

# University Hospitals of Leicester NHS Trust

## Inspection report

Trust HQ, Level 3 Balmoral  
Leicester Royal Infirmary  
Leicester  
Leicestershire  
LE1 5WW  
Tel: 01162588940  
[www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk)

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

University Hospitals of Leicester NHS Trust was created in April 2000 with the merger of the Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary.

University Hospitals of Leicester NHS Trust is one of the biggest and busiest NHS trusts in the country, serving the one million residents of Leicester, Leicestershire and Rutland and increasingly specialist services over a much wider area. The trust's nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, ECMO, cancer and renal disorders reach a further two to three million patients from the rest of the country.

The trust operates acute hospital services from three main hospital sites:

- Leicester Royal Infirmary
- Leicester General Hospital
- Glenfield Hospital

The trust also provides services from 20 other registered locations including St Mary's Birth Centre.

The trust employs around 15,500 staff and has an income of £1,060,082,000 for the current financial year 2019/20, with a projected deficit of £10,656,000.

The trust has a Children's Hospital and one emergency department on its Leicester Royal Infirmary site and 126 inpatient wards across the trust; 1991 inpatient beds, including 200 day-case beds and 179 children's beds. Each week the trust runs 1224 outpatient clinics.

*Source: Provider Information Request 2019*

The trust's main CCG (Clinical Commissioning Group) is Leicester City CCG.

CQC carried out a comprehensive inspection of the trust between November 2017 and January 2018. We rated effective and caring as good and safe, responsive and well led as requires improvement. We rated the trust requires improvement overall and issued requirement notices in regard to compliance with Regulation 9: person centred care, Regulation 11: need for consent, Regulation 12: safe care and treatment, Regulation 13 safeguarding service users from abuse and improper treatment, Regulation 15: premises and equipment, Regulation 17: good governance and Regulation 18: staffing.

We also served a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice was served as we found evidence to suggest the quality of health care in relation to management of insulin for diabetic patients' required significant improvement.

The trust put action plans in place, which have been implemented and monitored by CQC.

## Overall summary

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

# Summary of findings

## What this trust does

University Hospitals of Leicester NHS Trust is one of the biggest and busiest NHS trusts in the country, serving the one million residents of Leicester, Leicestershire and Rutland and increasingly specialist services over a much wider area. The trust's nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, ECMO, cancer and renal disorders reach a further two to three million patients from the rest of the country.

The trust provides a full range of acute clinical services across 23 CQC registered locations; this includes renal dialysis at a number of satellite locations. The majority of acute clinical services run from three main hospital sites, Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. The trust has its own Children's Hospital and works closely with partners at the local university.

The trust works with many different organisations throughout the world in research and new surgical procedures, with around 1,000 clinical trials taking place every year and is home to an NIHR Biomedical Research Centre which supports key research including lifestyle, diabetes, and cardio-respiratory diseases. For the first time the trust has been successfully designated as an NIHR Clinical Research Facility.

University Hospitals of Leicester NHS Trust has an Experimental Cancer Medicine Centre and the HOPE Unit is an instrumental factor in delivering clinical trials of new cancer treatments and is generously supported by a locally-based charity. The trust provides access to cutting edge genetic medicine for patients by participating in the 100,000 Genomes Project.

University Hospitals of Leicester NHS Trust heart centre at the Glenfield hospital continues to lead the way in developing new and innovative research and techniques, such as surgery with a Robotic Arm, TAVI (Trans-Catheter Aortic Valve Insertion) and the use of the suture less valve in heart surgery. It has also become one of the world's busiest ECMO (extra corporeal membrane oxygenation) centres and the only hospital in the United Kingdom to provide ECMO therapy for both adults and children.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

On 10, 11, 12, 17, 18, 19, 24, 25 and 26 September 2019, we inspected a total of seven core services provided by the trust across three locations. We inspected Urgent and Emergency Services, Medical Care (including older people's care), Surgery, Maternity, Services for Children and Young People and End of Life care at the Leicester Royal Infirmary. At our last inspection, Urgent and Emergency Services, Medical Care (including older people's care), Services for Children and Young People and End of Life care were rated as requires improvement. Although Surgery and Maternity at Leicester Royal Infirmary was rated good overall at our last inspection, we inspected these services because we had concerns.

# Summary of findings

At the Leicester General Hospital we inspected Surgery and Outpatients; these were rated as requires improvement at our last inspection. At Glenfield Hospital we inspected Medical Care (including older people's care); this service was rated as requires improvement at our last inspection.

We did not inspect Diagnostic imaging at Leicester Royal Infirmary, End of life care and Diagnostic imaging at Leicester General Hospital and End of life care and Diagnostic imaging at Glenfield Hospital which were previously rated requires improvement because the services were still working towards making the necessary improvements as set out in the action plan the trust sent us after the last inspection. We are monitoring the progress of improvements to services and will re-inspect them as appropriate.

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, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 4 and 6 November 2019.

## What we found

### Overall trust

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

- We rated effective, caring, responsive and well-led (provider level) as good and safe as requires improvement.
- In rating the trust, we took into account the current ratings of services not inspected this time.
- We rated six of the core services we inspected at this inspection as good and three as requires improvement overall.
- We rated well-led for the trust overall as good.

### Are services safe?

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

- Not all services had enough staff to care for patients and keep them safe. Not all staff had received up to date training in key skills.
- Staff did not always assess risks to patient's, act on them and keep good care records.

However:

- All services understood how to protect patients from abuse. They managed medicines well. Most services managed infection risk well. Services managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve services.

### Are services effective?

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

- Services provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients and advised them on how to lead healthier lives.
- Managers monitored the effectiveness of services and good outcomes for patients were mostly achieved across all services.

However:

# Summary of findings

- Staff did not always support patients to make decisions about their care as they did not always complete mental capacity assessments.
- Not all key services were available seven days a week.

## Are services caring?

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

- Services treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

## Are services responsive?

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

- Most services planned care to meet the needs of local people and took account of patients' individual needs.
- Services treated concerns and complaints seriously.

However:

- People could not always access services when they needed it and had to wait too long for treatment.

## Are services well-led?

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

- We rated well-led (leadership) from our inspection of trust management as good.
- Leaders had the skills and abilities to run services. Most staff we spoke to felt respected, supported and valued.
- Staff understood the trust's vision and values, and how to apply them in their work. They were focused on the needs of people receiving care.

However:

- Information systems were not always effective in some services.
- Not all services had reliable systems to manage performance effectively. Some services had not identified and escalated all relevant risks and issues and identified actions to reduce their impact.

## 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 in Urgent and Emergency Services, Medical Care (including older people's care), Maternity and Services for Children and Young People at Leicester Royal Infirmary and Outpatients at Leicester General Hospital.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including eight breaches of legal requirements that the trust must put right. We found 85 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. Our action related to breaches of eight legal requirements in Medical Care (including older people's care) and Services for Children and Young People at Leicester Royal Infirmary; Surgery and Outpatients at Leicester General Hospital and Medical Care (including older people's care) at Glenfield Hospital.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## 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 areas of outstanding practice:

### Leicester Royal Infirmary

#### Overall Trust

- The Nursing Associate Programme was delivered at the Leicestershire school of nursing associates based at the Glenfield Hospital as part of a formal academic partnership arrangement between the trust and a local university and was the only model of its kind in the United Kingdom.
- The 'Assessment and Accreditation' process was part of the trust's 'becoming the best' strategy and provided assurance mechanisms for ensuring high quality patient care and the best possible patient experience.
- The trust's patient and public involvement team had developed relationships with a number of local community and voluntary sector partners to develop mutually beneficial relationships which both supported the community organisation and facilitated the trust's engagement with its diverse local population.
- In 2018 the trust developed an integrated approach (through an IT application) to ensure staff in the Emergency Department could view national records containing vital child safeguarding information. The trust was one of the first in the country to achieve this.

#### Urgent and Emergency Services

- The service held weekly simulation learning days for adults on Wednesday and Monday for paediatrics.
- The service provided sensory equipment in the paediatric department in a dedicated room to care for children. They also provided moveable accessories that could be used in the adult department.
- The service introduced the memory lane and café for patients living with dementia. Meaningful activities facilitators (MAF) supported patients and provided patient centred activities to assist with care and distraction therapy.

#### Medical Care (including older people's care)

# Summary of findings

- The acute frailty unit had a specially designed area for patients living with dementia called memory lane. There was a café called happy times café where patients could eat meals together supported by the meaningful activities facilitators. The unit had a portable café called Rita's for patients who were bed bound.
- The service had implemented many improvements for patients living with dementia. Many of the wards had meaningful activities facilitators (MAF) who supported patients living with dementia. MAFs supported patients with eating, mobility and social and creative activities. The service had introduced smaller, energy dense foods and snack finger foods for patients following feedback from patients, relatives and staff. Additional training for staff had been provided in nutrition for people with dementia.

## Maternity

- Care packages for staff were offered after a particularly difficult shift. Staff were given a little bag with a card detailing the contents which were; A plaster - to heal your wounds, Paper clip - to keep it together, Herbal Tea - to help you relax, Chocolate - to give you energy, Candle - to relight your fire. Each area also had a care box for the whole shift when it was extremely busy and staff were unable to have a full break, the box was full of high energy snacks.

## Services for Children and Young People

- The service had opened a Suite of Tranquillity, an aromatherapy suite had opened to support patients and their families who were undergoing treatment for cancer to reduce stress and anxiety. The treatments were provided free of charge by a fully trained member of staff. The suite was decorated in calming colours with low lighting to produce a relaxing environment.
- The pain team undertook training for children and young people experiencing pain, for example they taught adolescents as part of six-week pain course various skills on how to manage their pain using a number of different interventions such as mindful relaxation and sensory integration.

## Leicester General Hospital

### Outpatients

- Some clinics demonstrated exemplar multidisciplinary working including the diabetes foot clinic, the outpatient clinic for chronic pancreatitis and occupational therapists provided a joint clinic with nursing and therapy teams. These included several health professionals offering care or treatment in the same place or at the same time, this provided patients with a holistic care plan and their needs met at one clinic.
- The outpatient departments one to four followed NICE guidelines through their MUST assessment. This ensured patients were seen on a one to one with staff and received advice and guidance to live a healthier life. Referrals onto other services were also completed where required. Managers informed us they were trying to role this out across all outpatient services, as the response from the assessment was positive.
- The outpatient service was effective in learning from internal and external reviews to make improvements to the service. We found the physiotherapy outpatient clinic had responded to audits well to decrease their referral to treatment time. The clinic offered telephone consultations when patients completed self-referrals. This enabled staff to assess patients over the phone, and signpost them onto the relevant services or arrange an appointment for them to attend clinic.



# Summary of findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with five legal requirements. This action related to:

#### **Leicester Royal Infirmary**

##### **Medical Care (including older people's care)**

- The trust must ensure environmental risk assessments, including ligature risk assessments, are completed and monitored to assess the risk of harm to vulnerable patients. Regulation 12(1) (2).

##### **Services for Children and Young People**

- The trust must ensure that nurse staffing meets the Royal College of Nursing (RCN), Paediatric Nurse Standards consistently. Regulation 18(1).

##### **End of Life Care**

- The trust must ensure staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA) and know who to contact for advice. Regulation 11 (1).

#### **Leicester General Hospital**

##### **Surgery**

- The service must ensure that waiting times from referral to treatment and arrangements to admit, treat and discharge patients are in line with national standards. Regulation 17(1)(2).

#### **Glenfield Hospital**

##### **Medical Care (including older people's care)**

- The provider must ensure all patients who receive medicines through peripheral venous catheters (PVC) undergo regular monitoring and management in line with the trust policy and care plan. Regulation 12(1)(2).
- The provider must ensure all patients are reviewed by a consultant within 14 hours of admission. Regulation 12(1)(2).
- The provider must ensure environmental risk assessments, including ligature risk assessments, are completed and monitored to assess the risk of harm to vulnerable patients. Regulation 12(1)(2).
- The provider must ensure all staff who provide care and treatment to young people under 18 years have received the appropriate level of safeguarding training as outlined in the intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (Fourth edition: January 2019). Regulation 13.

### Action the trust **SHOULD** take to improve

#### **Overall Trust**

- The trust should ensure the statutory Duty of Candour (Regulation 20 Health and Social Care Act 2008) is complied with at all times. Possible breach of Regulation 20(1)(2)(3).



# Summary of findings

- The trust should consider completing a disclosure and barring service (DBS) check on those individuals employed before 2014.
- The trust should consider the need for further development of some ward/department leaders.
- The trust should consider reviewing the quality strategy to include reference to sustainability.
- The trust should consider reviewing the meeting minute taking process to include evidence where constructive challenge is consistently documented within board meeting minutes.
- The trust should consider reviewing how they can evidence where quality impact assessments have been carried out.
- The trust should consider ways patients and the public can be consistently engaged in the development of strategies and change.

## **Leicester Royal Infirmary**

### **Urgent and Emergency Services**

- The trust should ensure continued action to reduce the time patients are in the department before being admitted, transferred or discharged. Regulation 17(1).
- The trust should ensure continued action in managing the flow of patients through the hospital along with community partners and stakeholders. Regulation 17(1).
- The trust should ensure patient privacy and confidentiality in the main reception area. Regulation 10(1)(2).
- The trust should consider development of the ophthalmology emergency department in order to provide privacy and confidentiality to patients.
- The trust should consider staff safety in the redesign of the adult reception desk.
- The trust should consider the use of shutters behind the bed areas on the emergency decisions unit.

### **Medical Care (including older people's care)**

- The trust should ensure all staff have completed mandatory training in key skills and review the number of staff trained in immediate life support. Regulation 18 (1)(2).
- The trust should ensure minimum staffing levels are reviewed and maintained to ensure patients are kept safe from avoidable harm and staff can provide the right care and treatment. Regulation 18 (1).
- The trust should ensure ward managers for elderly care wards are supported to have full oversight of the care staff provide to patients. Possible breach of Regulation 17 (2).
- The trust should ensure nursing records are completed fully so that there is an audit trail of patient care. Possible breach of Regulation 17 (2).
- The trust should ensure staff fully complete capacity assessments for decisions for patients who lack capacity to make their own decisions or are experiencing mental ill health. Possible breach of Regulation 11 (1) (3).
- The trust should ensure family member expectations are managed for the discharge to assess process to help them to fully understand what would happen. Possible breach of Regulation 20 (1).
- The trust should ensure leaflets are available in languages spoken by patients and the community. Possible breach of Regulation 9 (3).
- The trust should ensure staff access translation services for a patient rather than relying on family members to translate. Possible breach of Regulation 13 (1) (2).

# Summary of findings

- The trust should ensure patients living with dementia are not moved between wards at night. Possible breach of Regulation 12 (1) (2).
- The trust should ensure staff follow hand hygiene practices on wards for infection control. Possible breach of Regulation 12 (1) (2).
- The trust should ensure assurance systems to ensure sepsis risk assessments are completed where appropriate. Possible breach of Regulation 12 (1) (2).

## **Surgery**

- The service should ensure steps are taken to improve access to services for patients in a timely way and reduce waiting time for scheduled surgery to within agreed timeframes and national targets. Possible breach of Regulation 17(1).
- The service should ensure that VTE assessment forms are completed in full. Possible breach of Regulation 12(1)(2)
- The service should ensure that staff report surgery cancellations as an incident. Possible breach of Regulation 17(1).
- The service should consider ways to improve flow to avoid last minute cancellations of scheduled surgery.
- The service should consider sharing monitoring information such as safety thermometer with patients and relatives.

## **Maternity**

- The trust should ensure they increase the midwife to birth ratio to one to 23 births based on their acuity as assessed using the acuity tool. Regulation 18.
- The trust should consider how to improve staff access to data.
- The trust should consider how to improve compliance against their own targets for medical staff in safeguarding.

## **Services for Children and Young People**

- The service should ensure individual ligature risk assessments are completed for all areas where children and young people are cared for and take action to minimise and mitigate any risks. Possible breach of Regulation 12(2).
- The trust should ensure they review the use storage and staff education of specialist ligature cutters on each area. Possible breach of Regulation 12(2).
- The trust should ensure that patient records are kept secure at all times. Possible breach of Regulation 17(2).
- The trust should ensure that patient identifiable data is not visible and managed in line with national standards. Possible breach of Regulation 17(2).
- The trust should ensure the design of the adult outpatient's department where children regularly attend follows the national guidance for accommodating children's attendance. Possible breach of Regulation 15(1).
- The trust should ensure that staff have access to up to date best practice guidance. Possible breach of Regulation 12(1).
- The trust should ensure outcomes for children and young people are positive, consistent and meet expectations, such as national standards. Possible breach of Regulation 12(1)
- The trust should ensure all staff are aware of the mental capacity legislation and how this related to young people from 16 years old. Possible breach of Regulation 13(2).
- The trust should ensure that transition for children into adult services is robust and managed safely. Possible breach of Regulation 12(2).

# Summary of findings

- The trust should ensure that all risks are identified and recorded and managed using the risk register. Possible breach of Regulation 17(2).
- The trust should ensure the process of feeding information down from senior management to frontline staff is robust. Possible breach of Regulation 17(2).
- The trust should ensure that fire equipment is not used for inappropriate purposes and out of date equipment from all clinical areas. Possible breach of Regulation 15(1).
- The trust should ensure all staff receive an annual appraisal. Possible breach of Regulation 18(2).
- The trust should consider ways to improve morale amongst the front-line clinical staff.
- The trust should consider the reasons why staff do not report if they are unable to take a rest break on shift and look at ways to improve this.
- The trust should consider reviewing the arrangement for how the children's hospital is managed overnight.
- The trust should consider identifying a non-executive director for children's and young people's service.
- The trust should consider ways of sharing safety information collected about the service with patients' carers and staff.
- The trust should consider the provision of a paediatric specific pharmacist service out of hours and at the weekends.

## End of Life care

- The trust should ensure the emergency decisions unit adhere to the trust's last offices and care of the deceased patient policy by wrapping bodies properly ahead of transfer. Possible breach of Regulation 12 (2).
- The trust should ensure ward staff take responsibility to inform mortuary porters collection of deceased patients is inappropriate during mealtimes. Possible breach of Regulation 12 (2).
- The trust should ensure better oversight and risk management of the service's patients. Possible breach of Regulation 12 (2).
- The trust should ensure all service staff can access the same systems. Possible breach of Regulation 12 (2).
- The trust should ensure they undertake routine monitoring or audits on patient's preferred place of care or death.
- The trust should ensure they undertake face to face training and scenarios for mental capacity assessments and mental capacity legislation for all ward-based staff.

## Leicester General Hospital

### Surgery

- The service should ensure that staff are compliant with the trusts mandatory training requirements. Possible breach of Regulation 18(2).
- The service should ensure that key services are available seven days a week to support timely patient care. Possible breach of Regulation 18(1).
- The service should consider sharing safety information with patients and visitors.

### Outpatients

- The service should ensure all staff complete mandatory training in key skills. Possible breach of Regulation 12 (2).

# Summary of findings

- The service should ensure to complete daily checks of fridge temperatures in line with best practice. Possible breach of Regulation 12 (2).
- The service should ensure to maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2).
- The service should ensure there is an improvement in referral to treatment rates to meet national standards. Regulation 17(1)(2).
- All services should ensure there is sufficient oversight through risk management of waiting times from referral to treatment and arrangements to admit, treat and discharge patients. Possible breach of Regulation 17(1).

## **Glenfield Hospital**

### **Medical Care (including older people's care)**

- The provider should ensure all staff have completed mandatory training in key skills and other training specific to their roles including safeguarding, Mental Capacity Act and deprivation of liberty safeguards. Possible breach of Regulation 18(2).
- The provider should ensure all staff are compliant with effective hand hygiene practices. Possible breach of Regulation 12(1)(2).
- The provider should ensure all substances that are subject to control of substances hazardous to health (COSHH) regulations are stored securely. Possible breach of Regulation 12(1)(2).
- The provider should ensure staff are completing the sepsis screening and immediate action tool to document that steps are taken to manage and treat suspected sepsis. Possible breach of Regulation 12(1)(2).
- The provider should ensure clinical areas have adequately nursing staff to ensure safe patient care. Possible breach of Regulation 18(1).
- The provider should ensure there is adequate medical staffing of all grades to safely manage the service and there are processes in place to review medical cover requirements. Possible breach of Regulation 18(1).
- The provider should ensure Patients being initiated on non-invasive ventilation have increased nurse staffing levels that equate to 1:2 nurse to patient ratio in line with British Thoracic Society guidelines. Possible breach of Regulation 18(1).
- The provider should ensure patient records when not in use are stored securely. Possible breach of Regulation 17(2).
- The provider should ensure medicines are stored at the correct temperature. Possible breach of Regulation 12(1)(2).
- The provider should ensure staff follow medicines management policies and procedures when administering, recording and storing controlled drugs. Possible breach of Regulation 12(1)(2).
- The provider should ensure staff are trained and confident in completing deprivation liberty safeguard applications and the rationale for submitting the application is documented. Possible breach of Regulation 13(1)(2).
- The provider should ensure there is an effective system in place to review clinical guidance, so staff are using up to date versions. Possible breach of Regulation 17(2).
- The provider should ensure processes are in place to provide all staff with regular appraisal and clinical supervision. Possible breach of Regulation 18(2).
- The provider should ensure referral to treatment times meet national standards. Possible breach of Regulation 17(1).

# Summary of findings

- The provider should ensure all patients who receive non-invasive ventilation have a care plan and review plan that is up to date and accessible. Possible breach of Regulation 12(1)(2).
- The provider should ensure consultant led ward rounds are undertaken daily. Possible breach of Regulation 12(1)(2).
- The provider should consider ways to ensure medical staff have immediate access to electronic patient systems to enable them to review patient details.
- The provider should consider documenting that discharge planning is taking place.
- The provider should consider implementing a consistent approach to ward-based team meeting content and documentation.
- The provider should consider ways to ensure medical staff have opportunities to receive regular feedback regarding audits and incidents.

## 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.

Our rating of well-led at the trust improved. We rated well-led as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them.
- Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The newly developed quality and people strategies were linked to the vision and values of the trust. The trust involved staff in the development of the quality strategy.
- Most staff across the trust felt respected, supported and valued. All staff were focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- Managers addressed poor staff performance where needed and trust took appropriate learning and action as a result of concerns raised.
- The trust had taken action since the last inspection to drive forward the equality and diversity agenda. Representation from the black, Asian and ethnic minority workforce in leadership roles had increased.
- The trust had a clear structure for overseeing performance, quality and risk. This gave them oversight of issues facing the service and they responded when services needed more support.

# Summary of findings

- Appropriate and accurate information was effectively processed, challenged and acted on with positive feedback on the use of statistical process control charts. Improvement and ongoing work in the IT infrastructure had enabled staff to use data more effectively.
- The Assessment and Accreditation process provided assurance mechanisms for ensuring high quality patient care and the best possible patient experience.
- Leaders and staff actively and openly engaged with staff, equality groups and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The trust had actively engaged with people and staff in a range of equality groups. The trust's equality advisory group included representatives from local sensory disability groups, faith, cultural, and transgender communities.
- Leaders and staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Participation in and learning from internal reviews of deaths, serious incidents and never events was effective; learning was shared and used to make improvements.
- The trust had an open and supportive reporting culture, and staff were actively encouraged to report incidents. The trust was in the top quartile for reporting incidents to the national reporting learning system.
- Learning from complaints and patient/public feedback was evident across the organisation and formed the basis of the trust's quality improvement programme and quality priorities.
- There were systems to support improvement and innovation work. The trust had implemented a quality improvement programme as part of the trust's vision to become the best.

However:

- Some performance standards and staffing vacancies continued to be a challenge to address and improve on.
- The quality strategy did not include reference to sustainability.
- Whilst we observed and heard of a culture of constructive challenge this was not consistently documented.
- Leaders could clearly articulate the process of escalating risk and opportunities but there were some inconsistencies in evidencing this, for example quality impact assessments.
- Patients and the public were not consistently engaged in the development of the financial strategy.

## Use of resources

Please see separate use of resources report.

## 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 →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

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



## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Leicester Royal Infirmary	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Leicester General Hospital	Requires improvement ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Glenfield Hospital	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
St Mary's Birth Centre	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
<b>Overall trust</b>	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020

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

## Ratings for Leicester Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020
Medical care (including older people's care)	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Surgery	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Critical care	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Maternity	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Services for children and young people	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020
End of life care	Good ↑ Feb 2020	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Outpatients	Requires improvement Mar 2018	Not rated	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
Diagnostic imaging	Requires improvement Mar 2018	Not rated	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
<b>Overall*</b>	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020

\*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 Leicester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Surgery	Good ↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020
Critical care	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Maternity	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Requires improvement Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
Outpatients	Good ↑ Feb 2020	Not rated	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Diagnostic imaging	Requires improvement Mar 2018	Not rated	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
<b>Overall*</b>	Requires improvement →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Requires improvement →← Feb 2020	Requires improvement →← Feb 2020

\*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 Glenfield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
Surgery	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Critical care	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2016	Good Jan 2017
Services for children and young people	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Requires improvement Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
Outpatients and diagnostic imaging	Good Jan 2017	Not rated	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
<b>Overall*</b>	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020

\*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 St Mary's Birth Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
<b>Overall*</b>	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018

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

# Glenfield Hospital

Grobby Road  
Leicester  
Leicestershire  
LE3 9QP  
Tel: 03003031573  
[www.uhl-tr.nhs.uk](http://www.uhl-tr.nhs.uk)

## Key facts and figures

Glenfield Hospital is three miles north west of Leicester city centre. The hospital has approximately 415 beds and provides a range of services for patients, including nationally recognised medical care for heart disease, lung cancer and breast care.

During the period July 2018 to June 2019 there were 51,305 inpatient admissions and 233,567 outpatient attendances.

During this inspection we inspected Medical care (including older people's care).

## Summary of services at Glenfield Hospital

**Requires improvement**   

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

- We rated safe, effective and well-led as requires improvement and caring and responsive as good.
- In rating the hospital, we took into account the current ratings of the services not inspected this time.
- Mandatory training was not up to date. Staff working with young people did not have the correct level of safeguarding training. Hand hygiene practices were not consistently followed by staff. Staff did not always minimise specific risks such as care of peripheral venous catheters (PVC) sites. Ligature risk assessments did not identify potential harms to vulnerable patients. Patients' were not all reviewed by a consultant upon admission. There was not always enough medical or nursing staff to keep people safe. The service did not always use systems and processes effectively to safely record the levels of controlled drugs. Records were not always clear, up-to-date or stored securely.
- Outcomes for patients did not always meet national standards. Managers did not hold regular clinical supervision meetings with staff. Key services were not available seven days a week. The service was not compliant with mandatory training in Mental Capacity Act or Deprivation of Liberty Safeguards.
- The service planned and provided care in a way that met the needs of local people. The service was inclusive and took account of patients' individual needs and preferences. The service treated concerns and complaints seriously.
- We were not assured the service identified all risks. The service had not made significant improvements in medical care following our previous inspection in 2017 and 2018.

However,

# Summary of findings

- Staff understood how to protect adult patients from abuse. The service mostly controlled infection risk well. The premises and equipment kept people safe. Staff identified and quickly acted upon patients at risk of deterioration. Staff in post had the right qualifications, skills, training and experience. Staff kept detailed records of patients' care and treatment. The service used systems and processes to safely prescribe, administer and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance. Staff gave patients enough food and drink. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not all in line with national standards.
- Leaders had the skills and abilities to run the service. Most staff we spoke to felt respected, supported and valued. The service had a vision for what it wanted to achieve. Leaders operated effective governance processes. The service collected reliable data and analysed it. The information systems were integrated and secure. Leaders and teams used systems to manage performance effectively. Systems were in place to identify and escalate risks and issues. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The trust had 133,499 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 53,730 (40.2%), 2,904 (2.2%) were elective, and the remaining 76,865 (57.6%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 34,770
- General medicine: 18,039
- Cardiology: 16,911

(Source: Hospital Episode Statistics)

Medical care at the trust falls under three clinical management groups:

Emergency & specialty medicine (ESM)

This includes the following specialties:

- Acute medicine
- Diabetes and endocrinology
- Geriatrics
- Stroke medicine
- Infectious diseases
- Neurology and neurorehabilitation
- Dermatology
- Rheumatology

The admissions floor is co-located next to the emergency department and includes an acute admissions unit (32 beds), acute care bay (10 beds), acute frailty unit (16 beds) and an emergency frailty unit (16 beds).

The service has 14 inpatient wards at the Leicester Royal Infirmary site, including an acute stroke unit, a neurology ward, the acute medical unit annex, five geriatric wards, the Hampton Suite, an infectious diseases ward, a diabetes and endocrine ward and two general medical wards.

The brain injury unit, stroke rehabilitation ward, neurorehabilitation unit and a medical day case ward are located at Leicester General Hospital.

Cancer, haematology, urology, gastroenterology and general surgery (CHUGGS)

For medical care this includes gastroenterology, oncology and haematology.

Gastroenterology is based at Leicester Royal Infirmary and provides a clinical multi-disciplinary gastrointestinal service encompassing luminal, nutrition and hepatology services. The gastroenterology service has dedicated wards and provides endoscopy services at all three hospital sites and within the community.



# Medical care (including older people's care)

Oncology is based at Leicester Royal Infirmary and covers all adult cancers, offering chemotherapy and radiotherapy. The service supports all phases of studies and provides the only Phase I centre in the Midlands. Three wards accommodate 57 patients, an assessment unit and day-case facility which are covered by consultant level review daily.

Haematology is based at Leicester Royal Infirmary and consists of ten full time consultants, four part time consultants, one honorary consultant and two associate specialists. This service has one inpatient ward, access to day case facilities and the assessment unit in the Osborne building.

Renal, respiratory and cardiovascular (RRCV)

Cardiology is based at Glenfield Hospital and provides a range of services for patients with heart disease.

Respiratory is based at Glenfield Hospital and provides elective and emergency care as well as a range of specialized services including interstitial lung disease, severe asthma and cystic fibrosis.

Nephrology is based at Leicester General Hospital and provides elective and emergency care with responsibility for the East Midlands Dialysis Network. Dialysis units are located in Lincoln, Boston, Grantham, Skegness, Peterborough, Northampton, Kettering, Loughborough and Leicester.

*(Source: Acute Routine Provider Information Request – Context acute tab)*

Medical care at Glenfield Hospital was previously inspected by the Care Quality Commission November 2018 and a focused inspection in May 2018. Medical care was rated as requires improvement, although effective, caring and responsive were rated as good.

During the inspection, we checked a total of 19 patients' medical and nursing notes, ten electronic medicine records and spoke with 52 members of staff, 15 patients and two relatives.

## Summary of this service

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

- Mandatory training was not up to date. Staff working with young people did not have the correct level of safeguarding training. Hand hygiene practices were not consistently followed by staff. Staff did not always minimise specific risks such as care of peripheral venous catheters (PVC) sites. Ligature risk assessments did not identify potential harms to vulnerable patients. Patients' were not all reviewed by a consultant upon admission. There was not always enough medical or nursing staff to keep people safe. The service did not always use systems and processes effectively to safely record the levels of controlled drugs. Records were not always clear, up-to-date or stored securely.
- Outcomes for patients did not always meet national standards. Managers did not hold regular clinical supervision meetings with staff. Key services were not available seven days a week. The service was not compliant with mandatory training in Mental Capacity Act or Deprivation of Liberty Safeguards.
- The service planned and provided care in a way that met the needs of local people. The service was inclusive and took account of patients' individual needs and preferences. The service treated concerns and complaints seriously.
- We were not assured the service identified all risks. The service had not made significant improvements in medical care following our previous inspection in 2017 and 2018.

However,

# Medical care (including older people's care)

- Staff understood how to protect adult patients from abuse. The service mostly controlled infection risk well. The premises and equipment kept people safe. Staff identified and quickly acted upon patients at risk of deterioration. Staff in post had the right qualifications, skills, training and experience. Staff kept detailed records of patients' care and treatment. The service used systems and processes to safely prescribe, administer and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance. Staff gave patients enough food and drink. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not all in line with national standards.
- Leaders had the skills and abilities to run the service. Most staff we spoke to felt respected, supported and valued. The service had a vision for what it wanted to achieve. Leaders operated effective governance processes. The service collected reliable data and analysed it. The information systems were integrated and secure. Leaders and teams used systems to manage performance effectively. Systems were in place to identify and escalate risks and issues. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.

## Is the service safe?

**Requires improvement**   

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

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed it did not meet trust targets.
- Clinical staff working with young people under 18 on adult wards, did not have the correct level of safeguarding training.
- Hand hygiene practices were not consistently followed by staff.
- Risk assessments were not always updated appropriately to remove or minimise risks.
- The service did not always have enough nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. It was unclear whether there was a process in place for managers to review and adjust medical staffing levels and skill mix.
- Records were not always clear and up-to-date and were not always stored securely.
- The service did not always use systems and processes effectively to safely record the levels of controlled drugs.

However,

# Medical care (including older people's care)

- Staff understood how to protect adult 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 mostly controlled infection risk well. Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient and identified and quickly acted upon patients at risk of deterioration.
- Staff in post had the right qualifications, skills, training and experience. Managers regularly reviewed and adjusted staffing levels and skill mix, using a trust wide approach to ensure safe staffing levels across the trust by prioritising areas of greatest need. Bank staff received a full induction.
- Locum staff had a full induction.
- Staff kept detailed records of patients' care and treatment. Records were easily available to staff providing care.
- The service used systems and processes to safely prescribe, administer and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement**  

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

- Managers did not hold regular clinical supervision meetings with staff to provide support and development and effective systems were not always in place to make sure staff were competent for their roles.
- Key services were not available seven days a week to support timely patient care.
- Not all staff had completed mandatory training in Mental Capacity or Deprivation of Liberty Safeguards.

However,

- The service mostly provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Processes were in place to protect the rights of patients' subject to the Mental Health Act 1983.
- 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 needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Medical care (including older people's care)

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients when compared to similar trusts. The service was accredited by the joint advisory group for endoscopy (JAG). Outcomes for patients mostly met national standards.
- Most staff groups received an appraisal of their work performance.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- People could access the service although this was not always when they needed it and they did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not all in line with national standards. However, managers monitored waiting times and had implemented systems to improve access to treatment with significant improvements being made.

# Medical care (including older people's care)

## Is the service well-led?

**Requires improvement**   

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

- We were not assured the service identified all risks. Risks we identified during our inspection were not on the service risk register.
- Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- The service had not made significant improvements in medical care following our previous inspections in 2017 and 2018.

However,

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Not all leaders were visible and approachable in the service for patients and staff. Staff were supported to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, that was in the process of being developed with all relevant stakeholders. The vision and strategy was focused on sustainability of services and aligned to local plans within the wider health economy.
- Most staff we spoke to felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and teams used systems to manage performance effectively. Systems were in place to identify and escalate risks and issues. Risks that were identified had actions to reduce their impact. They had plans to cope with unexpected events.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found 24 areas for improvement in this service. See the Areas for Improvement section above.

# Leicester General Hospital

Gwendolen Road  
Leicester  
Leicestershire  
LE5 4PW  
Tel: 03003031573  
[www.uhl-tr.nhs.uk](http://www.uhl-tr.nhs.uk)

## Key facts and figures

Leicester General Hospital is on the outskirts of Leicester in Evington. It is about three miles east of Leicester city centre and has approximately 430 beds. The hospital provides a range of medical services including care at University Hospitals of Leicester NHS Trust's national centre for renal and urology patients.

During the period July 2018 to June 2019 there were 55,463 inpatient admissions and 383,210 outpatient attendances.

During this inspection we inspected Surgery and Outpatients.

## Summary of services at Leicester General Hospital

**Requires improvement**   

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

- We rated safe, responsive and well-led as requires improvement and effective and caring as good.
- In rating the hospital, we took into account the current ratings of the services not inspected this time.
- Although services provided mandatory training in key skills to all staff, completion rates in surgery services for some modules were below the trusts target.
- Outpatients services did not consistently manage records well.
- Not all key services were available seven days a week.
- People could not access services when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- Services did not have an overarching leadership team, to oversee the service to deliver high quality sustainable care.
- Not all leaders and teams in outpatient services used systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

However:

- Services had enough staff to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Services controlled infection risk well. Staff assessed risks to patients and acted on them. They managed medicines well.

# Summary of findings

- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of services and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Services planned care to meet the needs of local people and took account of patients' individual needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Services engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.



# Surgery

Good  

## Key facts and figures

Surgery at Leicester General hospital is split across three clinical management groups (CMG) and comprises of:

Renal Respiratory and Cardiovascular (RRCV)

Cancer, haematology, urology, gastroenterology and general surgery (CHUGGS)

Musculoskeletal and Specialist Surgery (MSS)

There are ten operating theatres at the hospital and eleven surgical wards plus two day case units and one pre op assessment unit.

We visited six wards one day case unit, the pre op assessment unit and the operating theatres. We spoke with 37 staff and eight patients.

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

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Although the service provided mandatory training in key skills to all staff, completion rates for some modules were below the trusts target.
- Not all key services were available seven days a week.

# Surgery

- People could not access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

## Is the service safe?

Good  

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

- 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. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and used it to improve the service.

However:

- The service provided mandatory training in key skills to all staff however, completion rates for some modules were below the trusts target.
- Staff collected safety information but did not share it with patients and visitors.

## Is the service effective?

Good  

# Surgery

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and mostly achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Not all key services were available seven days a week to support timely patient care.

## Is the service caring?

**Good**  ➡ ⬅

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement**  ➡ ⬅

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

# Surgery

- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Surgery

## Areas for improvement

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

# Outpatients

Good  

## Key facts and figures

Across the trust, outpatients is managed by both clinical management groups (CMGs) and specialties.

The Clinical Support and Imaging (CSI) CMG manages a large proportion of the outpatient accommodation and associated nursing support across all three trust sites and also at the NCSEM (National Centre for Sports Education and Management) which is based at Loughborough University.

CSI central outpatients treats approximately 40% of the trust's outpatient attendances each year. Specialties using central outpatients include respiratory, renal, cardiology, vascular, urology, gastroenterology, general surgery, medicine and medical specialties.

Clinical CMGs manage the referral to treatment (RTT) pathway, outpatient waiting list and associated administration staff for those elements, including hospital cancellations of appointments.

All other outpatient departments are specialty managed. These include:

- Ophthalmology
- Ear, nose and throat (ENT)
- Maternity
- Cancer and haematology
- Maxillo-facial
- Dental

The outpatient booking centre is based at the Glenfield Hospital site and manages most appointment bookings for the trust. All patient cancellations and re-bookings come through this centralised standardised service along with a large amount of follow up bookings.

Central outpatients nursing staff are managed by an outpatient matron, two sisters across the three sites and NCSEM, plus a range of qualified and unqualified nursing staff. The staffing is mapped to the requirements of each clinic to ensure the patient gets the right level of support during their consultation.

During our inspection we:

- visited the main outpatient departments one to four, the diabetes clinic, the neurology clinic, and the outpatient therapy clinics including physiotherapy and occupational therapy.
- spoke with two relatives and 20 patients.
- spoke with 30 members of staff including, nurses and specialist nurses, domestic staff, health care assistants, physiotherapists, an occupational therapist, consultants, matrons and triumvirate managers.
- looked at four sets of patient records in detail and observed several more.
- observed interactions between patients, relatives and staff.

# Outpatients

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them. They managed medicines well.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service mostly engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- The service did not consistently manage records well, we found one outpatient area where records were held together with elastic bands. However, the content of the records was of no concern. The service did not always manage safety incidents well and learn lessons from them. Staff did not always report incidents that should be reported. However, staff were aware of how to report incidents.
- People could not always access the service when they needed it and some clinics were lower than the national standard for referral to treatment rates. The service did not always make it easy for people to give feedback.
- The service did not have an overarching leadership team, to oversee the service to deliver high quality sustainable care. Staff did not understand the service's vision and values, and how to apply them in their work.
- Not all leaders and teams used systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

## Is the service safe?

**Good**  

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

- The service provided mandatory training in key skills to all staff and made sure most staff 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

# Outpatients

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to most staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However,

- The service did not always have enough medical staff. However, they did have the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Records in one outpatient clinic were not effectively managed. The quality of some records were poor, some were falling apart and were held together with an elastic band. However, they were clear, up to date and accessible for staff.
- The service did not always store medicines safely.
- The service did not always manage safety incidents well and learn lessons from them. Staff did not always report incidents that should be reported. However, staff were aware of how to report incidents.
- There was no safety thermometer dashboard in place in outpatients to display quality and performance information for the public.

## Is the service effective?

We do not currently provide a rating for effective.

We found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.



# Outpatients

- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Most staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

However,

- Key services were not available seven days a week to support timely patient care. However, some clinics provided evening and weekend clinics to meet patient needs.
- Therapy clinics did not have up to date medical records for patients.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

However,

- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not consistently in line with national standards.

# Outpatients

- It was not always easy for people to give feedback and raise concerns about care received. However, patients confirmed they had no concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a strategy developed with all relevant stakeholders. The strategy was focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Most staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Most staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- The service did not have a clear vision and staff did not understand or know how to apply the strategy and monitor progress.
- Not all leaders and teams used systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

## Outstanding practice

We found three examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# Leicester Royal Infirmary

Infirmery Square  
Leicester  
Leicestershire  
LE1 5WW  
Tel: 03003031573  
[www.uhl-tr.nhs.uk](http://www.uhl-tr.nhs.uk)

## Key facts and figures

Leicester Royal Infirmary is close to Leicester city centre. The hospital has approximately 1,000 beds and provides Leicestershire's only accident and emergency service (Emergency Department). It is also the base for University Hospitals of Leicester NHS Trust's Children's Hospital.

During the period July 2018 to June 2019 there were 117,974 inpatient admissions and 854,709 outpatient attendances.

During this inspection we inspected Urgent and emergency services, Medical care (including older people's care), Surgery, Maternity, Services for children and young people and End of Life Care.

## Summary of services at Leicester Royal Infirmary

### Requires improvement

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

- We rated safe, responsive and well-led as requires improvement and effective and caring as good.
- In rating the hospital, we took into account the current ratings of the services not inspected this time.
- Not all services had enough staff to care for patients and keep them safe. Staff in medical care (including older people's care), maternity and services for children and young people had not received all their training in key skills. Staff in medical care (including older people's care), maternity and services for children and young people did not always assess risks to patient's, act on them and keep good care records.
- Staff in medical care (including older people's care) and end of life care did not always support patients to make decisions about their care as they did not always complete mental capacity assessments.
- People in urgent and emergency services, surgery and maternity could not always access services when they needed it and had to wait too long for treatment.
- Not all services had reliable systems to manage performance effectively. Some services had not identified and escalated all relevant risks and issues and identified actions to reduce their impact.
- Information systems were not always effective in maternity and end of life care.

However:

# Summary of findings

- Services understood how to protect patients from abuse. They managed medicines well. The services managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve services.
- Services provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients and advised them on how to lead healthier lives.
- Managers monitored the effectiveness of services and good outcomes for patients were mostly achieved across all services.
- Services treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Staff understood the trust's vision and values, and how to apply them in their work. They were focused on the needs of people receiving care.

# Urgent and emergency services

Good  

## Key facts and figures

The trust has one emergency department, located at the Leicester Royal Infirmary. It is one of the busiest emergency departments in the country and serves the population of Leicester, Leicestershire and Rutland totalling approximately 1.1 million people from diverse cultures. We inspected the department unannounced as part of the new phase of our inspection methodology.

The newly built Emergency Department (ED) is not a trauma centre but works closely with the major trauma centre at a neighbouring NHS trust which provides trauma care for both adults and children.

The ED provides an integrated front door approach for all patients whether as an acute emergency arriving by ambulance, self-referrals or by NHS111. There are separate facilities for adults and paediatrics (children) and the department is located at the side of the Balmoral Building and is open 24 hours a day. It opened in April 2017 with the adult area comprising of a 12 bedded emergency room (ER), 32 individual major bays, four of which have been designed for those with mental health needs or living with dementia, in addition there are 10 ambulance assessment cubicles in the ambulance assessment area with separate entrance and eight triage rooms. There is room for 13 ambulances to attend the department at any one time.

The paediatric ED comprises of 10 major areas (including three high dependency areas), four primary care rooms, five streaming rooms and six minor injury rooms.

The blue zone within the adult ED provides a large seating area with access for all walking patients and 23 cubicles or rooms in total. Patients are assessed in this area and can either be seen by a primary care doctor or signposted to a different area of the department more appropriate to their needs. There is direct access when required in the blue zone to a small parts x-ray machine to locate fractures in for example hands and feet.

A 12 bedded children's short stay unit (CSSU) is located with direct access from the paediatric ED. Two of the bays in CSSU have been designed for younger people with mental health needs.

Both adult and paediatric departments have direct access to an area containing two computerised tomography (CT) scanners and three plain film x-ray machines. A small laboratory (Hot Lab) is also available in the department providing support services to clinicians who require urgent tests to be undertaken to aid diagnosis. Both these facilities are open 24 hours a day.

In addition, the hospital provides an emergency decision unit (EDU) for patients who require for example further observations, treatment for a short period of time or transport to return home.

A GP admissions unit (GPAU) offers eight trolley spaces and a chaired area for those patients referred to Leicester Royal Infirmary by GP's who are being considered for emergency admission. The unit aims to provide rapid assessment, diagnosis and treatment on the same day without overnight admission where possible. It is open from 8am to 12am seven days a week. Where necessary it is open until 11pm.

A specialist eye emergency department is provided at the hospital. It operates from 08.30am to 4.30pm Mondays to Fridays and 08.30am-12.30pm Saturday, Sunday and Bank Holidays. At all other times patients requiring emergency eye treatment are required to attend either adult or paediatric ED. Ophthalmic support can be accessed if required in the injuries area which is equipped with a special ophthalmic room.

During the inspection visit, the team:

# Urgent and emergency services

- Visited adult and paediatric (children's) emergency departments, children's short stay unit (CSSU), emergency decision unit (EDU), GP admissions unit (GPAU) and the emergency eye department.
- Spoke with 41 patients and 15 relatives.
- Observed staff giving care to both adults and children
- Reviewed 35 patient care records in both paper and electronic format.
- Spoke with 58 members of staff from a variety of grades. This included consultants, middle grade and junior grade doctors, senior managers, matrons, nurses, health care assistants and administrative staff.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. There had been an increase in Consultant staffing since our last inspection.
- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- They managed medicines well. Improvements in management of patient group directions were identified at this inspection.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- People could not always access the service when they needed it and had to wait too long for treatment. The emergency department had not achieved the Department of Health's 95% performance target from June 2018 to May 2019 and there were sometimes delays for emergency medical staff being able to refer patients to specialty services in a timely manner.

# Urgent and emergency services

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills including the highest required level of life support training to all staff and made sure everyone completed it. This had improved since our 2017 inspection.
- 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

However:

- Some staff reported safety concerns to us in relation to the openness of the reception area.

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

# Urgent and emergency services

- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Changes to the procurement of alcohol and drug services meant that there would be a reduction in service provision for patients at weekends.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were better than the national average.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Arrangements to admit, treat and discharge patients were consistently worse than the national standards and average.



# Urgent and emergency services

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the A&E. From June 2018 to May 2019 the trust failed to meet the standard and performed worse than the England average in every month. Despite initiatives to improve outflow of patients.

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and were developing the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found three examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The trust had medical care services at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital.

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

We inspected Leicester Royal Infirmary which had 33 wards and units for the medical care service.

During our inspection we:

- visited 21 wards and units.
- spoke with 17 relatives and 21 patients.
- spoke with 40 members of staff including ward managers, nurses, domestic staff, health care support workers, anaesthetists, a physiotherapist, consultants and junior doctors, a clinical nurse educator.
- looked at 10 sets of medical and 12 sets of nursing records.
- observed two ward handovers and interactions between patients, relatives and staff.

## Summary of this service

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

- The service did not always have enough staff to care for patients and keep them safe. Staff had not received all their training in key skills. Staff did not always assess risks to patients. Staff did not always fully complete care records.
- Staff did not always support patients to make decisions about their care as they did not always complete mental capacity assessments.
- Staff did not always communicate clearly or in a timely way with families and carers.
- The service did not always meet people's individual needs as staff could not easily access interpreting services. Staff often moved patients at night including patients living with dementia.
- Leaders and teams did not have reliable systems to manage performance effectively. They had not identified and escalated all relevant risks and issues and identified actions to reduce their impact.

However:

- Staff understood how to protect patients from abuse. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients and advised them on how to lead healthier lives. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Medical care (including older people's care)

- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The service had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

## Is the service safe?

**Requires improvement**   

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

- Nursing and medical staff were not up to date with all their mandatory training.
- The service had many wards which had enough nursing staff. However, the service's elderly wards had nurse staffing levels well below the service's minimum numbers.
- Ward managers did not always have full oversight of care and treatment provided to patients.
- Staff had not always completed sepsis risk assessments when required.
- The service had not fully considered ligature risk on wards where there were patients with mental health conditions.
- Staff had left omissions in some patient records.

However,

- 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.
- In most cases, the service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for most patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

# Medical care (including older people's care)

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Overall, staff completed patients' fluid and nutrition charts but fluid intake and output were not always totalled.
- Staff did not always fully complete mental capacity assessments for patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good  → ←

- Our rating of caring stayed the same. We rated it as good because:
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

# Medical care (including older people's care)

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- However, some patients and relatives felt they were not kept informed in a timely way and were not always fully informed about decisions being made.

## Is the service responsive?

**Good** ● → ←

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

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Leaflets written in languages other than English, spoken by the local community, were not always on display.
- Staff sometimes relied on family members to translate for patients for whom English was not their first language.

## Is the service well-led?

**Requires improvement** ● → ←

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

- On some elderly care wards local managers did not have full oversight of care and treatment delivered and patients were at risk of avoidable harm. Local audits and checks had not identified that staff did not always fully complete records.
- The service had not ensured that staff completed capacity assessments for patients when needed for decisions about patient care and treatment.
- Managers had systems for managing patient flow, but staff often moved patients at night due to the demands on the service, including patients living with dementia.
- Managers had systems for managing staffing levels but elderly wards had nurse staffing levels well below the service's minimum numbers and there was evidence of the impact on patients such as delays in personal care and falls.

# Medical care (including older people's care)

However,

- Managers at all levels in the service 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 relatives.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Overall the service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Overall 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.
- The service 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 two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found 12 areas for improvement in this service. See the Areas for Improvement section above.

## Key facts and figures

University Hospitals of Leicester NHS Trust (UHL) has services which are spread across three main hospitals; Leicester General hospital, Glenfield hospital and Leicester Royal Infirmary which also has a Children's Hospital and works closely with partners at the University of Leicester and De Montfort University

Leicester Royal Infirmary is close to Leicester city centre. The hospital has approximately 1,000 beds and provides an accident and emergency service. This includes trauma and orthopaedics, urology, general surgery, vascular and ophthalmology.

Leicester Royal Infirmary is one of three hospitals within the University Hospitals of Leicester NHS Trust. The other locations are Glenfield hospital and Leicester General hospital.

Surgery at the trust is split across three clinical management groups (CMG)

- Cancer, haematology, urology, gastroenterology and general surgery (CHUGGS)
- Musculoskeletal and Specialist Surgery (MSS)
- Intensive/critical care, theatres, anaesthetics, pain and sleep (ITAPS)

The CMGs work across sites providing different speciality services at each site. At Leicester Royal Infirmary, there were two main CMGs providing services there for elective surgery and non-elective surgery.

The CHUGGS team provided specialities for; colorectal surgery, gastro-oesophageal surgery, hepato-pancreato-biliary surgery: Services offered include laparoscopic/open (robotic) surgical resections, ablation procedures, palliative bypasses, nuclear medicine treatment and percutaneous interventional procedures. The trust also provides an emergency service for bile duct injuries and liver trauma.

The ITAPS team provided services to care for all patients who required specialist intensive care, critical care, anaesthetics and pain management.

There are 12 surgery wards including the specialities; general surgery, spinal surgery, trauma, head and neck, faciomaxillary, ear, nose and throat, plastics, urology and cancer surgery.

At Leicester Royal Infirmary, there are 209 inpatient beds across 12 surgical wards and 33 day case beds.

The service has 78 trauma beds and has a dedicated spinal and Neck of Femur ward. The orthopaedic service is supported by dedicated ortho-geriatricians who manage the complex medical needs of patients.

There are 22 operating theatres and 15 recovery bays at Leicester Royal Infirmary. On average 29,000 operations are performed at the site each year.

The trust overall had 64,494 surgical admissions from March 2018 to February 2019. Of these, 25,072 (38.9%) were emergency admissions.

We inspected the surgical services as part of an unannounced inspection (they did not know we were coming) between 17 and 19 September 2019. We visited five surgical wards, the Surgical Ambulatory Unit (SAU), and the pre-assessment unit. We visited two theatres and two recovery suites and the theatre admissions area (TAA)

As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

# Surgery

During the inspection we spoke with 49 members of surgical staff of all grades including nursing staff, doctors, anaesthetists, health care assistants, operating department practitioners, matrons, student nurses, trainee associate nurses and housekeepers.

We looked at 23 sets of patient records and spoke with 10 patients and three relatives.

We also observed two ward handover meetings, safety huddles, a theatre briefing meeting and a theatre debriefing meeting.

We followed a patient journey from theatre admission area to theatre and recovery. We also observed multiple interactions between staff and patients.

## Summary of this service

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

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed most risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements. Outcomes for patients were positive and mostly met expectations, such as national standards.
- The service ensured staff were competent for their roles across all areas of the service. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff treated patients with compassion and kindness most of the time, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service took account of patients' individual needs and made it easy for people to give feedback.
- Leaders used reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always have enough nursing staff to care for patients and keep them safe.
- The service planned care but this did not always meet the needs of local people. People could access the service when they needed it urgently but some had to wait too long for treatment.
- Systems to manage current and future performance were not always effective.



# Surgery

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and most staff completed it in a timely manner.
- 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. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Most staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience but were able to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted nurse staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted medical staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.

However:

- Not all staff recognised and reported incidents and near misses.
- Staff collected safety information but did not share it with patients and visitors.

## Is the service effective?

Good   

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

# Surgery

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements. Outcomes for patients were positive and mostly met expectations, such as national standards.
- The service ensured staff were competent for their roles across all areas of the service. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● ➡ ➡

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

- Most staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They provided additional support for patients living with dementia. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service planned and provided care but this did not always meet the needs of local people and the communities served.

# Surgery

- Patients could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

However:

- The service worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Systems to manage current and future performance were not always effective.

# Surgery

## Areas for improvement

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

# Maternity

Good   

## Key facts and figures

Maternity services provided by University Hospitals of Leicester NHS Trust (UHL) are located on three hospital sites, the Leicester Royal Infirmary (LRI) Leicester General Hospital (LGH) and St Mary's Birthing Centre (SMBC) in Melton Mowbray. However, services on all hospital sites are run by one women's and children's clinical management team.

The service provides specialist pre-pregnancy care for women with pre-existing conditions such as diabetes or those with difficult previous pregnancies.

Antenatal care is provided within the community in GP practices, community hospitals, children's centres and the acute trust maternity outpatient departments as well as inpatient care as required. There is a maternity assessment unit where women are triaged before attending delivery suite where necessary.

The service offers national screening programme scans and screening and provides advice on risks in the context of pregnancy and referral to other relevant professionals. Labour and birth care for Leicester Royal Infirmary is provided at by an acute delivery suite, an alongside midwifery led unit and a dedicated home birth team. During the period of September 2018 to August 2019 there were 5404 births at the Leicester Royal Infirmary site, of these, 981 were in the Orchard Birth Centre.

Postnatal care includes inpatient care as required; community clinics and home visits are also provided.

There are 76 beds over five wards at LRI, we visited all wards during our inspection, we checked 12 pieces of equipment and reviewed nine sets of records, including 11 prescription charts and eight CTG tracings.

We spoke with seven women and their relatives and 32 members of staff during the course of the inspection.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

## Summary of this service

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

- Staff understood how to protect women 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 used monitoring results well to improve safety.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and mostly achieved good outcomes for women. The service had been accredited under relevant clinical accreditation schemes.
- 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 development.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Maternity

- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- Women could access the service when they needed it and receive the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

However:

- Not all staff completed and updated risk assessments for each woman or took action to remove or minimise risks.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Staff collected safety information but did not always share it with staff, women and visitors.
- Staff on the wards could not find the data they needed, in easily accessible formats, to understand performance. At times, staff found it difficult to navigate the maternity dashboard.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure they completed it.
- Staff understood how to protect women 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 used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

# Maternity

- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety.

However;

- Whilst most ward areas were tidy and clutter free, due to the lack of storage space, some corridors were cluttered.
- Not all staff completed and updated risk assessments for each woman or took action to remove or minimise risks.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Staff collected safety information but did not always share it with staff, women and visitors.

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women 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 women's religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and mostly achieved good outcomes for women. The service had been accredited under relevant clinical accreditation schemes.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

# Maternity

## Is the service caring?

Good  → ←

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- Women could access the service when they needed it and received the right care promptly.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

## Is the service well-led?

Good  → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.



# Maternity

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected some reliable data and analysed it. Information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Staff on the wards could not find the data they needed, in easily accessible formats, to understand performance. At times, staff found it difficult to navigate the maternity dashboard.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# Services for children and young people

Requires improvement   

## Key facts and figures

The trust provides care for children and young people at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. Leicester Royal Infirmary provides paediatric services for children from new-born to 16 years of age including day case and emergency services. Leicester Royal Infirmary also provides care for children and young adults with cancer up to 24 years of age. Leicester General Hospital provides neonatal care for children from birth up to 30 days old. Glenfield Hospital provides cardiac care for children.

The trust has 179 inpatient paediatric beds across the three hospitals with 147 beds at Leicester Royal Infirmary located in 15 wards, 12 beds at Leicester General Hospital located on one ward and 20 beds at Glenfield Hospital located within 20 wards.

This report relates to children's and young people's service provided at Leicester Royal Infirmary. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the service from 10 to 12 September 2019. As part of the inspection we visited Ward 10, Ward 11, Ward 14, Ward 19, paediatric intensive care, paediatric high dependency unit, the neonatal unit, the children's outpatient department, the multi-faith chapel, radiology, operating theatres and adult outpatient departments where children are regularly seen.

At our last inspection in 2017 we found concerns about staffing, training and supervision of children.

During our inspection, we spoke with 69 staff of various grades, including ward and theatre managers, nurses, consultants, middle grade doctors, healthcare assistants, nursery nurses, radiology staff, and administrative staff. We attended two nursing handovers and one medical handover. We interviewed the children's safeguarding lead, the head of nursing and the head of operations and two of the chaplaincy team.

We spoke with 18 children, young people and their family members, observed care and treatment and looked at 13 patients' medical records including 11 medicines charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

## Summary of this service

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

- The service did not have enough nursing staff to care for children and young people and keep them safe. Not all staff had training in key skills. Staff did not always assess risks to children and young people, act on them and keep good care records.
- Managers monitored the effectiveness of the service. However, good outcomes for patients were not consistently achieved.
- Staff did not always feel respected, supported and valued.
- Information systems were not always effective.
- Not all risks we identified were on the risk register.

However:

# Services for children and young people

- Staff understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Good**  

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

- Managers regularly reviewed staffing levels, skill mix and closed beds to keep children, young people and families safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect children, young people and their families 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 used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported most incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

However

# Services for children and young people

- The service provided mandatory training in key skills to all staff. However, not all staff had completed it.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience but action was taken to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. It did not meet the Royal College of Nursing (RCN), Paediatric Nurse Standards.
- The service did not always share monitoring results with children, young people, their families and visitors.

## 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 evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children, young people and their families 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 children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who were experiencing mental ill health.

However

- Good outcomes for patients were not consistently achieved.
- Not all staff knew how to support children, young people and their families who lacked capacity to make their own decisions.
- Play specialists were not available seven days a week in any area and not consistently in all areas who cared for children and young people.

## Is the service caring?

**Good** ● → ←

# Services for children and young people

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

**Requires improvement**   

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

- The service did not always coordinate care with other services when children and young people transition into adult services.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- Staff did not always feel respected, supported and valued. Leaders did not operate fully effective governance processes, throughout the service.
- Systems to manage performance were not always effective. Leaders and teams had not identified and escalated all relevant risks and issues and identified actions to reduce their impact.
- Patient records were not always stored securely.

However

# Services for children and young people

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found 20 areas for improvement in this service. See the Areas for Improvement section above.

# End of life care

Good  

## Key facts and figures

The trust provides end of life care at three hospital sites which are Leicester Royal Infirmary, Glenfield Hospital and Leicester General Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support, chaplaincy and mortuary services.

The trust had 2,869 deaths from March 2018 to February 2019.

*(Source: Hospital Episode Statistics)*

End of life care (EOLC) at the trust is provided by the specialist palliative care team (SPCT), led by dedicated palliative care consultants. There are also palliative care clinical nurse specialists who work as end of life care facilitators as part of their role, delivering training, education, role modelling and service improvement. Advice, guidance, education and treatment is provided by the SPCT to support patients with complex pain management needs. The trust works in partnership with the Macmillan service based onsite and the local hospice charity LOROS.

The trust provides a bereavement office which is an office-based service providing practical help, advice and support for death registration. The service works alongside the mortuary services, helping to facilitate efficient death certification and HM Coroners cases. The service also arranges viewings and can on rare occasions arrange funerals for people without families.

The trust provides a chaplaincy service which aims to help facilitate the spiritual care of patients and their visitors, and to meet any religious needs. The chaplaincy service consists of chaplains from various faiths as well as non-faith and helps with the spiritual care of patients and visitors. An on-call chaplain is available at any time 24 hours a day.

*(Source: Routine Provider Information Request (RPIR) – Context acute, EOLC networks and sites tabs)*

The trust does not have a dedicated palliative care ward in any of the three hospital sites. During this inspection we only looked at Leicester Royal Infirmary's (LRI) end of life care service.

We saw the service's palliative and end of life care report for August 2019. The service did not record specific number of deaths but monthly total hospital deaths as well as accident and emergency (A&E) and emergency department (ED) attendances. The service also recorded patients' length of stay in the last year of life per emergency admission, average bed days and the percentage of inpatient deaths moved at least three times in their last 90 days.

The trust's specialist palliative care team is managed by the cancer, haematology, urology, gastroenterology and general surgery (CHUGGS) clinical management group. The team provides a service for face to face assessment and telephone advice from 9am to 5pm seven days a week.

From Monday to Friday the service is delivered by palliative care nurse specialists, palliative medicine consultants and registrars. At a weekend, palliative care nurses deliver face to face assessments, with telephone advice from consultants who provide face to face support in exceptional circumstances. From 5pm to 9am, telephone advice about palliative care matters is available from a local hospice, including from the on-call palliative medicine consultant.

Weekly palliative care multi-disciplinary team meetings are held at each hospital site.



# End of life care

Delivering education is a core part of the palliative care team's role. Education is delivered to a range of professionals, including health care assistants, allied health professionals, qualified nursing staff, medical staff and undergraduate medical and nursing students. Teaching has also been delivered at regional and national study events.

All palliative care consultants within Leicester, Leicestershire and Rutland are employed by the trust. Work within the trust is delivered by 3.7 whole time equivalent (WTE) palliative medicine consultants.

The service recorded the number of referrals to the specialist palliative care team (SPCT) by month. The number received in August 2019 which was 297 was the highest in a single month and 12.1% higher in comparison to August 2018. Year to date (YTD) referrals were 7.6 % higher than the same period last year. The service received the most referrals on Mondays.

The service received 2,745 patient referrals, of which 1,627 were flagged with the inpatient cancer registry flag from June 2018 to May 2019. This gave the service 59% cancer referrals and 41% non-cancer. This indicated specialist care was being provided for patients with other life shortening conditions.

We visited a range of wards and departments at Leicester Royal Infirmary hospital including the intensive care unit (ICU), the emergency department (ED), oncology, cardiac and care of the elderly wards, the mortuary, the bereavement service, the hospital chapel and chaplaincy. We spoke to 27 members of staff including nurses, doctors, service managers, leads and champions, a non-executive director, health care assistants, mortuary, bereavement and chaplaincy staff. We spoke to the relatives of two patients who were at the end of their life.

We reviewed nine medical and nursing care records of patients at the end of life and 14 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders. We observed the care provided by medical and nursing staff on the wards.

Before our inspection, we reviewed performance information from, and about the trust.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them but did not always keep good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients but did not always support them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.



# End of life care

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- DNACPR orders were not always clear and up to date.
- Staff were not familiar with the strategy's aims or how to achieve them.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff. However not all staff completed it. Managers monitored mandatory training and alerted staff when they needed to update their training.
- 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.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life. However, the service did not have a system to identify and locate all its patients.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, and stored securely. However, records were not always easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

# End of life care

## Is the service effective?

**Requires improvement**   

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

- Staff supported patients to make informed decisions about their care and treatment. However, they did not always follow national guidance to gain patients' consent. They also did not always know how to support patients who lacked capacity to make their own decisions.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. However, do not attempt cardiopulmonary resuscitation (DNACPR) orders were not always clear and up to date.

However;

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.

## Is the service caring?

**Good**   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# End of life care

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress. However, staff were not familiar with the strategy's aims or how to achieve them.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, the service did not undertake any performance audits or participate in accreditation level schemes.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. However, there was no system to flag the service's patients and not all staff could access the same systems.

# End of life care

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found seven areas for improvement in this service. 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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://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

Diagnostic and screening procedures  
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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

# Our inspection team

Bernadette Hanney, Head of Hospital Inspection chaired this inspection and Michelle Dunna, Inspection Manager led it. One executive reviewer and NHS England / Improvement, supported our inspection of well-led for the trust overall.

The team included one [further] inspection manager, 12 inspectors, two assistant inspectors, three mental health inspectors, one pharmacy inspection manager, one pharmacy inspector and 19 specialist advisers. In addition, a clinical leadership fellow and maternity specialist advisor for CQC also joined this inspection.

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.