We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Royal Hallamshire Hospital

Glossop Road, Sheffield, S10 2JF  
Tel: 01142711900

Date of Inspections:  
18 September 2013  
13 September 2013  
12 September 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

- **Care and welfare of people who use services**  
  Met this standard

- **Supporting workers**  
  Met this standard

- **Assessing and monitoring the quality of service provision**  
  Met this standard
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Sheffield Teaching Hospitals NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the service</strong></td>
<td>The Royal Hallamshire Hospital is situated in Sheffield city centre. It is run by Sheffield Teaching Hospitals NHS Foundation Trust. It employs around 6,000 staff and has around 850 beds for the care of inpatients. It has a Minor Injuries Unit which offers services for people with small injuries that can be treated without the need for emergency care.</td>
</tr>
<tr>
<td><strong>Type of services</strong></td>
<td>Acute services with overnight beds</td>
</tr>
<tr>
<td></td>
<td>Community healthcare service</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
</tr>
<tr>
<td><strong>Regulated activities</strong></td>
<td>Assessment or medical treatment for persons detained under the Mental Health Act 1983</td>
</tr>
<tr>
<td></td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Family planning</td>
</tr>
<tr>
<td></td>
<td>Management of supply of blood and blood derived products</td>
</tr>
<tr>
<td></td>
<td>Surgical procedures</td>
</tr>
<tr>
<td></td>
<td>Termination of pregnancies</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>8</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>12</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>13</td>
</tr>
<tr>
<td>Contact us</td>
<td>15</td>
</tr>
</tbody>
</table>
Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 September 2013, 13 September 2013 and 18 September 2013, talked with people who use the service and talked with carers and / or family members.

We talked with staff, reviewed information sent to us by other regulators or the Department of Health, reviewed information sent to us by local groups of people in the community or voluntary sector and talked with other regulators or the Department of Health. We talked with local groups of people in the community or voluntary sector and were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

In preparation for this inspection we reviewed all the information we hold about this location. We contacted Healthwatch Sheffield, Monitor and NHS Sheffield Clinical Commissioning Group.

During our visit we spoke with 37 members of staff including the trust executive team, senior managers, matrons, medical staff, support workers, domestic staff and students.

We spoke with 20 people using the service and six family members. We also reviewed 32 set of records and four sets of staff files. We visited Day Surgery, Uro-oncology Theatres, and four inpatient wards; Q1, Q2 (Stroke and Geriatric Care), H1 and H2 (Urology).

All of the people that we spoke with were satisfied with the service provided. People spoke very positively about their care and treatment. They all told us they were given enough information and felt they could ask questions if there was something they didn't understand. One person told us, "Staff have been very nice." A relative we spoke with told us, "The staff have been really good, they are looking after my mam well."

All of the people that we spoke with were positive about the staff, their professionalism, skills and ability to undertake their roles.

We found that people using the service, their relatives and staff were asked for their views about care and treatment in the hospital and they were acted upon. We found that there
were appropriate systems in place for monitoring quality such as reporting clinical incidents and audit programmes.

You can see our judgements on the front page of this report.

---

**More information about the provider**

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Standard</th>
<th>Judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>Met this standard</td>
</tr>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
<td></td>
</tr>
</tbody>
</table>

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

All of the people that we spoke with were all satisfied with the service provided. People spoke very positively about their care and treatment. They all told us they were given enough information and felt they could ask questions if there was something they didn't understand.

Some comments from day surgery included, "It has been better than I expected, they have been brilliant", "It has all gone like clockwork and I am very happy", "I was very teary this morning but the nurse has spent a lot of time talking to me", "They responded once they knew I was in pain" and "I was nervous this morning but the staff explained everything to me. They have been great all the way through."

One patient told us, "Staff have been very nice." A relative we spoke with told us, "The staff have been really good, they are looking after my mam well." We observed staff and they interacted well with patients and put them at their ease, they were friendly and respectful and gave explanations to patients about their care and what was going to happen to them.

In day surgery, all the people we spoke with told us they had attended a pre-assessment appointment where their medical history and medication had been checked. Explanations of what would happen on the day of their operations and pre and post-operative care were given. This was then reinforced on the day of the procedure. One person told us, "I completed a pre assessment questionnaire on line regarding my medical history and medication before the pre assessment clinic (PAC) so all the information was available to the nurse in the PAC. They still talked to me about my medical history and medication but they did not need to write it all down."

In day surgery, people told us that they had been given clear instructions about where to attend and timings. We observed nurses checked with patients who were waiting that they were comfortable and had everything they needed. Some patients had to wait some time
for their treatment due to the nature of the surgery list. People told us that this had been explained to them beforehand. One person told us, "We were told we would just have to arrive and wait so I brought a book."

We looked at care records for 32 people using the service and saw that they had a relevant care pathway in place. People's medical and social history was recorded. In day surgery, the pathway captured their care before, during and after surgery. Each person had signed a consent form and the procedure on the forms matched what was written on the theatre list and in the medical notes. The provider may find it useful to note that on day surgery, Q1 and Q2 and H1 and H2 there were nursing assessment and care pathway documents that were not fully completed in many of the care records that we looked at. For example, we found the 'Core Risk Screening and Assessment Record' was not fully completed in the majority of the files reviewed and some 'Pre-operative theatre checklists' had not been signed and dated as checked by the theatre nurse.

We spoke to staff, ward manager and sisters and matrons during the inspection regarding the gaps in the care records and the care provided. We found that staff were knowledgeable about each person's care and treatment but had not always documented this fully. The people we spoke with were happy with the care and treatment received and, although there was risk, we did not find any evidence that this had impacted negatively on the care and welfare of patients. We raised this issue with the trust executive team who ensured us that regular audit of the completeness of all care planning documentation took place through the Electronic Clinical Audit Tool (ECAT) and an action plan was being devised to ensure review of the documentation.

In day surgery and uro-oncology theatres, we saw that appropriate checks were undertaken before, during and after surgery to ensure that the patients got the correct operation, at the correct site and that all instruments and supplementary equipment used, for example swabs were removed before the operation was completed. We observed appropriate pre-operative ward rounds and attended the pre-op briefing including an adapted version of the World Health Organisation (WHO) checklist after induction of anaesthesia. The WHO checklist is a national checklist that is used in theatres to ensure best practice both pre, during and post operatively. We observed the safety precautions for the use of X-rays and laser treatments. This meant they were taking account of relevant national patient safety alerts and had effectively implemented improvement in the trust action plan around never event prevention.

There were arrangements in place to deal with foreseeable emergencies, with emergency equipment available for staff to use in the event of a medical emergency.
Supporting workers

Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All of the people that we spoke with were positive about the staff, their professionalism, skills and ability to undertake their roles. Some of the comments we received from people included, "They have been absolutely brilliant, fantastic aren't they? They have explained everything to me", "Staff have been very nice to me", "The staff are brilliant. Everyone has been very professional", "Staff are polite and they help me when I need it" and "Staff are very caring, especially the young ones."

We found that there was an induction programme was in place for all new staff which included a mandatory corporate induction and mandatory training. Staff also told us that they received a ward based induction when they started as new members of staff with a period of shadowing and on-going mentoring.

We discussed the appraisal system with all of the staff that we spoke with and the Learning and Development Team and were told that there was a trust wide appraisal programme in place that staff undertook on a yearly basis. This was part of the personal development review (PDR) process and gave staff the opportunity to discuss their performance, training and development needs. Most of staff that we spoke with told us that they had had an appraisal within the last year, however some had not had an appraisal for over a year. Comments from staff included, "I had my appraisal four weeks ago", "I've not had my appraisal yet but I'm due to have this. My last one was cancelled as we were too busy" and "We are chased up to do supervisors and appraisals."

We looked in detail at the hospital and trust appraisal uptake and found that the appraisals were being closely monitored at directorate and trust level. We were told that that a new system was currently being introduced to ensure that meaningful and timely appraisal took place for all staff. We were told that this would take some time to implement but the trust was confident that it would improve appraisal uptake to a minimum of 95% target by March 2014. Training for the new appraisal programme was being rolled out during our inspection visit and senior staff we spoke with about this told us that they thought the new system would improve appraisal uptake.

All of the staff that we spoke with told us that they felt well supported by their managers,
other staff within their teams and the senior management team. All of the staff told us that they were happy they could access informal supervision at their convenience from their senior managers. There was also a mentorship programme in place available for all staff. Some comments from staff included, "There is no formal supervision but senior staff are always available, if the matron's door is open we can just go in and they only close it if they are having a meeting", "I had a preceptor for 6 months. I have a one to one appraisal every year but nothing in-between. I feel supported on a day to day basis", "I have regular supervision, one to one quarterly" and "We can certainly raise concerns if necessary."

Although it varied in each care group, we were told that general staff meetings were held around every three to four months and staff attend if they can. Staff told us that meeting minutes are accessible to them and that they receive email updates and memos when important information needs to be disseminated. This meant that there were systems in place to ensure that staff were kept up to date in changes in patient care and clinical practice.

We spoke with staff about the availability and quality of training. We reviewed 15 staff files and spoke with the Learning and Development Team about training uptake. All staff reported that they received mandatory training, and that they had access to training specific to their areas. Staff were positive about the training that they had received although they told us that the busy work environment, shift patterns and cancellation of training often meant that they had to reschedule. We were told that in-house or ward based training and e-training was available and had been useful during periods when leaving the clinical environment would not have been possible. Some comments from staff included, "Mandatory training includes fire, health and safety, risk assessments, waste management, moving and handling, safeguarding adults and infection control. There are moving and handling link nurses in the department who do a lot of training", "We utilise down time to access training such as in house and e-learning. There are a lot of people who are links and trained in different areas. We work with staff to check competency and get them signed off" and "Very good mandatory training system, we are well looked after and told when to go. Also have specific training, specific to stroke, Band 6 are supported with external training. Then training is cascaded down to other staff. We are encouraged and expected to do this. We are also encouraged to go to conferences." This showed that there was a system in place to ensure that staff had the relevant training and skills to carry out their roles effectively.

Although each area that we visited could access information about which staff had received what training, we were told that there was no one place that managers could access an accurate record of completed training due the Electronic Staff Record (ESR) not being fit for purpose for each care group and their varied training requirements. We were told that a new system was being rolled out which will log training in one place but this was taking time due to the ongoing implementation of the new software and training in its use.

We found that staff therefore received appropriate professional development in the hospital.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People using the service, their relatives and staff were asked for their views about care and treatment in the hospital and they were acted upon. Feedback was coordinated and monitored by the Patient Partnership Department (PPD) at trust level. Patient feedback was also routinely gathered at ward level through various methods.

We were shown a summary of people's satisfaction for each area we visited, including the 'patient experience and involvement' report for 2012 and the most recent quarterly summary from January to March 2013 of 'patient experience. The majority of the results and comments were positive. We were told that the trust developed action plans to address any concerns identified which were monitored by senior management.

There was a system in place for dealing with complaints. This was openly advertised on each ward area we visited around the hospital. People we spoke with told us that if they did have any complaints they would know how to report them and would be confident that this would be dealt with appropriately. We were shown the 'annual complaints report' for 2012 and the 'complaints and feedback' reports for July 2013 which included a summary by care group. We found that complaints had been responded to in a timely manner.

There was a system in place for reporting clinical incidents in the hospital. All staff we spoke with told us that if a clinical incident occurred, they would report this through the trust's incident reporting system by completing an incident form. We were shown a summary of clinical incidents that had occurred in the hospital on the specific wards we had visited for the period January to March 2013. Each reported incident had been investigated and action taken during this period. Staff confirmed that they received feedback after incidents. Staff were able to tell us about some of the improvements that had been made following incidents. One staff member told us "If there are incidents we fill in the datix form, we get feedback on any changes at 6 monthly meetings, or we get together round the nurses desk, there is a communications book which is usually gone over in handover." This showed that there was an effective clinical incident reporting system in place and improvements were made based upon learning from them.
We spoke with senior staff about clinical risk and they were able to tell us about the significant risks within the hospital and what was being done to minimise these risks through local risk assessment and regular review of risk reports at senior management level. We were told that each ward manager or sister attends a monthly clinical governance meeting to input on issues such as incidents, risk and audit. We were shown minutes of these meetings and actions taken forward from discussions.

We discussed never events that had occurred within the hospital, specifically 'retention of a foreign object post operation' which had occurred within the trust between 2010 and 2013. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. We discussed the nature of the never events with the trust executive team including the circumstances that had occurred around the events and what action had been taken to minimise reoccurrence using the trust never event action plan. During our visit to the hospital wards all of the staff we spoke with were aware of the changes that had been made to practice in light of these never events including the introduction of revised documentation and additional checks in theatres. There was therefore evidence that learning around these never events had been disseminated around the hospital to minimise the chance of reoccurrence.

During our visit we were shown various audits that were being undertaken by all levels of staff at ward level. There was also a trust-wide Electronic Clinical Assurance Toolkit (ECAT) in place that each ward used as a quality improvement measure which looked at local audit compliance, staff and patient views, training and programmes of activities.

The hospital had local and national audit programmes in place which were being led by local audit leads and monitored by the Clinical Effectiveness Committee and Healthcare Governance Committee. We spoke with a responsible nurse who had filled in the required data and explained the process for this. They told us that this was a useful tool to show the performance of the ward at the time. We were shown various recent audits undertaken at ward level including hand hygiene audit in July 2013, mattress audit in May 2013, aseptic technique audit July 2013 and cleanliness audit June 2013. Each audit had an accompanying action plan. This meant that the hospital had an effective audit programme in place and learning from audit was being implemented to improve clinical practice.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✅ Met this standard**

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**❌ Action needed**

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**❌ Enforcement action taken**

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.