local and selected national audits of relevance to paediatric services.

However:

- Whilst the department worked closely with other children's hospitals nationally and compared informally, specific benchmarking of audit and performance results with other paediatric services was not undertaken.
- Although staff received training in the Mental Capacity Act 2005 and the Mental Health Act 1983, formal mental health training for qualified nursing staff required development.

Urgent and emergency services

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Although the scope to maintain privacy was limited by the environmental shortcomings of the department, privacy was maintained as far as possible by medical and nursing staff as they administered care and treatment for the patient.
- Staff provided emotional support to patients to minimise their distress. Medical and nursing staff understood the emotional impact of care and treatment had on patients and potentially on their relative's overall wellbeing.
- Staff had access to communication aids to help patients become partners in their care and treatment. Medical and nursing staff used toys and visual aids for distraction and to provide emotional support to the patient.
- Staff involved patients and those close to them in decisions about their care and treatment, including those who required support for their mental health needs.

However:

- In the acute assessment unit, patients could be located randomly, rather than with due regard for their privacy and dignity.

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. Major refurbishment of the emergency department was planned which was expected to impact positively on service delivery.
- The service took account of patients' individual needs. Guidance in audio form was used to assist communication in some languages.
- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Data for the three months prior to our inspection showed that more than 95% of patients were seen within 4 hours. During the three days of our inspection the department achieved 97% of patients seen within 4 hours.
- The services of a specialist team were available for patients who presented with symptoms of deliberate self-harm. The pathway for young people presenting with deliberate self-harm included after-care arrangements which were put in place prior to discharge.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

Urgent and emergency services

- Planning to meet the needs of patients with a learning disability and patients with additional complex needs, and their families, required development.
- Facilities for patients who required a hoist or to support hearing impaired families were limited.
- Assessments were not always completed in a timely manner for patients who presented with mental health concerns.

Is the service well-led?

Good   

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

- A clear leadership structure was in place which staff we spoke with could explain. Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The emergency department used information to monitor and manage operational performance and to measure improvement. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. A patient experience strategy had been developed.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Staff were unclear as to the contents of the risk register.
- The sharing of information for patients in the community and from mental health records for patients presenting with mental health conditions required improvement.
- It was unclear what measures were planned to improve mental health liaison.

Areas for improvement

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

Surgery

Good   

Key facts and figures

The trust delivers both inpatient and day case surgery at Sheffield Children's Hospital. There are three surgical wards including four nationally commissioned burns beds, nine theatres, a theatre admission unit (TAU) and post anaesthetic care unit (PACU).

Surgical services provided include general surgery, ENT, orthopaedics, neurosurgery, ophthalmology and plastics/burns surgery.

Specialist surgery includes neonatal, intradural lipoma surgery, scoliosis surgery including spine core bracing, bone anchored hearing aid surgery and pectus bar and limb construction of which ACL reconstruction is only performed at Sheffield Children's Hospital.

(Source: Routine Provider Information Request (RPIR) – Context acute)

The trust has 67 inpatient beds across three wards including a nine-bedded neuro science ward.

Ward/unit name	Description of ward	Number of beds
Ward 1	0-16 surgical ward	24
Ward 2 & burns	Trauma and orthopaedic ward with four specialised commissioned burns beds.	24
Ward 5	Neuro sciences ward.	9
Neonatal surgery	Surgical ward for neonatal patients 32 weeks and above gestation who do not require ventilation.	11

(Source: Routine Provider Information Request (RPIR) – P2 Sites tab)

The trust had 2,418 surgical admissions from October 2017 to September 2018. Emergency admissions accounted for 78 (3.2%), 2,214 (91.6 %) were day case, and the remaining 126 (5.2%) were elective.

(Source: Hospital Episode Statistics)

A comprehensive inspection was undertaken in May 2014 with ratings of good for effective, caring, responsive and well-led. Safe was rated as requires improvement and a further inspection in June 2016 rated safe as good.

Summary of this service

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

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.

Surgery

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

- The service did not follow best practice when prescribing, giving, recording and storing medicines. We found inconsistent practice across wards regarding the management of medicines.
- Staff training compliance failed to meet trust targets for completion of mandatory training in key skills.
- Staff training compliance failed to meet trust target for Safeguarding Adults level 2 and Safeguarding level 3 training.
- The trust had not developed separate training for Mental Capacity Act and Deprivation of Liberty Safeguards.
- The number of staff within surgery who had received an appraisal was below trust compliance targets.
- Not all complaints were investigated, responded to and closed in line with policy.

Is the service safe?

Good   

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

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had access to records which were managed and stored securely.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had escalation policies, guidance and care pathways for deteriorating patients.
- Staff used the World Health Organisation' (WHO) surgical safety checklist, 'five steps to safer surgery'. National and local safety standards for invasive procedures incorporated the contents of the WHO surgical safety checklist.

Surgery

However:

- Rates of compliance for completion of mandatory training in key skills for all staff were lower than trust targets.
- Rates of compliance for completion of safeguarding training for both nursing and medical staff were lower than trust targets.
- The service did not follow best practice when prescribing, giving, recording and storing medicines. We found inconsistent practice across wards regarding the management of medicines.
- There were difficulties in recruitment to junior doctor posts which had caused gaps in the on-call rota.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain assessments were undertaken and recorded in patient notes. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However;

- Staff training compliance failed to meet trust target for Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The number of staff within the division who had received an appraisal was below trust compliance targets.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff had access to chaplaincy services for those with a faith or none.

Surgery

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patient's individual needs. The service had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve patient flow and working closely with commissioners across the region.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice and were above England averages.
- 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.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The division had not met the trust target for closing more complex complaints in line with policy.

Is the service well-led?

Good ● → ←

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

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Surgery

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Areas for improvement

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

Transition services

Good  

Key facts and figures

In healthcare, the word 'transition' is used to describe the process of preparing, planning and moving from children's to adult services. The transition process starts when a patient is around 14 which gives them, and everyone involved in their care, plenty of time to prepare for the move to adult services. Some patients with long term conditions may start transition planning at 11 or 12. The actual move to adult care can take place anywhere between 16 and 19 depending on the patient's condition and their individual needs.

The process is slightly different for everyone, but typically staff will talk to patients and their families about what care they will need as an adult and where this might happen. The trust also makes sure that patients are fully aware of how their condition may impact upon their life as they get older, where they can access additional support and what to do in case of an emergency.

Sheffield Children's NHS Foundation Trust uses the Ready Steady Go programme to support patients through the move to adult services. This programme uses a traffic light system (red: ready / orange: steady / green: go) to take patients through a series of questions on topics such as health, leisure, emotions and careers.

By working through different stages, the programme makes sure that patients are as prepared as possible when the time comes to move on.

After completing Ready Steady Go patients will have an increased knowledge of their condition, medications, and lifestyle and where to get further support and advice if needed.

The following specialty areas at Sheffield Children's have transition services:

- Allergy
- Cardiology
- Cystic fibrosis
- Dermatology
- Endocrinology (including metabolic disease and diabetes)
- Gastroenterology
- Immunology and infectious diseases
- Metabolic bone disease
- Neurology (including epilepsy, cerebral palsy, autism, learning difficulties and neuro-disability)
- Oncology and haematology
- Physiotherapy and occupational therapy
- Respiratory
- Rheumatology
- Urology

Transition services

The trust has introduced a Transition Passport for patients under the care of their community physiotherapy and occupational therapy team. This is tailored to the needs of young people with long term health conditions who will continue to need physiotherapy and occupational therapy in adulthood.

(Source: Trust website)

In the past year there has been a Band 7 child and adolescent mental health services and child transition services (CAMHS) nurse employed one day a week within the trust's transition team with the specific remit of taking forward transition across the trust and with adult mental health services to ensure good transition pathways for children and young people.

This work has included: a 'transitions day' for all services; work with young people's empowerment groups to gain their views on what is a good transition; revisions of the transition protocol; formation of a group to discuss clinical cases with potential difficult transitions; audits regarding sharing of information; mandatory training relating to transitions; and transitions champions in each CAMHS team.

(Source: Routine Provider Information Request (RPIR) – CAMHS and transition tab)

We did a comprehensive inspection of this service in June 2016. We rated the service as requires improvement overall and rated caring as good.

During this inspection, we visited ward and clinic areas where patients in transition attended and spoke with staff involved in transitional care, alongside patients, and carers of patients going through the transition process. In total, we spoke with 18 staff, reviewed 18 sets of acute records, observed a transition clinic and spoke with seven young people and their families.

Summary of this service

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

- The transition team co-ordinator had implemented a multidisciplinary meeting for young people who had complex health needs and had the services of three consultants or more. This has led to improved communication between staff and robust care plans with a lead professional identified.
- Since our last inspection patient electronic records had been developed. These included a tab which identified those patients with a transition plan.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- All staff in the transition team had received mandatory and safeguarding training which included the Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLs) and consent
- The transition team had developed an electronic live transition plan. This would ensure all young people in the transition process could be identified in the hospital which we did not observe at our last inspection
- Young people were treated according to national guidance, including those from the National Institute for Health and Care Excellence (NICE) and Royal College of Paediatrics and Child Health.
- Policies and procedures were based on national guidelines.
- We saw that transition pathways had been put in place in specialities and with the overarching initiative of Ready, Steady, Go.

Transition services

- Sheffield Children's Hospital now evidenced strong partnership working across Sheffield and focussed on improved pathways and integration through the commissioning of services for young people.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met the needs of local people.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care and the transition team was well established since our last inspection.
- Since our last inspection, the service had developed a strategy and policy for what it wanted to achieve and workable plans to turn it into action.

However:

- There was no lead nurse for learning disabilities at the hospital site, so that advice for staff planning care for young people who had a transition plan and a learning disability was limited.
- Although the service had started work on a database of young people in transition using information from the new electronic record system, it was not yet fully operational.

Is the service safe?

Good ● ↑

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

- Since our last inspection the transition team had included a full time co-ordinator, a senior nurse from the child and adolescent mental health services, and a medical and surgical lead nurse.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training figures for the transition team were recorded against the department they worked in.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Medical staffing for children was safe. All children were cared for by a named consultant from their speciality at all times. The transition team was led by medical and surgical team consultants that had two sessions a week allocated to transition.
- Transition services were provided in general clinic and ward areas throughout the hospital which were subject to specialism oversight. All the areas we visited were visibly clean and hygienic.
- We saw that appropriate medical equipment was available in ward areas for young people transitioning into adult care. This included adult resuscitation equipment and medication. These had been appropriately checked by staff.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Since our last inspection, electronic records had been introduced which had a transition tab so that plans could be shared across services.

Transition services

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Since our last inspection there was a self-administration policy developed which included those young people in transition.
- Staff recognised safety incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The quality of transition documentation was not included in the trust record- keeping audit.
- Not all staff trust wide had received transition training.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Since our last inspection in 2016, managers monitored the effectiveness of care and treatment and used the findings to benchmark transition services externally
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff we spoke with were aware of Gillick competence and outpatient clinics now had protected time in appointments where young people could discuss their care without their carers present.

However:

- Some key staff from specialist services had not attended multidisciplinary team meetings around complex cases at short notice, which meant that these had to be re-arranged.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Transition services

- Staff told us that with the establishment of the transition team, there was a need to help young people make their own decisions and for staff to talk directly to them.

However:

- Not all young people received psychology support, and this was due to some staff vacancies

Is the service responsive?

Good  

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

- All speciality teams now used an electronic live transition plan to document their actions. This was a central point for all teams to access plans.
- Since our last inspection, the trust had set up a process for complex cases involving three consultants or more to be discussed at multidisciplinary meetings. This was co-ordinated by the transition team and had led to clearer planning and identified who was the lead clinician in the case.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service planned and provided services in a way that met the needs of local people and patients' individual needs.

However:

- Although some isolated services ran transition evenings for young people, the trust did not routinely make appointments available for patients outside normal outpatient hours which could impact upon their education. The trust was aware of this and was taking steps to address the issue.

Is the service well-led?

Good  

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

- The service now used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Since our last inspection, the transition team developed clear governance arrangements related to risk and quality measures.
- The transitions steering group included representatives from specialities and children and adolescent mental health services (CAHMS) reported to the trust executive group.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service now had a strategy and policy for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Transition services

- There was enthusiasm and commitment within the team to further the transition process. Staff were keen to demonstrate that transition was 'everybody's business.
- The service now engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and worked with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- We saw good evidence of a learning culture within the transition team. Staff attended both internal and external learning events.

However:

- Although the service had collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards, the service had not yet fully established a database of young people in transition.
- The transition team told us that if they had more nursing hours then they would be able to turn more of the transition strategy into action. The team had submitted a business case for this to management.

Outstanding practice

We found outstanding practice in this area. See outstanding practice section above.

Areas for improvement

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

Outpatients

Good 

Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Outpatient services was delivered across four trust sites: the acute site in Sheffield, Flockton House, Centenary House, and Ryegate Children's Centre. Some clinics were delivered at another local NHS trust. Some services deliver satellite clinics in other hospitals around the region.

Outpatients at the trust included a variety of services, for example medical and surgical outpatients, ophthalmology, audiology and neuro-disability. Main outpatients was part of the medicine directorate.

The trust delivered outpatient parenteral antimicrobial therapy (OPAT) services both within the acute site in Sheffield and the community. This service was established in June 2016.

The trust had 152,810 first and follow up outpatient appointments from October 2017 to September 2018.

(Source: Hospital Episode Statistics - HES Outpatients)

During the inspection we visited general outpatients including, medicine, surgery, ophthalmology and the neuro-disability outpatient department at the Ryegate Children's Centre.

We spoke with 42 staff, reviewed sixteen records and spoke with eleven patients during the inspection.

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

Summary of this service

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

Outpatients

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service had overdue follow up appointments in outpatients.
- The service had cancelled clinics within six weeks in the previous six months.
- Staff in outpatients did not receive regular safeguarding supervision.
- Records were not always completed to the required standards. For example, the visibility of safeguarding alerts lacked consistency in recording, next of kin was not always recorded, person accompanying the child was not recorded in five records, one consent form did not have the child's name and there was no evidence of the voice of the child in records.
- The toy cleaning log did not document all cleaning of the toys in outpatients.
- Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care and staff could describe Gillick competency, MCA and DoLS training did not become mandatory for staff until 2019 and only two members of staff had completed MCA competency training

Outpatients

Is the service safe?

Good ●

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff in outpatients did not receive regular formal safeguarding supervision, although they could access supervision upon request.
- Records were not always completed to the required standards. For example, the visibility of safeguarding alerts lacked consistency in recording, next of kin was not always recorded, person accompanying the child was not recorded in five records, one consent form did not have the child's name and there was no evidence of the voice of the child in records.
- The toy cleaning log did not document all cleaning of the toys in outpatients.

Is the service effective?

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

Outpatients

- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Although staff understood how and when to assess whether a patient had the capacity to make decisions about their care and staff could describe Gillick competency, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training did not become mandatory until 2019 and only two members of staff had completed MCA competency training.

Is the service caring?

Good ●

We rated it as good because:

- Staff cared for patients with compassion and took time to interact with people using the service. Staff treated patients with respect and maintained patient privacy. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff introduced themselves to patients and families in outpatients. Patients and families felt involved in their care and treatment and felt involved in the decision making.
- There were play specialists in outpatients who could provide distraction techniques for patients and provide additional support to families and children attending the services.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement ●

We rated it as requires improvement because:

- The service had overdue follow up and new appointments. Although managers had access to performance reports to monitor waiting times, could describe the challenges regarding waiting times for appointments and managers told us there was ad-hoc clinical validation of waiting lists, although this had not been formalised.
- The service had cancelled clinics within six weeks in the previous six months. The trust provided information highlighting there was a workstream for outpatient capacity and an outcome of this would be to reduce cancelled or delayed appointments due to resources not being available. However, there was no action plan attached to the workstream.
- The 'did not attend' rate for Sheffield Children's Hospital was consistently higher than the England average. The trust had considered ways to address this and the launch of a 'Was Not Brought' programme took place at the time of our inspection.

Outpatients

However:

- From November 2017 to October 2018 the trust's referral to treatment time (RTT) for non-admitted pathways was stable and slightly better than the England overall performance by an average of 3.3%.
- From November 2017 to October 2018 the trust's referral to treatment time (RTT) for incomplete pathways was stable and consistently better than the England overall performance by an average of 5.8%.
- The trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral from Q3 2017/18 to Q2 2018/19 (October 2017 to September 2018). The trust's performance was consistently better than the England average over the period.

Is the service well-led?

Good 

We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Outstanding practice

We found outstanding practice in this area. See outstanding practice section above.

Areas for improvement

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

Mental health services

Background to mental health services

Sheffield Children's NHS Foundation trust provides tier four child and adolescent mental health inpatient care and treatment. Tier four child and adolescent mental health services are highly specialist services for children and young people at greatest risk due to their mental health and who require a period of intensive assessment, treatment and intervention. The trust provides three wards which provide 24 hours inpatient mental health care and treatment for children and young people up to 18 years old. The wards are based at the Becton Centre. The trust provides one community child and adolescent mental health team based across two locations; the Becton Centre and Centenary House. The trust also provides a day unit and outreach service for children and young people at the Becton Centre.

Summary of mental health services

Requires improvement ● → ←

Our rating of these services stayed the same. We rated them as requires improvement because:

- The specialist community mental health services for children and young people were rated as requires improvement. Safe, effective, responsive and well-led were rated as requires improvement. Caring was also rated as requires improvement, which was down one rating from the last inspection.
- The child and adolescent mental health wards were rated as good. Effective and well-led had improved one rating from our last inspection and we rated as good. Caring and responsive remained good and safe was rated as requires improvement.

Specialist community mental health services for children and young people

Requires improvement   

Key facts and figures

Sheffield Children's Hospital NHS Foundation trust provides specialist mental health services for children and young people across Sheffield.

The trust provides one community child and adolescent mental health team based across two locations; the Becton Centre and Centenary House. Within this team there are also smaller sub-teams as detailed above. The team provide assessment and treatment for children and young people up to 18 years old with mental health conditions, learning disabilities, autism and/or emotional and behavioural difficulties. The service operates between Monday and Friday 9am until 5pm. Staff work with patients and their carers at a range of locations including respite, school, home and in clinic.

The trust also provides a day unit and outreach service for children and young people at the Becton Centre. Amber Lodge is a regional unit and accepts referrals from child and adolescent mental health services throughout South Yorkshire. It provides services for children and young people aged between five and 11 years old who have severe and complex mental health problems.

In July 2017, the trust also started to provide the Sheffield Treatment and Recovery (STAR) team. The team operates between 9am and 9pm seven days per week. This team provides assessment and three brief intervention sessions to children and young people who are at risk of deliberate self-harm or suicide that have presented at accident and emergency. The team also provide community intensive treatment. This is commissioned for typically three sessions per week for up to eight weeks. The trust also opened a health based place of safety for young people aged 16 to 17 in July 2017. A health based place of safety is a place at a hospital where people are taken by the police or ambulance service for mental health assessment when they have been found by the police to appear to be suffering from a mental disorder and in need of immediate care or control. This must be necessary in the interests of the person or for the protection of others. The health based place of safety is situated at the Becton Centre alongside the child and adolescent mental health wards. Access to the health based place of safety is gatekept by the Sheffield Treatment and Recovery (STAR) team.

As part of this inspection we visited the following locations;

- Centenary House
- Bighton community centre
- Sheffield Treatment and Recovery (STAR) team at Sheffield Children's Accident and Emergency and Becton Centre health-based place of safety

We last inspected the community child and adolescent mental health service between 14-15 August 2018. This was a focused inspection in response to specific concerns identified during our monitoring activity that indicated potential regulatory breaches. We did not rate the service at this inspection. However, we issued the trust with three requirement notices due to breaches of the following regulations of the Health and Social Care Act (Regulated Activity) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance
- Regulation 18 Staffing

Specialist community mental health services for children and young people

We told the trust that it must take the following actions:

- The trust must ensure that all staff receive mandatory training.
- The trust must ensure that an effective system is in place to manage the waiting list. Where waiting time exceeds 18 weeks, there must be an effective system to identify this as a risk and an effective plan to resolve this.
- The trust must review the key performance indicators for the services to ensure these assess performance accurately.
- The trust must ensure that risk registers are reviewed regularly.
- The trust must consider standard use of crisis plans.
- The trust must ensure that risk assessments are comprehensive and detailed with the relevant information.
- The trust must ensure that the identified mitigation and management techniques for ligature anchor points are followed by staff.

Prior to the focused inspection we last inspected the specialist community mental health services for children and young people in June 2016 and published our report in October 2016. At that inspection, we rated the core service as 'requires improvement' overall. We rated all the key questions as 'requires improvement' with the exception of caring which was rated as 'good'.

The current inspection of this service took place between 12-13 March 2019. This was an unannounced inspection.

During the inspection visit the inspection team;

- toured the care environments at Centenary House, Beighton community centre and the health-based place of safety suite, and observed how staff were caring for patients
- completed observations including initial assessment and therapy appointments, and multidisciplinary meetings
- interviewed a service manager
- spoke with 20 other staff members including consultant psychiatrists, nurse practitioners, occupational therapists, psychologists, psychological wellbeing practitioners, administrators and speech and language therapists
- spoke with 13 patients
- spoke with 24 carers
- reviewed 14 records of patients who had used service
- reviewed a range of documents relating to the running of the service.

Following this inspection, we had concerns relating to the pace of change and implementation of actions required from a previous inspection in 2016. We wrote to the trust to ask for urgent assurances around their action plan from the previous inspection, specifically in relation to patient risk assessment and management, and crisis planning. The trust provided a comprehensive response and we were assured the trust was taking appropriate action.

Summary of this service

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

Specialist community mental health services for children and young people

- Patient risk assessments and care plans were not completed for all patients and were not regularly reviewed. Description of risks were brief, and only basic risk management plans were in place. Crisis plans had not been considered for all patients and implemented where required in line with best practice guidance. Care plans were brief and did not evidence involvement of patients or carers or of regular goal setting and review. Information was not readily available in accessible forms and staff were unsure how to access these if required.
- The Sheffield Treatment and Recovery (STAR) team were unable to take referrals for community intensive treatment due to low staffing levels, and staff within a variety of teams told us that in some cases high caseloads prevented them from seeing patients as often as they would like.
- Waiting lists for assessment and treatment continued to be long, and mandatory training compliance continued to be low in a number of courses, including Mental Health Act and Mental Capacity Act. This was despite some action plans in place to drive improvement in these areas.
- Staff did not regularly receive feedback from complaints, audits and incidents, and patients and carers did not consistently receive feedback when making suggestions for the service.
- Governance systems and processes in place to assess, monitor and improve quality and practice within the service at the time of inspection were not effective. Some staff members were being managed and supervised by staff external to the service rather than internal managers. Policies were not consistently reviewed and updated in line with set timescales.

However:

- Staff reported incidents and made safeguarding alerts where appropriate. Staff understood the duty of candour and were open and transparent with patients. Staff knew how to contact the trust Freedom to Speak Up Guardian and could access the trust whistleblowing policy.
- Staff attitudes when interacting with patients were respectful and responsive and most patients and carers were positive about their interactions with staff.
- Staff provided a range of care and treatment interventions and the staff team included a full range of specialists required to meet the needs of patients. Staff used recognised rating scales to assess and monitor outcomes of care and treatment.

Is the service safe?

Requires improvement   

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

- Patient risk assessments were not completed for all patients and were not regularly reviewed. Description of risk was brief, and only basic risk management plans were in place.
- Crisis plans had not been considered for all patients and had not consistently been implemented for all patients who required them.
- The service had not completed a fire risk assessment for the health-based place of safety suite and there was no set date for this to take place.
- The Sheffield Treatment and Recovery (STAR) team were unable to take referrals for community intensive treatment due to low staffing levels.

Specialist community mental health services for children and young people

- Waiting lists for assessment and treatment continued to be long and it was unclear what the expectations were of staff in terms of monitoring risk of patients on waiting lists for treatment.
- Mandatory training compliance continued to be low in a number of courses despite an action plan in place to drive improvement.
- Staff in the Sheffield Treatment and Recovery (STAR) team were not always able to follow lone-working protocols set by the trust.
- Staff could not give examples of any lessons learned or feedback from incidents and we could not see evidence from team meeting minutes that incidents were regularly discussed.

However:

- Service buildings were clean and tidy and environmental risk assessments, including ligature risk assessments, were in place and updated regularly.
- Staff made safeguarding notifications where necessary. Staff could access safeguarding support, including group and individual safeguarding specific supervision.
- All staff knew what incidents to report and how to report them.

Is the service effective?

Requires improvement ● → ←

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

- Care plans were not completed for all patients and were not updated regularly. Care plans were very brief and were not personalised, holistic or recovery-oriented and did not evidence any involvement of patients, family or carers.
- Staff were not regularly setting and reviewing goals with patients to ensure that treatment was effective in meeting their individual needs.
- There was a lack of policies and procedures in place to guide staff in terms of their responsibilities in monitoring patient's physical health.
- Staff compliance with Mental Health Act and Mental Capacity Act training courses was low.
- Staff could not tell us about any opportunities to be involved in audits and could not give any examples of feedback received from audits completed.

However:

- Staff provided a range of care and treatment interventions and the team included a full range of specialists required to meet the needs of patients.
- Staff could attend regular team meetings and huddles.
- Staff used recognised rating scales to assess and monitor clinical outcomes of care and treatment.

Is the service caring?

Requires improvement ● ↓

Specialist community mental health services for children and young people

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

- Patients and carers told us they did not receive a plan of care and there was no evidence that patients or carers were involved in decisions around their care or treatment.
- Carers told us that they felt the wait to access the service took far too long and that support was not available whilst they waited.
- Some carers we spoke with did not feel that staff took the time to understand the individual needs of patients, and others told us they felt the service approach was too clinical.
- Staff did not consistently consider alternative methods of communication to effectively communicate with all patients.
- Patients and carers told us they did not always receive feedback when making suggestions about the service. It was unclear from survey results whether any changes would be made as a result of feedback, how feedback would be given to patients and carers, and within what timescale.
- Carers were not regularly offered any emotional or practical support for themselves.

However:

- Staff attitudes when interacting with patients were respectful and responsive and most patients and carers were positive about their interactions with staff.

Is the service responsive?

Requires improvement ● → ←

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

- Waiting lists for assessment and treatment remained long. This issue was identified at a previous inspection in 2016, but despite efforts by the service to improve we found some patients were still waiting longer than the service's own aims and NHS referral to treatment time scales.
- Some patient appointments were not rearranged in a timely manner. Staff rescheduled appointments when cancelled but carers told us it would usually be several weeks before a new appointment was made.
- Information was not available in accessible forms, such as easy-read documents, and staff were unsure how to access these if required.
- Staff did not routinely receive feedback on the outcome of investigation of complaints.

However:

- Where possible, staff offered patients flexibility in the times and locations of appointments.
- Environments in which patients were seen were comfortable, wheelchair accessible, and promoted patient dignity and respect.

Is the service well-led?

Requires improvement ● → ←

Specialist community mental health services for children and young people

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

- At a previous inspection in 2016 we rated well-led as requires improvement and following this inspection we had concerns relating to the pace of change and implementation of actions required from the previous inspection.
- Following this inspection, we wrote to the trust to ask for urgent assurances around their action plan from the previous inspection, specifically in relation to patient risk assessment and management, and crisis planning.
- Governance systems and processes in place to assess, monitor and improve quality and practice within the service at the time of inspection were not effective.
- Staff were unaware that they could contribute to the service's risk register, and some staff concerns raised did not match those identified by senior managers.
- Policies were not consistently reviewed and updated in a timely manner.
- Some staff members within the service were being managed and supervised by staff external to the service, which meant decisions were made without fully understanding the impact they could have on the wider team, or delivery of the service.
- Staff told us that in some cases high caseloads prevented them from seeing patients as often as they would like.
- Whilst local leaders had a good understanding of the service they managed including pressures faced by staff and areas where improvement was needed in the service, this was not demonstrated at an organisational level.

However:

- The provider recognised staff success within the service through staff awards.
- Senior managers held regular meetings with external stakeholders which enabled them to discuss the service and propose necessary changes.

Areas for improvement

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

Child and adolescent mental health wards

Good  

Key facts and figures

Sheffield Children's NHS Foundation trust provides tier four child and adolescent mental health inpatient care and treatment. Tier four child and adolescent mental health services are highly specialist services for children and young people at greatest risk due to their mental health and who require a period of intensive assessment, treatment and intervention. The trust provides three wards which provide 24 hours inpatient mental health care and treatment for children and young people up to 18 years old. The wards are based at the Becton Centre in the Beighton area of in the south of Sheffield and are as follows:

Sapphire Lodge – a 14 bed mental health wards for young people aged between 13 and 18 years old with mental health problems.

Emerald Lodge – a nine bed mental health ward for children and young people aged between 10 and 13 years old with mental health problems.

Ruby Lodge – a seven bed mental health ward for children and young people aged between 8 and 18 years old with a learning disability and a mental health problem.

We inspected the whole core service and all of the key questions. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection, we:

- Toured the care environments and observed how staff were caring for patients.
- Reviewed 14 medication records.
- Reviewed 12 patients' care and treatment records including 10 incidents of restraint and four episodes of long-term segregation.
- Spoke with senior managers including an associate director, clinical director, service manager, matron and quality consultant.
- Interviewed 22 other staff including ward managers, deputy ward managers, nurses, support workers, doctors, an art therapist, an occupational therapist, a senior clinical psychologist and a family therapist.
- Spoke with an advocate and a service user participation worker.
- Spoke with one patient.
- Spoke with four parents and carers.
- Received feedback on six comment cards.
- Attended and observed one music therapy group session, staff handover, two care programme approach meetings and two ward round meetings.
- Reviewed a range of documents and policies in use.

Summary of this service

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

Child and adolescent mental health wards

- The service had undertaken significant work to improve since our last inspection. They had reduced the amount of fixed ligature anchor points, improved staff knowledge and practice on safeguarding, ensured that medicines were managed safely and properly and increased the reporting of incidents and feedback to staff following incidents. Remaining improvements were in progress and managed through the service's action plan and risk register. This included the installation of the nurse call alarm system.
- Leaders were visible and approachable and engaged with staff. Staff who raised concerns reported positive experiences of the support they received and the action taken to address their concerns. The trust was engaging with staff for their views in the development of the new child and adolescent mental health services vision and strategy. Staff could be involved in developing and delivering the strategy through quality improvement methods in use.
- The service managed the beds available well and the wards were discharge focussed. The only patients placed out of area required specialist services to meet their needs, staff planned discharge from admission and there was only one delayed discharge in a 12-month period.
- The teams comprised of a range of multi-disciplinary professionals that provided a range of therapies and worked together and with external agencies to review patients' progress through care and treatment and to plan discharge.
- Staff understood and carried out their responsibilities in relation to Mental Health Act and its code of practice, Mental Capacity Act and the five statutory principles and Gillick competency.
- Staff knew patients and their needs well. They involved patients as partners in their care and valued parents and carers' involvement. They demonstrated supportive and non-judgemental approaches.
- The care environments and facilities promoted recovery, comfort privacy and dignity. The Patient Led Assessment of Care Environments for ward food and disabilities were higher than the trust and England Averages.
- The wards received nominations in the recent trust staff awards and a member of staff from Sapphire Lodge won the award for direct patient care.

However:

- The services implemented restrictions that included a blanket restriction on Emerald Lodge for mobile phones and electronic devices and areas of the wards were locked and only accessible with staff supervision including outdoor space and kitchenettes. The environmental risk assessments for outdoor space contained conflicting information about the level of supervision required.
- The health-based place of safety had been used on two occasions both of which were not in line with the trust policy and not in relation to risk of the patients who were cared for there.
- There were some lapses in record keeping. When staff added incidents to patient risk assessments, it was not clear whether they had reviewed these, on Sapphire Lodge, three patients' expired section 17 leave forms had not been cancelled or removed and the template for patient observation recording was pre-populated with times.
- Not all staff were up to date with all the mandatory training requirements.
- Although patients were involved in their care and treatment, staff had not always ensured that care plans reflected patient views and the patients voice. We also identified issues with one patient's care and treatment records which had not always reflected their wishes about their identity. Although easy read information was available, this was not used for relevant patients.
- Activities mostly took place between Monday and Friday during the day times.

Child and adolescent mental health wards

Is the service safe?

Requires improvement ● → ←

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

- Emerald Lodge had a blanket restriction in place on mobile phones and electronic devices which were only permitted at set times during the evening. This restriction was not in relation to managing procedural security or individual patient risk. Patients only had access to areas on the wards including outdoor space, kitchenettes and activity space with staff supervision.
- The service had moved two patients from Ruby Lodge to the health-based place of safety on two occasions. On one occasion, this was due to staff shortages and on another occasion due to risk posed by another patient.
- Documents used to record patient observations were pre-populated with times. This meant that the record was not an accurate record of the time that staff had checked that patients were safe.
- Access to outdoor space was restricted and there was conflicting information in ligature risk assessments for the ward and for outdoor space. The ward ligature risk assessment stated that ligature risks in outdoor spaces would be managed through clinical observation levels and the outdoor space ligature risk assessment stated that these would be locked and staff would supervise access.
- Staff were not always up to date with mandatory training. Nine of the 16 training courses did not meet the trust target of 90%. Two mandatory training courses fell below 75%. These were medicines management level 2 and moving and handling level 4.
- Although staff recorded a running record of incidents with patient risk assessments, it was not clear whether staff had reviewed and updated patients' risk assessments to reflect changes in risk.

However:

- Extensive work had been undertaken to improve the safety of the care environments by increasing the robustness of the care environments and reducing the risk of fixed ligature anchor points throughout the care environments. The services were awaiting the installation of a nurse call alarm system.
- The service had improved staff knowledge and practice on safeguarding. Social workers formed part of the multi-disciplinary teams and staff had access to named safeguarding nurses. Staff demonstrated a sound understanding of safeguarding and potential indicators of abuse. They carried out routine safety checks with child safeguarding teams on admission and acted appropriately to safeguard patients when safeguarding concerns emerged.
- Staff managed medicines safely and properly. They maintained accurate and completed records. Pharmacists undertook regular audits of clinic rooms and medication records.
- The trust had made changes to ensure that all incidents of restraint including planned restraint were reported through the trust's incident reporting system. Staff attended daily safety huddles to discuss incidents, received debriefs and lessons learned from incidents.

Is the service effective?

Good ● ↑

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

Child and adolescent mental health wards

- Physical health monitoring was embedded into patients care and treatment. Staff assessed physical health on admission and throughout patients' treatment using the paediatric early warning score system to identify any deterioration in physical health. A paediatrician visited the service one day per week.
- The multi-disciplinary team had the range of professionals required to deliver appropriate care and treatment to children and young people. The provided therapies including: medication, psychology, occupational therapy, social work, speech and language therapy, art and drama therapies and family therapy.
- Staff held regular and effective multi-disciplinary team meetings involving external agencies including local authority social services and community mental health teams and advocates to review patients' progress through care and treatment and to engage in discharge planning.
- Staff demonstrated sound knowledge of and carried out their responsibilities in relation to the Mental Health Act and its code of practice, the Mental Capacity Act and the five statutory principles and Gillick competency.

However:

- On Sapphire Lodge, three patients' records contained old section 17 leave forms that had not been cancelled or removed.
- Overall, only 58% of staff had received training in the Mental Health Act and its code of practice.

Is the service caring?

Good   

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

- Staff knew patients and their needs well. Observations and feedback from patients, parents and carers was positive about the way that staff treated patients. Staff treated people with respect, dignity and kindness.
- Patients were involved as partners in their care. They were offered visits prior to admission to see the service and meet staff. Each patient had their own mini team of multi-disciplinary professionals who met with them regularly. Staff communicated with patients in a way that they could understand and supported them to set goals and work towards these.
- Staff valued parents and carers involvement. The service had family therapists and they delivered family therapy involving parents and carers where this formed part of the patient's treatment plan. Staff demonstrated a non-judgemental and respectful approach towards patients and their parents and carers. They involved them in meetings about patients' progress in their care and treatment.
- People could provide feedback on their experience of the service through different methods including the friends and family test, trust feedback questionnaires, during multi-disciplinary team meeting reviews, suggestion boxes and through the trust's complaints and compliments policies and procedures.

However:

- Despite patients being involved in their care and treatment, staff had not always ensured that patients' care plans and risk assessments reflected patients' views and the patient voice. An example of this was one patient's care and treatment records referred to names and pronouns that did not consistently respect a patient's wishes on how they wanted to identify. We raised this with the trust and they told us that they would ensure that these records reflected the patient's wishes and that staff worked in line with their wishes in practice.

Child and adolescent mental health wards

Is the service responsive?

Good   

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

- The trust managed the beds in this service well. The patients that the trust placed out of area required a specialist service to meet their needs and occupancy rates meant that a bed was usually available for patients in the local area.
- The wards were discharge oriented. The multi-disciplinary team worked together and with community teams to plan patients' discharge from admission. In a 12-month period, there was only one delayed discharge.
- The ward environments and facilities were suitable for children and young people and promoted recovery, comfort, dignity and privacy. Patients had access to outdoor spaces and sports facilities in the Becton Centre.
- The Patient Led Assessment of Care Environments for ward food and disabilities were higher than the trust average and England average for similar services at 100% and 96.2% respectively. The service was accessible for disabled people and patients had access to food that met different dietary requirements and cultural and ethnic needs.
- Where a patient spoke a different language, staff had ensured that their care plan was translated into their first language.
- Patients knew how to raise concerns and make a complaint. They could do this in a range of different ways. Following complaints, staff received feedback on actions taken or changes to practice made as a result.

However:

- Access to the ward kitchenettes for drinks and snacks was restricted and only available with staff supervision. We raised this with the trust and they confirmed they have ensured that there is always now free access to fruit and drinks on the wards.
- Group activity and education timetables had sessions between Mondays and Fridays in the day time. There were limited activities on evenings and weekends.
- Although information was available in easy read formats, we did not see these in use for patients with learning disabilities.

Is the service well-led?

Good  

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

- Since our last inspection, leaders had worked to improve the effectiveness of systems and processes to assess, monitor and improve the services. They had made improvements promptly. Where actions continued to be in progress they were monitored closely and managed through an action plan and the services' risk register.
- Leaders were visible in the service and were engaging with staff in the development of and implementation of the new vision and strategy for the service. The trust was also using microsystems quality improvement methodology.
- Staff who raised concerns had a positive experience and felt that they were listened to, action was taken in response to their concerns, they felt supported and their anonymity was maintained. All staff felt confident in raising concerns.

Child and adolescent mental health wards

- The trust was implementing an electronic patient record system which would improve information management across the service.
- A member of staff from Sapphire Lodge received an award for direct patient care in the trust's recent staff awards and the service received numerous other nominations in the staff awards.

However:

- Although systems and processes were in place for reducing restrictive practice, we found a blanket restriction on Emerald Lodge and other restrictive practices across the lodges.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Sarah Dronsfield, Head of Hospital Inspection, led this inspection. An executive reviewer, Jane Tomkinson, supported our inspection of well-led for the trust overall. The team included one inspection manager, eight inspectors, 2 assistant inspectors, and fourteen specialist advisers.

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