

# Barking, Havering and Redbridge University Hospitals NHS Trust

## Inspection report

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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

Combined quality and resource rating

Requires improvement 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Barking, Havering and Redbridge University Hospitals NHS Trust (the trust) is a large provider of acute services, serving a population of over 800,000 across Barking and Dagenham, Havering and Redbridge, and into Essex. The trust operates from two sites; Queen's Hospital and King George Hospital. There are approximately 900 beds across both sites.

Queens Hospital is the trust's main acute hospital and opened as a private finance initiative (PFI) in 2006. It is the main hospital for people living in Havering, Dagenham and Brentwood. The hospital includes a hyper acute stroke unit (HASU). The Emergency Department treats over 150,000 walk-in and ambulance emergencies each year.

King George Hospital opened at its current site in Ilford in 1995 and provides acute and rehabilitation services for residents across Redbridge, Barking & Dagenham, and Havering, as well as providing some services to patients from South West Essex.

## Overall summary

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



## What this trust does

The trust provides a full range of acute clinical services. Across the trust there are over 274,000 emergency attendances and over 55,000 emergency admissions a year. The trust has the third biggest maternity unit in the country and delivers over 8,000 babies a year. The trust provides one of eight hyper acute stroke units (HASU) in London

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

Between 13 January and 21 February 2018 we carried out unannounced inspections of emergency and urgent care, medical care (including older peoples care) and surgery at both Queens Hospital and King George Hospital; and maternity services at Queens Hospital. We had inspected these services previously between 2015 and 2016 and they had been rated requires improvement. We returned to inspect these services to both evaluate the trust improvement action plan as well as follow up concerns that had been raised to us through our intelligence monitoring.

# Summary of findings

The CQC inspection took place during high winter pressures across the country. This was a time of extreme pressure on all emergency departments.

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 line of enquiry at senior leadership team level. Our findings are in the section headed 'Is this organisation well-led?' We carried out the well-led inspection 13 to 15 March 2018.

## What we found

### Overall trust

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

- We rated safe, effective, responsive, and well-led as requires improvement; and caring as good.
- We took into account the current ratings of the four core services across the two locations not inspected at this time. Hence, six services across the trust are rated overall as requires improvement, and the remaining two services are rated good.
- The overall ratings for each of the trusts acute locations remained the same.

### Queens Hospital

- We inspected Urgent and Emergency services during this inspection to check if improvements had been made since our last inspection in 2016. The overall rating for the service was requires improvement. The rating for effective and caring improved to good. Safe, responsive and well led remained requires improvement.
- We inspected Medical care (including older people's care) and found the service had improved since we last inspected in 2016. We rated the service good overall. The rating for safe and responsive both improved from requires improvement to good.
- We inspected Surgery and rated the service good. The rating for safe and effective improved to good; however the rating for well-led remained requires improvement.
- We previously inspected Maternity services in 2015. On this occasion we rated the service overall as good, with the rating for responsive and well-led improved from requires improvement to good.

### King George Hospital

- We inspected Urgent and Emergency services during this inspection as we wanted to see what improvements and changes had been made to the service. We rated the service overall as requires improvement, although the rating for effective improved from requires improvement to good.
- We inspected Medical care (including older people's care) and found the service had improved from requires improvement to good since our last inspection in 2016. The rating for effective improved to good.
- We previously inspected Surgery services in 2015. On this occasion, we found the service had overall improved from requires improvement to good. Safe and responsive had improved to good; however the rating for well led went down one rating to requires improvement.

### Are services safe?

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

- Medical staff compliance with mandatory training was below the trust target.

# Summary of findings

- Vacancies and the use of bank and agency staff impacted staff morale in some services. There was a shortage of medical cover on surgery wards, especially in the evenings and at weekends.
- The emergency department did not use standard tools for assessing risks and severity of the condition of mental health patients.
- Although medicines management was good overall, the recording of temperatures for the storage of medicines was inconsistent.
- The environment of the EUCC raised a number of patient safety concerns.

However:

- We found good standards of infection control. Although, the infection control team did not have a system to identify trends in infection.
- There had been a raised profile for compliance against WHO checklists.
- Staff demonstrated appropriate knowledge and understanding of safeguarding procedures and how to escalate concerns
- There was evidence that serious incidents were appropriately investigated and that learning and outcomes were shared with staff.

## Are services effective?

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

- Processes around obtaining consent before surgery could be improved.
- There was reduced access to allied healthcare support on weekends.
- Pain relief was mostly being managed effectively. However, pain relief was not always given quickly to EUCC and maternity patients.
- There were variable examples of multidisciplinary working across services.

However:

- At our last inspection we found a number of clinical guidelines and policies out of date. This time we found policies were up to date and protocols had improved.
- There were processes to ensure care and treatment followed current evidence-based national guidance.
- The trust were involved in a number of local and national audits and used the outcomes to improve quality.
- We found good examples of multi-disciplinary team working across services

## Are services caring?

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

- Staff were kind, caring and mostly respectful of patients' privacy. Patients told us staff treated them with dignity and respect
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However:

# Summary of findings

- At the time of our inspection we raised concern about patient privacy and confidentiality in the EUCC. We also witnessed lack of privacy exercised during a morning handover on one surgical ward.

## Are services responsive?

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

- The emergency department had not met the target to admit, discharge, or transfer 95% of patients within four hours for the last year.
- We found the waiting area for patients attending the emergency department was insufficient to meet the needs of people waiting to be seen. However, the trust did immediately address some of our concerns when we raised them.
- Theatre lists at King George Hospital had scope for greater efficiency.
- Since our last inspection, referral to treatment times had mostly improved. Although had not met national indicators in some areas.

However:

- Across most services, the trust planned and provided services in a way that met the needs of local people.
- Most people could access services when they needed it.
- A specialist dementia team were in place providing support across services.
- Complaints were dealt with in line with trust policy.

## Are services well-led?

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

- The trust senior leadership team were visible and approachable. However, it was recognised that further work was needed to improve engagement with senior medical staff. Some members of the consultant body had expressed concern in a lack of confidence in the trust executive team to engage and acknowledge their concerns.
- Recent instability amongst the senior leadership team had impacted the delivery of core service strategy which had not progressed as much as was expected following the last inspection.
- Although staff were able to talk about the vision and strategy of their respective core service, they were less able to describe the trusts' overall vision and direction when asked.
- Governance processes had improved since our last inspection. Processes had been introduced to better address risk; however, there was concern that further improvement to the oversight and response to risks was still required across some core services.
- The audit programme in surgery had not been fulfilled due to vacancies. There was lack of documentary evidence to demonstrate that audits had been completed.
- Despite a number of networks that supported equality and diversity within the trust, progress in embedding this had been slow and further work was needed to promote and ensure this was better established.

However:

- Nursing and midwifery staff mostly spoke of strong support and clear leadership, both at divisional and executive level.
- Divisional leads understood challenges to quality and sustainability in the delivery of safe and effective care.

# Summary of findings

- A focus on management and leadership development amongst staff had been initiated to improve staff retention and in the previous months of our inspection, attrition rates amongst clinical staff had improved.
- A clear set of values had been developed that staff were able to understand and explain. This underpinned a growing culture of quality improvement.
- The trust was training staff in improvement methodology so that they could be better empowered to identify and make changes.
- The trust had introduced incentive and recognition programmes to improve staff motivation, morale and engagement.
- The trust involved patients and carers in helping to develop services.

## 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 care, medical care and maternity

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

## Areas for improvement

We found areas for improvement including 5 breaches of legal requirements that the trust must put right. We also found 55 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 the quality of services.

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

## Action we have taken

We issued 2 requirement notices to the trust.

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

### Urgent and emergency services:

- Staff were taking some innovative approaches to improving staffing, through taking on care support workers and training them to develop as Emergency Care assistants, and recruiting five apprentices to become band 2 support workers. They were offering family friendly working patterns and redesigning medical posts to allow development of expertise outside ED

# Summary of findings

## Medical Care:

- Medical wards were working to identify new ways to manage the challenges of short staffing. This included introducing leadership opportunities and the introduction of nursing associate posts.
- A multidisciplinary harm-free care and safeguarding team had been formed to sustain the trust's momentum in improving the patient safety culture.
- The clinical team was research active and had delivered two projects that resulted in improved documentation for patients who received antibiotics, and this had resulted in a significant reduction in the average time each patient spent on this medicine.
- Staff in care of the elderly services had developed significant support and resources to provide extra care for patients living with dementia.
- Erica ward at King George Hospital was piloting the 'model ward' approach. This was an approach to monitoring performance by having 'model ward boards' where ward compliance audits, patient outcomes, key performance indicators and staffing levels were publicly displayed. The aim of the model was to drive improvements and consistency.
- The trust's had introduced nurse apprenticeships, this enabled health care assistants (HCA) who lived locally and had worked for the trust for some time the opportunity to train as qualified nurses.

## Maternity:

- The service had developed a community team with personalised care being the main focus in line with Better Births 2016. The aim of the service was for care to be delivered by one midwife from antenatal, through intrapartum and to postnatal therefore providing continuity of care. The service was flexible offering evening and weekend appointments and a woman could choose between being seen at home or the clinic. The service had started in September 2017 and seen 15 deliveries at the time of our inspection. The midwifery team were based within one community hub, and there were discussions for the model to be rolled out to other areas and include a higher risk team.
- The maternity unit had achieved accreditation at stage two in the UNICEF Baby Friendly Initiative. This demonstrated that staff had the knowledge and understanding and were working to the correct standards to support mothers with breastfeeding and to help all parents build a secure and loving relationship with their baby.
- The midwifery team had won team of the year at the trust's midwifery and nursing conference and had won the runners up for the midwifery service of the year at the Royal College of Midwifery awards.

## 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

- The trust must address the low levels of completion of mandatory training across services. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 18)
- The trust must ensure there is sufficient medical cover to meet the needs of the surgical wards at King George Hospital at weekends and evenings. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 18)



# Summary of findings

- The trust must ensure appropriate supervision of the adult day unit at King George Hospital at weekends. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 18)
- The trust must ensure that the board has the appropriate extent of skill, knowledge and experience to govern effectively. (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 17)

## Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

### Well led:

- The trust should ensure that overall strategy and direction is better communicated and understood by all staff.
- The trust should ensure that sufficient contingency and continuity plans are appropriately actioned in the event of senior staff absence.
- The trust should ensure the Freedom to Speak Up Guardian service is effective in providing support for trust staff to be able to confidently speak up freely. The trust should ensure that service outcomes and concerns raised are effectively monitored and managed.
- The trust should continue to take steps to better establish staff engagement, including the support and promotion of equality and diversity.

### Urgent and Emergency services:

- Queens Hospital should monitor the safety of the waiting room including clinical oversight of patients, response to emergencies and patient flow through the area.
- Queens Hospital should monitor and reduce bottlenecks in the patient flow, particularly streaming and CT scan reporting.
- The trust should ensure that ED staff have sufficient training in mental health including triage of mental health patients, observations and record keeping in line with NICE guidance and that all relevant trust policies reflect the needs of mental health patients in ED.
- The trust should develop a policy and consistent monitoring system for instances of restraint, tranquilisation and patients brought into the department under section 136 of the Mental Health Act.
- Queens Hospital should review the ED portering system so that staff could request porters both on and offline to optimise use of this service.
- Queens Hospital should provide information to patients attending ED and EUCC to help them lead healthier lives.
- The trust should consider the scope for improving the way the different computer systems interlink.

### Medical care:

- The trust must ensure all staff meet the trust's standards for mandatory training completion.
- The trust should implement an improvement plan to ensure medical staff achieve the trust standard of mandatory training and maintain this consistently.
- The trust should ensure the consistent completion of nurse-led transfer checklists.
- The trust should review the use of risk registers as a clinical audit tool and ensure they result in improvements to care and treatment.



# Summary of findings

- The trust should stabilise and improve RTTs for all medical specialities.
- The trust should establish consistent standards for temperature monitoring of medicines in all clinical areas.
- Queens Hospital should review the signage used to direct patients to the sexual health service.
- The trust should review the availability of walking aids for patients on all inpatient wards.
- Queens Hospital should review the impact of discharge coordination on the matron team.
- The trust should review the placement of sexual health services in its current division in the context of leadership, governance, and support.
- The trust should review referral and care pathway information available for staff on each wards.
- The trust should ensure all staff meet the level of safeguarding training required for their role, as set out in the intercollegiate documents.
- The trust should ensure all staff demonstrate appropriate hand hygiene technique at all times.
- The trust should ensure the use of bank, agency and locum staff does not compromise the consistency of patients care.
- The trust should reduce patients' standardised relative risk of readmission to reflect the England average.
- The trust should ensure patients who have experienced a fall have a robust post-fall care plan in place.
- The trust should ensure all staff receive training or training updates in a timely way in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- The trust should ensure all staff are aware of the actions they are required to take to ensure they act within the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- King George Hospital should ensure there is an action plan in place for Gention ward during periods of high demand.
- The trust should improve the average length of stay for medical non-elective patients to reflect the England average length of stay.
- The trust should improve the 18 week referral to treatment time in dermatology, gastroenterology, general medicine, neurology and rheumatology, to reflect the England average.
- The trust should ensure divisional leaders have sufficient ring fenced time to meet their divisional managerial responsibilities.

## **Surgery:**

- The trust should continue to improve the governance and reporting of local audits.
- The trust should review and improve the seven-day service provided by therapy staff.
- The trust should review and improve the arrangements to increase discharge rates between 8am and 12 noon.
- The trust should review and improve the arrangements for counselling and psychology services.
- The trust should review and improve ways to increase multi-disciplinary team working between nurses, doctors and therapists
- The trust should improve compliance rates for appraisal of therapy staff.
- The trust should ensure there is sufficient assurance regarding declarations of compliance with NICE guidance.

# Summary of findings

- The trust should ensure a system is in place to identify trends, including at site level, in surgical site infections that appropriately covers all common infections and post discharge.
- The trust should properly assess the impact to patients where consent is taken on the day of surgery.
- The trust should ensure that theatre lists and schedules are efficient and appropriately organised.
- The trust should ensure that a consistent and documented audit programme is sustained in surgery services.
- Where relatives or carers stay overnight on wards, the trust should give consideration to making this stay more comfortable than just sleeping in the bedside chair.

## Maternity:

- The trust should ensure all equipment checks are completed on the labour ward and that equipment is readily available on the wards and within the theatres.
- The trust should take steps to improve times for patients being seen within triage.
- The trust should review hand hygiene and cleaning protocols.
- The trust should complete and record checks on the resuscitation trolleys on a daily basis.
- The trust should record ambient room temperatures to ensure medicines are safe to use.
- The trust should ensure women's pain levels are assessed and responded to promptly, and communicate with women where there are delays.
- The trust should continue to take steps to meet the screening target of 50% for thalassaemia and sickle cell anaemia.
- The trust should monitor waiting times in the antenatal clinic and keep women informed where there are delays.
- The trust should take steps to continually improve communication between the hospital and community teams.

## 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.

We rated well-led at the trust as requires improvement because:

- Despite most staff acknowledging the senior leadership team as visible and approachable, and fostering a positive and inclusive culture for staff, there were concerns around medical engagement and it was recognised that changes in leadership style and approach were needed to help improve overall engagement with the consultant body.
- Although the leadership team had a wide range of skills and experience to carry out their roles, there was concern that there was not enough depth of experience on the board to ensure sufficient oversight of the financial situation the trust faced.
- Instability amongst the board and recent concerns around the financial governance of the trust had slowed progress in delivering the strategy and carried the risk that financial recovery would impact quality.

# Summary of findings

- Staff were able to talk about core service strategy, but were less able to describe the trusts' overall vision and direction when asked.
- We found that overall governance had improved across the trust, although we were still concerned that there were pockets where systems and processes were not as effective as they could be in managing risk.
- Mandatory training rates amongst medical staff were lower than the trust target and did not align to appraisal rates.
- Despite a number of networks that supported equality and diversity within the trust, progress in embedding this had been slow and further work was needed to promote and ensure this was better established.
- The trust Freedom to Speak Up Guardian service was not operating sufficiently enough in ensuring staff were able to confidently and impartially raise concerns and access support. There was insufficient assurance that outcomes of the service and concerns raised were being effectively followed through.

However:

- Managers encouraged an open culture to reporting incidents without blame. Most staff were confident to speak up and seek advice when necessary.
- Divisional directors were able to evidence a collaborative approach to working together, and convey what the current issues of concern and organisational risks were.
- Nursing and midwifery staff mostly spoke of strong support and clear leadership, both at divisional and executive level.
- A structured leadership development programme was in place intended to address the need for succession planning and improve staff retention. In the previous months of our inspection, attrition rates amongst clinical staff had improved.
- A clear set of values had been developed that staff were able to understand and explain. This underpinned a growing culture of quality improvement.
- Communication with stakeholders and other regulators had improved and it was recognised that the trust was working hard to foster clear and open relationships.
- The trust had a positive relationship with another London NHS foundation trust that delivered community and mental health services across the same area and were working towards better long term integration of services.
- The staff engaged with patients and carers in helping develop services through a number of different forums.

## 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 ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Queen's Hospital	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
King George Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
<b>Overall trust</b>	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018

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

## Ratings for Queen's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Medical care (including older people's care)	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018
Surgery	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018
Critical care	Requires improvement Jul 2015	Good Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015
Maternity	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Services for children and young people	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
End of life care	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
Outpatients and diagnostic imaging	Good Mar 2017	N/A	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017
<b>Overall*</b>	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018

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

## Ratings for King George Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Medical care (including older people's care)	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018
Surgery	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↓ Jun 2018	Good ↑ Jun 2018
Critical care	Requires improvement Jul 2015	Good Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015
Services for children and young people	Requires improvement Jul 2015	Requires improvement Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015
End of life care	Good Jul 2015	Requires improvement Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
Outpatients and Diagnostic Imaging	Requires improvement Mar 2017	N/A	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017	Requires improvement Mar 2017
<b>Overall*</b>	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 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.



# Queen's Hospital

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## Key facts and figures

Barking, Havering and Redbridge University Hospitals NHS Trust is a large provider of acute services, serving a population of over 750,000 in outer North East London and Essex. The trust operates from two sites; Queen's Hospital and King George Hospital, with approximately 900 beds across both sites. Queen's Hospital is the trust's larger acute hospital and opened as in 2006, and mainly serves the population of Havering, Barking, Dagenham, and Brentwood, as well as other surrounding areas.

The hospital includes an emergency department (ED), medical speciality wards including a hyper acute stroke unit (HASU), surgical wards and theatres, maternity and obstetric services, intensive care and high dependency units, and services for children and young people.

Between July 2016 and June 2017, there were 80,955 inpatient attendances and 696,107 outpatient attendances at Queen's Hospital. The Emergency Department (ED) treats over 150,000 walk-in and ambulance emergencies each year.

Initial inspection activity at Queen's Hospital was carried out from the 23rd – 25th of January 2018. There was also a further follow-up inspection activity on 8th February. As part of this inspection, we visited the emergency department (ED), surgical wards and theatres, maternity wards and the birth centre, medical speciality and assessment wards, and the discharge lounge. We spoke with 90 patients and their relatives/carers, and we reviewed 96 sets of patient records. We also spoke with 192 members of staff including doctors, nurses, managers, allied health professionals, support and admin staff, ambulance crews, pharmacists, and midwives, in addition to interviews with clinical leads and service managers.

## Summary of services at Queen's Hospital

**Requires improvement**   

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

- We inspected Urgent and Emergency services during this inspection to check if improvements had been made since our last inspection. The overall rating for the service was requires improvement. The rating for effective and caring improved to good. Safe, responsive and well led remained requires improvement
- We inspected Medical care (including older people's care) and found the service had improved since we last inspected in 2017. We rated the service good overall. The rating for safe and responsive both improved from requires improvement to good.

# Summary of findings

- We inspected Surgery and rated the service requires improvement. The rating for effective improved to good; however the rating for the other domains remained requires improvement.
- We previously inspected Maternity services in 2015. On this occasion we rated the service overall requires improvement, although the rating for well led improved to good.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Urgent and emergency care at Queens Hospital included an emergency department, an enhanced urgent care centre, and a dedicated children's emergency department (children's ED). The emergency department treats people with serious and life threatening emergencies. Adults and children with less urgent illnesses and minor injuries are treated in the enhanced urgent care centre (EUCC). All services operate 24-hours a day, seven days a week. The hospital has one of the highest attendances in England, and numbers attending increased 3% over the previous 12 months. Between July 2016 and June 2017 there were 250,466 A&E attendances at the trust, of which on average 22% of patients were admitted. About 27% of attendances were children.

Patients present to the department either by walking into the reception area or arriving by ambulance through a dedicated ambulance only entrance. Reception staff book in patients inside the ambulance entrance, and patients are then moved to an assessment area with five bays. Walk-in patients book in at the EUCC reception, which receives both UCC and ED patients, and streams them to the most appropriate treatment area.

The emergency department has different areas for treating patients depending on their needs. A resuscitation area has eight bays (two designated for use with children and one with equipment for trauma patients). This area has full facilities for resuscitating critically unwell patients, for example a patient with a serious injury. The majors' area has 26 bays including a room for patients needing isolation.

There is a dedicated room suitable for the assessment of people with acute mental health issues.

A separate paediatric ED has its own waiting area and 10 bays, including one bay that staff can use for a child stepping down from the resuscitation area.

The EUCC has nine consultation rooms, two procedure rooms, a plastering room and a chaired treatment area.

The department was previously inspected in March 2017 and was rated as requires improvement in all domains.

We inspected the ED over three consecutive days in January 2018 and again in the afternoon and evening of 8 February 2018. We looked at 22 sets of patient records. We spoke with over 50 members of staff including doctors, nurses, managers, allied health professionals, support staff and ambulance crews. We spoke with 22 patients and 8 relatives who in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

The CQC inspection took place during high winter pressures across the country. This was a time of extreme pressure on all emergency departments.

## Summary of this service

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

- We were pleased to note improvements in a number of significant areas since the previous inspection and commend the department for these achievements. However, there was still considerable work required to reduce bottlenecks in the system and to assess and treat a higher proportion of patients more quickly.
- Not all medical shifts were filled despite the use of locum doctors. Significant efforts were being made to improve recruitment and retention, including retention of locum doctors, which had shown some success.

# Urgent and emergency services

- The improved permanent staffing had not significantly improved flow through the department, partly because the number of patients had grown. The flow through the new EUCC in particular was slower than expected for a service of this kind. In the last 3 months of 2017 the UCC treated and discharged 85% of patients in four hours.
- Nurses had not received formal training in mental health triage and in observations and assessments of risk to be carried out before mental health professionals arrived. Staff were not familiar with the trust policies on restraint of violent and aggressive patients, or the appropriate recording of restraint or rapid tranquilisation. They did not record such incidents consistently on the incident recording system, so there was no way to audit the frequency or safety of these procedures.
- We had a number of concerns about the safety of patients and staff in the newly opened EUCC, particularly the small waiting area in which it was difficult for staff to observe patients and where there was not enough seating. Staff were aware some of these concerns but were not able to address them quickly.
- At the last inspection that the lack of paediatric nursing capacity was rated as high on the recent corporate risk register. Paediatric nursing capacity had improved, although there were not always band 6 shift leaders, but shortage of paediatric nurses in ED remained on the risk register.

However:

- We recognise that our inspection was at one of the busiest times of year and that staff were working under unusual pressure, and staff mainly remained calm.
- At the last inspection, only 46% of consultants were permanent staff, but now 61% of consultants were permanent and the department was now able to provide 24 hour consultant cover at least five days a week. There was an almost full establishment of trainee doctors who were positive about the support and teaching they received from senior clinicians.
- At the last inspection we had lacked of assurance that locum doctors and nursing staff had resuscitation training and CQC had required an improvement in performance. There were now robust arrangements for staff, including locum doctors had this training, and levels of resuscitation training had improved significantly among nurses too.
- CQC had required an improvement in the response to sepsis identification and management at the previous inspection. On this inspection, there was prompt screening and management of sepsis. NHS England had commended the trust for being one of the trusts that had seen the greatest improvements in performance in assessing and treating sepsis within its emergency departments
- At the last inspection, we received mixed feedback from staff regarding learning from incidents. The service had strengthened its arrangements for learning from incidents and complaints, and shared information about these effectively with staff.
- There were reliable systems and training to protect people from abuse. Staff were knowledgeable about safeguarding.

## Is the service safe?

**Requires improvement** ● → ←

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

# Urgent and emergency services

- The environment of the new EUCC waiting area gave us a number of concerns: there was insufficient seating in relation to the volume and flow of patients, reception staff could not see who was coming into the department, the reception area was too warm, and the fixed seating in the waiting room left very restricted space to manage any patient who collapsed in the waiting area. We had concerns, shared by several staff, about safe oversight of waiting patients and the ability to spot a patient who was deteriorating.
- Records were a combination of paper and electronic records. There were several different IT systems used which, in some cases, made it hard for clinicians to see the full picture of a patient.
- There continued to be a shortage of permanent consultants and middle grade doctors, despite active recruitment leading to an improvement since the last inspection. Although many shifts were filled by regular locum staff, a number of shifts remained unfilled which led to delays in assessing and treating patients.
- The service did not use standard tools for assessing risks and severity of the condition of patients with mental health conditions and nurses were not trained in line with NICE guidance on triage of mental health patients and appropriate recording of care and treatment.
- Although there were induction checklists for new or locum doctors, we did not see doctors actively using these during our inspection.
- There was a 50% shortage of nurses at Band 5. Shifts were mostly covered by bank and agency staff. The shortage of paediatric nurses was on still on the risk register although there had been some improvement in recruitment since the previous inspection and the shortage was rated amber not red. .
- Medicines dispensed in the EUCC needed a doctor's prescription, which contributed to delays in treating and discharging patients.

However

- Early warning scores were used to alert staff to patient deterioration and compliance with recording observations was high, enabling staff to spot deteriorating patients promptly.
- At the last inspection we found poor compliance with hand hygiene. At this inspection we found a hand hygiene strategy in place and audits showed significant improvements had been made.
- At the last inspection we had observed inconsistencies in the storage of hazardous waste, as well as low fire safety awareness. We had required improvement in both these areas. On this inspection we found many staff had completed waste management training, and waste management arrangements were in line with national standards. On fire safety, we found a high proportion of staff had fire safety training, and we saw no fire doors propped open.
- Safeguarding of both adults and children was well managed.
- Mandatory training compliance had improved and nurse training was above the 90% standard. There were arrangements to ensure that locums had relevant training.
- Staff were very positive about the support they received from colleagues and the sense of team work within the department.

## Is the service effective?

Good ● ↑

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

# Urgent and emergency services

- At the last inspection, we found a number of clinical guidelines were out of date, and locum and agency staff could not access these. This time we found policies were up to date and there were improved protocols, for example for sepsis management. Patients were treated in line with evidenced-based guidance, except in assessment for patients presenting with mental health issues.
- There were tightly managed bed meetings, and we saw significant efforts being made to discharge patients even though the number of discharges did not match the number of patients needing admissions.
- The service had updated the electronic patient record to highlight patients who had a crisis plan. This enabled staff to treat patients who frequently attended the unit more consistently.
- Multidisciplinary working was embedded in most areas of the department with allied healthcare professionals and involvement of outside agencies such as the on-site community treatment team to share information and arrange care, particularly in reducing admissions and length of stay for elderly patients.
- At the last inspection, we found the number of patients re-attending within seven days of a previous attendance in ED was between 10% and 11%. There had been a slight improvement in this rate, but it remained worse than the national standard of 5%.

However:

- Pain monitoring was not always recorded in children's notes and pain relief was not given quickly to EUCC patients.
- Performance in national emergency department audits was mixed, but many of the audits dated from 2015/6. Some significant improvements were seen to have occurred since then, for example in sepsis management.

## Is the service caring?

**Good** ● ↑

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

- Although at the last inspection we had observed some negative staff behaviour from staff, on this inspection we saw all staff treat patients and their families with patience and kindness. Patients told us staff treated them with dignity and respect, and all patients, even those with long waits spoke positively about the care they received.
- Patients and people supporting them were treated with compassion and consideration and said they had the opportunity to be involved in decisions about their care.
- Staff communicated clearly with patients to help them understand what was happening to them. They kept relatives and people accompanying patients informed.
- Staff held round table meetings when there was a sudden unexplained death and there were debriefs for staff, as well as support for families.

However:

- Patients in the EUCC told us they did not understand their journey through the treatment system, and there was no information in the waiting area to help them.
- Patient privacy and confidentiality in the EUCC was limited at registration and streaming.
- Patients who arrived by ambulance and were waiting to be assessed in the Rapid Assessment and Treatment area were queuing in the corridors in trolleys and wheelchairs, as they had been at the last inspection.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● → ←

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

- The department still did not meet the target to admit, discharge, or transfer 95% of patients within four hours for last year. At the time of our inspection, which we recognise was at one of the busiest times of year, only 71% of patients were discharged within the standard time. This was 5 percentage points below the national average. This had not improved since the previous inspection.
- At the last inspection we had concerns patients were not being assessed within recommended times and sometimes experiencing lengthy delays. We made a requirement for the trust to ensure a clinician saw all patients in a timely manner. The trust was continuing to work on this, but the service did not meet the standard that patients should wait no more than an hour for treatment. The average time was 80 minutes during 2017.
- At the last inspection a process designed to fast track patients from reception to the right places, such as minor injury, a GP, or majors had been introduced to prevent people waiting when it might not be required and minimise overcrowding. However, on this inspection, the streaming was itself one of the bottlenecks in the system.
- The percentage of patients who left before being seen continued to be higher than the England average. The median length of total time spent in the department was also consistently higher than the England average.
- The waiting area for patients attending by their own means was too crowded with insufficient seating so many people were standing or sitting on the floor, which made for a stressful experience for patients. Patients were not kept informed about waiting times. Before streaming there was no waiting area where children were audio and visually separate from adult patients.
- Joint working with CT imaging department was sub optimal and led to operational delays caused partly by an electronic system for requesting porters which not all staff understood how to use, and also because reporting result to ED was not automatic and doctors had to telephone for results.

However:

- The care and treatment to patients was prioritised for those with the most urgent needs.
- The enhanced urgent care service was now open 24 hours.
- The department had a frailty pathway, supported by specialists, to safely reduce admissions and length of stay for elderly patients, ambulatory care pathways (now through a larger ambulatory care unit) and a medical receiving unit for short term admissions.
- The percentage of patients waiting between four and twelve hours to admit was better than the England average
- The department responded immediately to our concerns about children waiting alongside adults in the waiting room and made a room available where, after triage, children were audio and visually separate from adult patients.
- Complaints continued to be managed in a timely way, and used for learning.

## Is the service well-led?

**Requires improvement** ● → ←



# Urgent and emergency services

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

- There was a gap in understanding between non-clinical senior managers, who made some decisions with insufficient discussion with clinical staff, who were trying to make the service work safely and effectively within the limitations of staff, space and resources.
- The number of different computer systems without sufficient interoperability created risk that patients records held on different systems did not give clinicians the full picture.
- Friends and family test scores were lower than expected and more effort was needed to overcome the reasons for dissatisfaction. At the last inspection, the trust scored between 71% and 88% of patients recommending the department over the year and on this inspection the results had only risen slightly.
- Some staff raised concerns specifically about leadership in the EUCC and lack of clinical involvement in planning the service. The flow charts for the EUCC assumed patients would leave within three hours, although this was mostly not being achieved. A three hour target seemed under-ambitious for people with minor illness and injury.
- Staff were potentially over-reliant on the improvements in patient flow that could result from point of care testing blood testing, without monitoring and improving other processes that contributed to delay.
- Staff did not have adequate managerial oversight of the management of patients presenting to ED with mental health issues to ensure a safe response.
- There had been a number of changes to senior leaders since the last inspection, and while leadership of the emergency department appeared sound staff perceived that high level staff changes tended to make frequent changes in processes without necessarily leading to improvements.

However:

- The improvements in governance and information sharing noted at the previous inspection had continued.
- At the last inspection we found a lack of clarity on the vision and strategy. Although there remained some uncertainties about regional policy, leaders understood the challenges they faced and had ambitions for improving and innovating.
- At the last inspection there was some misalignment between the recorded risks on the risk register and what staff expressed was on their 'worry list'. This time the department risk register identified the key risks and there were appropriate mitigations. We saw that risks were reviewed regularly and staff were aware of the key risks and made contributions to addressing them
- At the last inspection there were signs that staff morale was improving and this had continued and, we saw good team working among frontline staff despite the high volume of patients.

## Outstanding practice

Staff were taking some innovative approaches to improving staffing, through taking on care support workers and training them to develop as Emergency Care assistants, and recruiting five apprentices to become band 2 support workers. They were offering family friendly working patterns and redesigning medical posts to allow development of expertise outside ED.

## Areas for improvement

We found five areas for improvement in this service.

# Urgent and emergency services

- The trust should monitor the safety of the EUCC/ED waiting room including appropriate clinical oversight of patients, response to emergencies and patient flow through the area.
- The trust should monitor and reduce bottlenecks in the patient flow, particularly streaming, and CT scan reporting.
- The trust should ensure that ED staff have sufficient training in mental health including triage of mental health patients, observations and record keeping in line with NICE guidance and ensure that all relevant trust policies reflect the needs of mental health patients in ED.
- The trust should develop a policy and consistent monitoring system for instances of restraint, or tranquilisation of patients brought into the department under section 136 of the Mental Health Act.
- The trust should review the ED portering system so that staff could request porters both on and offline to optimise use of this service.
- The trust should provide information to patients attending ED and EUCC to help them lead healthier lives.
- The trust should consider the scope for improving the way the different computer systems interlink.

# Medical care (including older people's care)

Good  

## Key facts and figures

Medical care, including older people's care, is provided through acute medicine and general medicine services. Acute medicine includes a 30-bedded medical assessment unit and a 30-bedded elderly receiving unit. Care of the elderly services are provided within acute medicine and include 90 inpatient beds in Harvest A ward, Sunrise A ward and Sunrise B ward.

Specialist medicine includes approximately 255 beds across nine specialties including respiratory medicine, stroke and hyper-acute stroke unit (HASU), cardiac care gastroenterology, renal, endocrine, neurology and neuroscience. These services are provided through Bluebell A ward, Bluebell B ward, Clementine A ward, Clementine B ward, Mandarin A and B ward, Harvest B ward, Sahara A ward, Sahara B ward and a cardiac care unit.

The discharge lounge, called the departure lounge, has two patient areas; one for seated patients and one for trolleys or beds.

The clinical diagnostic unit provides endoscopy procedures.

We last inspected medical care services in September 2016 and assigned a rating of requires improvement overall. This reflected improvements in services since the previous inspection in 2015 and we acknowledged broad improvements in incident reporting and medicines management.

During our inspection we spoke with 47 members of staff representing different clinical and non-clinical roles across all levels of seniority. We spoke with 29 patients and relatives, reviewed 19 patient records and considered over 110 other individual pieces of evidence.

## Summary of this service

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

- Compliance with mandatory training completion exceeded the trust's standard of 90% in all courses for nursing staff, including in safeguarding.
- We found consistently good standards of adherence with infection control processes, which reflected improvements made since our last inspection.
- There was a consistent drive from staff at all levels to improve patient safety through effective risk management systems including audit and practice development.
- Staff demonstrated substantial knowledge in safeguarding principles and adapted trust and national guidance to meet the needs of their patient groups.
- Auditing was part of the trust's strategy to ensure services were evidence-based, contributed to ongoing accreditation and benchmarked the service. This included on a local and national level.
- Several teams were research active and demonstrated how this resulted in improved patient outcomes. This included a reduced average length of stay in the respiratory wards and significantly improved community rehabilitation access for patients.
- The endoscopy service was accredited by the Joint Advisory Group (JAG) on GI Endoscopy, which meant care and treatment was benchmarked and audited against national and international best practice.

# Medical care (including older people's care)

- Staff demonstrated kindness and compassion and the ability to communicate openly with patients. This was reflected in the results of the NHS Friends and Family Test and from our observations.
- Specialist teams were in place for learning disabilities and dementia care. The teams were readily available and ward teams had access to tools and training to aid communication and care.
- Significant work from allied health professionals had been focused on improving discharge planning and processes and improving access to community rehabilitation and reablement services.
- There was significant evidence of wide-reaching improvements in staff engagement from senior trust teams and ward leadership teams.

However:

- Mandatory training compliance amongst doctors was variable and did not meet the overall 90% standard.
- Results from monthly clinical records audits indicated highly variable practice, with significant and persistent poor performance in the completion of nurse-led transfer checklists.
- Although divisional risk and governance teams used risk registers, risks were not always reviewed in a timely manner and risks of up to 11 months had occurred with no effective control measures in place.
- Between November 2016 and October 2017 RTTs, as a percentage within 18 weeks, varied from 73% to 88%. This was worse than the national average.

## Is the service safe?

**Good** ● ↑

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

- Nursing staff compliance for completion of mandatory training and safeguarding training was good.
- We found consistently good standards of infection control and hand hygiene in all areas we looked at, including adherence to the aseptic non-touch technique. This represented an improvement from our last inspection.
- Staff demonstrated appropriate knowledge and understanding of safeguarding procedures and how to escalate concerns. A dedicated safeguarding lead provided support with assessments and referrals on demand.
- The sexual health team had worked with the trust young person's lead to develop safeguarding assessments and protocols for young people that met the standards of the Fraser guidelines and Gillick competencies.
- There was positive collaborative work to improve processes and care pathways following incident investigations.
- Cleanliness, environmental and chemical handling procedures met national standards.
- There was a consistent drive from staff at all levels to improve patient safety through effective risk management systems.
- Medicines, including controlled drugs, were generally well managed in line with trust and national standards. Medicines errors were investigated and action taken to share learning with staff.
- There was evidence that never events and incidents were investigated using a root cause analysis tool and that learning and outcomes were widely shared across departments and specialties.

# Medical care (including older people's care)

- Audits of the national early warning scores (NEWS) system, used to identify deteriorating patients, indicated consistent levels of good practice in the ERU, Sunrise B ward, the CCU, the HASU and Sahara A ward. There were no trends of poor practice.

However:

- The trust was staffed to 72% of requirement for nurses and 81% of requirement for doctors. Some wards had up to 13 vacant posts for staff nurses and extensively used agency staff to cover shifts. There were wide variances in success rates of recruiting new staff to wards and the cardiac care unit and Clementine ward teams noted particular challenges in maintaining a sustainable team. In addition, there were discrepancies between turnover rates of doctors supplied by the trust and the turnover rates described by staff. Lack of clinical staff accounted for 11 out of 14 high level risks on the specialist medicine and elderly care risk registers. A lack of nursing staff was rated as an extreme-level risk on the care of the elderly risk register. There were not adequate or substantive controls in place for risks and they had not always been reviewed in a timely manner.
- The number of patients who experienced a bed move during their admission increased between 2015/16 and 2016/17. In this period, the number of patients who experienced a bed move increased from 893 to 1131.
- Doctors had a mandatory training compliance rate of 78%, which did not meet the trust standard of 90%. Doctors also did not meet the minimum standard of 90% completion of safeguarding adults level 2 training or safeguarding children level 2 training with overall completion at 78%. This was an ongoing issue and we identified a similar need for improvement at our last inspection.
- Although medicines management was good overall, the recording of temperatures for the storage of medicines was inconsistent. This included in missed recordings of fridge temperatures and no process in place to record the ambient temperature of storage rooms.

## Is the service effective?

Good   

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

- Multidisciplinary teams introduced a new standard operating procedure for mealtimes on inpatient wards. This was a highly visible project in all inpatient areas we visited and staff we spoke with were enthusiastic about the improved experience it created for patients. This reflected a range of improvements across the hospital in relation to nutrition and hydration with support from a dedicated nutrition support team.
- Research in the respiratory wards had led to improved patient outcomes, including an average of 1.1 fewer days receiving intravenous antibiotics.
- Between April 2017 and October 2017 86% of staff completed an annual appraisal, which met the trust's standard of 85%.
- In the 2017 national lung cancer audit 85% of patients were seen by a clinical nurse specialist. This was the highest result in the region for this audit and measure and reflected an improvement of 53% from the previous audit results.
- In the myocardial ischaemia national audit project (MINAP) from April 2015 to March 2016 95% of patients were seen by a cardiologist compared with the national average of 96% and 93% were referred for an angiography compared with the national average of 84%.

# Medical care (including older people's care)

- In the sentinel stroke national audit programme between April 2017 and July 2017 the scanning, occupational therapy and speech and language therapy teams achieved a maximum A grade for patient centred and team centred performance.
- The cardiac rehabilitation team operated a multidisciplinary eight-week programme to empower patients with knowledge and understanding to maintain positive health and wellbeing after an admission to the cardiac care unit. This programme was led in line with a nationally recognised evidence base and demonstrated an 89% completion rate to January 2018.
- There was a consistent ethos of multidisciplinary care and treatment planning and delivery. This was evident in all specialties and we saw teams collaborated well together to deliver patient outcomes, including through the use of joint board rounds and effective discharge planning.
- The hospital achieved a B grade in the sentinel stroke national audit programme between August 2017 and November 2017. This reflected an improvement of two grades from the previous reporting.

However:

- Completion of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) training did not meet the trust standard of 90% for either acute medicine or specialist medicine teams. However, there had been a significant improvement between September 2017 and February 2018 and overall 85% of staff were up to date at that time, which reflected an increase of 54% for doctors and 18% for nurses.
- The trust did not meet any of the national aspirational standards in the 2017 national audit of inpatient falls, with performance between 38% and 70% against targets of 100%.
- The hospital performed significantly worse than the national average in the MINAP audit for patients admitted to a cardiac ward, at 20% compared to the national average of 56%.
- In the 2015 to 2016 heart failure audit the hospital performed worse than the national average for discharge planning.

## Is the service caring?

Good   

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

- Between November 2016 and October 2017 medical care services achieved a response rate to the NHS Friends and Family Test (FFT) of 30%, which was better than the national average of 25%.
- Staff in the endoscopy service used a patient satisfaction survey to assess and improve the service they provided. Results from June 2017 and October 2017 indicated overall increasing satisfaction levels, with 91% of patients rating the service very good or excellent.
- We observed staff in all roles and at all levels of responsibility treat patients, relatives and visitors with compassion and kindness.
- Staff adhered to a minimum set of standards implemented for meet and greet whenever they interacted with patients and their relatives. This included introducing themselves by name and asking if it was okay to proceed with an element of care or treatment.
- Patient experience survey volunteers worked across the hospital to engage with patients and identify how to improve their experience.

# Medical care (including older people's care)

- Emotional support was delivered by all specialist teams; including the mental health liaison team, dementia specialist nurses, sexual health nurses and chaplaincy.

## Is the service responsive?

Good  

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

- Between September 2016 and August 2017, the average length of stay for medical elective and non-elective patients was lower than the national average for every specialty except clinical oncology.
- Care pathways were planned from the medical assessment unit to ensure patients were referred to specialist services or planned to be discharged based on their individual need.
- Staff in the sexual health unit used various systems to ensure patients had access to the most appropriate treatment in a timely manner, including 'red card' and 'fast track' referral systems.
- Clinical, safeguarding and social work teams in the elder receiving unit (ERU) initiated discharge planning as soon as a patient was admitted. This helped to coordinate packages of care that met individual need and reduced the risk of unplanned readmissions.
- A learning disability lead was in post and worked across the hospital to provide training to staff, individual support to patients and to develop resources to aid communication.
- A specialist dementia team worked across medical areas and trained link nurses to help deliver dementia-friendly care in all areas of the hospital.
- The cardiac rehabilitation team led an eight-week rehabilitation programme that was initiated within three days of discharge. This was a highly responsive programme that patients tailored to their individual needs and goals.
- Staff used magnetic symbols to discreetly note when a patient had specific needs that affected their care, treatment or communication.
- The palliative care team worked closely with staff on care of the elderly wards and had developed guidance for staff in obtaining support at any time, including to an end of life care facilitator and Gold Standards Framework facilitator.
- A multidisciplinary task and finish group had led a recovery plan to begin reporting referral to treatment (RTT) data following a suspension following concerns about data quality. This took place between September 2016 and September 2017 and by November 2017 the trust achieved 91.5% of RTTs within the national target of 18 weeks and against the national standard of 92%.
- A bed capacity plan was in place to assist in patient flow through the hospital during times of exceptional demand. This meant patients were cared for temporarily on a ward whilst awaiting space on their destination ward.
- Complaints were closed within the trust's standard of 40 working days and within an average of 29 days between October 2016 and September 2017.
- Between April 2017 and February 2018 RTTs, as a percentage within 18 weeks, varied from 79% to 99% against a target of 92%. This represented performance consistently above the national average in 10 of 12 specialities from September 2017 to February 2018.

However:

- Signage to specific services was not always clear and did not always match the information on the trust website.



# Medical care (including older people's care)

- Inpatient wards were not always well equipped to meet individual needs. For example patients on Clementine A and B wards told us they were frequently bored and on the ERU patients said they had to share walking aids.
- Nurses on the Clementine wards said the bed capacity plan had a negative impact on patients and staff and was not consistently applied.
- There was a lack of discharge coordinators in the hospital. This role often defaulted to matrons in addition to their clinical leadership responsibilities.

## Is the service well-led?

Good   

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

- There was a demonstrable, palpable drive to improve the working culture of the hospital through multiple engagement strategies and open and honest communication about how to meet increasingly challenging demand.
- Ward-based staff spoke positively of their immediate leadership teams.
- Staff told us they felt the senior trust team, including the chief nurse and divisional nurses, were visible and accessible. The chief nurse held regular informal drop-in sessions for staff to talk to them.
- Incentives and recognition programmes had been implanted by the trust as part of a significant drive to improve staff relations, satisfaction, performance and engagement.
- The trust facilitated and promoted opportunities for staff to present good work to senior executives through dedicated social media channels. This was a reflection of the development of a working culture that rewarded new work and innovation.
- The trust had developed new divisional multidisciplinary structures that included specialty managers and patient pathway managers to help drive improvements in access and flow and continue to deliver referral to treatment time recovery.
- Matrons had introduced round-table discussions within 48 hours of an incident as part of a wider strategy to improve the safety culture, including reporting and learning.
- Senior planning teams had adapted capacity to ensure they could meet demand during the winter pressures period.
- The hospital had implemented a clinical harm programme as a governance strategy to reduce the risk of long waits by identifying patients at greatest risk.

However:

- Management of risks was not always carried out in a timely or effective manner and there was evidence of significant gaps of up to 11 months in reviewing high risks to services. This included in risks relating to nurse and consultant shortages that impacted patient safety but had not been regularly reviewed for the effectiveness of control measures.
- Although the majority of staff spoke positively about the trust and their relationships with leadership teams, there was recurring evidence that staff in some areas felt challenges were not always addressed.
- There was a lack of defined trust-level leadership in the sexual health service. This was reflected in the lack of opportunities for staff in this service to engage with the trust, a lack of senior-level governance oversight and in our conversations with staff in the service.

# Medical care (including older people's care)

## Outstanding practice

- There was a sustained and significant effort in the respiratory wards and teams to reduce the risks caused by short staffing amongst staff nurses. This included engagement with the whole team to identify new ways of working, new leadership opportunities for existing nurses and increased staffing levels for patients with complex needs. Additional posts had been introduced, including nursing associates and a nurse intern and previous senior nurses had been recruited back to the service to provide dedicated supervision for newly qualified staff.
- The clinical team was research active and had delivered two projects that resulted in improved documentation for patients who received antibiotics, and this had resulted in a significant reduction in the average time each patient spent on this medicine. This represented a whole-team effort to deliver improvements in working conditions, staff sustainability and patient outcomes.
- A multidisciplinary harm-free care and safeguarding team had been formed to sustain the trust's momentum in improving the patient safety culture. Risk management and safety initiatives were in place across all medical wards and departments and there was a demonstrable focus on this from all staff. Achievements were recognised by senior teams, such as over 300 days without a hospital-acquired pressure ulcer in one ward. Care of the elderly services had appointed a senior nurse to adopt a harm-free care champion role. The sexual health team had worked with the trust's young person's lead to implement a dedicated safeguarding framework specific to sexually active young people.
- The respiratory team were research active and had completed two projects aimed at improving documentation and patient records. For example, one project resulted in an improvement in the recording of antibiotics that led to an omission rate of less than 2%. The project also resulted in a 37% improvement in the documentation of oxygen saturation on nursing charts, from 53% to 90%. Another project resulted in an improvement in the documentation of antimicrobial reviews from 37% to 100% by the end of the study.
- Staff in care of the elderly services had developed significant support and resources to provide extra care for patients living with dementia. For example, the dementia care team had trained healthcare assistants in providing care and treatment to patients with the condition and the practice development nurse had developed a dementia-friendly arts project following academic study in the fine arts. This project was the initial step towards implementing arts therapy in the wards.

## Areas for improvement

We found areas for improvement in this service.

- The trust should implement an improvement plan to ensure medical staff achieve the trust standard of mandatory training and maintain this consistently.
- The trust should ensure the consistent completion of nurse-led transfer checklists.
- The trust should review the use of risk registers as a clinical audit tool and ensure they result in improvements to care and treatment.
- The trust should stabilise and improve RTTs for all medical specialities.
- The trust should establish consistent standards for temperature monitoring of medicines in all clinical areas.
- The trust should review the signage used to direct patients to the sexual health service.
- The trust should review the availability of walking aids for patients on all inpatient wards.

# Medical care (including older people's care)

- The trust should review the impact of discharge coordination on the matron team.
- The trust should review the placement of sexual health services in its current division in the context of leadership, governance, and support.
- The trust should review referral and care pathway information available for staff on each wards.

# Surgery

Good  

## Key facts and figures

We inspected Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) on an unannounced visit as part of the new phase of our inspection methodology. The surgery service is one of six divisions within the trust.

BHRUT provides emergency inpatient surgical treatment, elective (planned) inpatient surgical treatment, and day case surgery across a range of specialities. It provides general and specialist surgical treatments and care. There are 179 inpatient surgical beds at Queen's Hospital. Services provided to the local population included: general, vascular, ear nose and throat (ENT), ophthalmology, trauma and orthopaedics, colorectal and maxillofacial surgery. Upper gastrointestinal and neurosurgery services are regional centres for the local catchment population, and parts of North East London and Essex.

There are 16 operating theatres, a post-operative recovery area, four surgical wards, a neuro-surgical ward within the medical division, and a surgical assessment unit for rapid assessment of patients referred by their GP or by emergency departments. There is also a day surgery unit providing a pre-assessment service and admissions area for ambulatory patients, and a surgical step down unit for patients who have previously been in a high dependency or the intensive therapy unit and still require closer supervision. During our inspection, we visited all of these areas and the discharge lounge.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Before and after the inspection visit, we reviewed information that we held about these services and information requested from the trust. During our visit, our inspection team visited patient areas and observed treatment and care. We looked at 41 patient records and the electronic systems for storing patient information, observed three patient handover reports, two bed management meetings, three safety huddles, and a multidisciplinary board round. We spoke with 18 patients and 42 staff members including administrators, porters, healthcare assistants, operating department practitioners, junior doctors, consultant surgeons and anaesthetists, nurses, pharmacists, therapists, student nurses, and medical students. We also met with clinical and service managers for the surgical division.

## Summary of this service

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

- In 2017, an extra 5000 operations and 95000 outpatient appointments had been undertaken as part of the trust's recovery and improvement plan.
- The trust had achieved the target 5% reduction in falls per 1000 bed days.
- There had been some improvement on monitoring adherence to national guidelines and some improvement in completion of national and internal audits.
- Patients were protected from the risks of surgery by improved engagement in the 'five steps to safer surgery' checks in the operating theatre department.
- From November 2016 to October 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery remained similar to the average for England.

# Surgery

- Risks to people were assessed, monitored and managed on a day-to day basis. Staff understood their responsibilities and actions required in identifying patients at risk from deterioration, harm and abuse.
- Staff were qualified and had the skills to carry out their roles effectively and in line with best practice.
- Patients' individual needs were taken into account and the service was planned around the demands of the local people.
- Arrangements were in place to ensure patients with additional needs were supported and could access care.
- Staff understood and adhered to relevant legislation when obtaining consent for surgical interventions.
- Clinical governance systems had become more integrated since our previous inspection. This was enabled by the appointment of designated quality and risk advisors, and a nursing audit schedule.

However:

- The surgical division did not meet its targets for patients to be seen within 18 weeks.
- Staff and managers were unable to confirm the number of clinically significant wound infections on the surgical wards in the past year and unable to identify trends in infection in the hospital. We were told that the infection prevention and control team did not have a system to identify trends in infection.
- Seven-day services were not provided by therapy staff which could cause delays in rehabilitation and discharge planning.
- The service had been unable to deliver an increase in discharge rates between 8am and 12 noon.
- Compliance with mandatory training for medical and dental staff was below the trust's target.
- Compliance with appraisal for therapy staff was below the trust's target.
- There was limited access to counselling and psychology services for patients.
- There was some evidence of multidisciplinary working between medical staff, nursing staff and allied healthcare professionals. However, multidisciplinary team meetings and ward rounds did not always include all necessary staff.
- Recording and reporting of local audits across the division was inconsistent. An electronic reporting system introduced in 2017 for this purpose was not being used.
- The temperature of medicines storage was not monitored in all areas.
- General Surgery and ENT patients at Queen's Hospital had a higher expected risk of readmission for non-elective admissions than the average for England.

## Is the service safe?

**Good** ● ↑

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

- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe with daily assessment of acuity and dependency of patients on each of the surgical wards.
- Systems were in place to ensure the environment was safe and secure with access to theatres and other clinical areas limited to specific staff using a digital key pad access system or intercom for visitors.

# Surgery

- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Patients were closely monitored following surgery and nursing staff had access to medical and surgical staff when needed. Patients were further protected from the risks of surgery by the focus on improved engagement in the 'five steps to safer surgery' checks in the operating theatre department.

However:

- During our inspection we observed the trust policy, standard operating procedure and AfPP guidelines for swab counts were not followed by a surgeon, which resulted in an incident. However, we raised this with the operating theatre matron who was able to demonstrate that the incident had been reported and escalated to the trust quality and safety team, and an investigation had been ordered.
- At the last inspection, we found there were appropriate levels of medical and surgical cover. At this inspection, we found there were high vacancy rates for medical staff.
- Compliance with mandatory training for medical and dental staff was below the trust's target.
- There was a lack of meaningful recording of the number and trends of infections, and a lack of participation by members of the infection prevention and control team in multidisciplinary rounds and meetings.
- The temperature of medicines storage was not monitored in all areas.

## Is the service effective?

Good  

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

- There were improved processes to ensure care and treatment followed current evidence-based national guidance. Compliance within the surgery division with NICE guidance had increased from 39% in 2016 to 95% in December 2017. However, compliance was not always being recorded or audited.
- Information about people's care and treatment and their outcomes was collected more consistently through participation in local and national audits. When concerns about performance were highlighted, managers took action to evaluate practice in order to identify opportunities for service improvement.
- At the last inspection we found that patients received effective pain relief through on-going monitoring and specialist support. At this inspection we also found that staff assessed and managed patients' pain effectively. There was improved training and assessment of competency of staff managing patients' pain relief by epidural injection.
- Recently introduced systems to manage and share information needed to deliver effective care were integrated and provided real-time information across teams and services.
- Consent practices were actively monitored and reviewed to improve how people were involved in making decisions about their care.
- A practice development nurse had been appointed and had introduced competency based training and competency frameworks for nursing staff.

However:

- When people received care from a range of different staff this was not always coordinated. Multidisciplinary team meetings and ward rounds did not include all necessary staff.

# Surgery

- There was a lack of access to medical staff and therapists at weekends. This meant that rehabilitation of patients was optimal, and that patients were not always able to be mobilised as early as possible. The service was aware of service improvement needs and had an action plan to achieve this.
- General Surgery and ENT patients at Queen's Hospital had a higher expected risk of readmission for non-elective admissions than the average for England.

## Is the service caring?

Good  → ←

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

- Patients and relatives we spoke with gave consistently positive feedback about their experience, and felt supported by staff.
- There were good response rates to the friends and family test.
- Patients received communication in a way they could understand.
- Staff responded compassionately when patients needed help and supported them to meet their personal needs as and when required.
- Patients were enabled to manage their own health when they could and maintain independence.

However:

- We observed a lack of privacy and respect during a morning bedside handover attended by 12 nursing staff on Amber B ward. Staff did not interact with any of the patients or address them by name.
- Patients' emotional and social needs were not always embedded in their care and treatment. There was limited access to counselling or psychology service available for patients or their relatives.

## Is the service responsive?

Good  → ←

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

- There had been developments in surgical specialties to provide an improved and responsive service and access and flow. These included introducing: a step down ward, and new roles including advanced practitioners, associate nurses, and doctors' assistants to manage gaps in care provision.
- An extra 5000 operations and an extra 95000 outpatient appointments had been undertaken to as part of the recovery and improvement plan.
- Surgical patients were given a bed on a surgical ward. There were very few operations cancelled in the last six months due to bed capacity. Actions had been put in place to reduce theatre cancellations and make better use of them, with few unused theatres slots per week. Patients' length of stay was lower than the England average.
- Staff had a good understanding of managing and helping patients living with dementia and delirium and those with additional needs such as visual and hearing impairments, learning disabilities and people who required translation services.

# Surgery

However:

- The surgical division did not meet its targets for patients to be seen within 18 weeks.
- The service had been unable to deliver an increase in discharge rates between 8am and 12 noon.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Although there was evidence of strong nursing leadership, there was also concern regarding the instability of the medical leadership of the service. There were gaps in medical leadership roles which remained unfilled, and where succession planning was not evident.
- Governance of local audits was inconsistent and there was a lack of documentary evidence to demonstrate audits had been completed. However, an electronic system was introduced across the trust in April 2017 to ensure there was a more co-ordinated approach.
- Despite the work the trust had done to address underlying areas for improvement associated with the never events that occurred in the service, there was concern that more work was needed to ensuring that a culture of safety was fully embedded.

However:

- Lines of responsibility and accountability had improved within the governance and meetings structure, which monitored and reported performance and risk.
- Nursing and theatre staff felt supported and valued by their managers and described recent changes within the executive team as an improvement.
- Since the last inspection, there was a more positive culture amongst staff and staff enjoyed their work.
- There were regular meetings to review performance and clear communication routes to trust and board level.
- There was a more effective process in place to manage and address current and future risks. Performance issues were escalated to relevant committees and the board through a clear structure and processes.
- Gaps in nursing leadership posts had been filled by interim and permanent posts and staff felt the nurse leaders were visible, approachable and supportive.
- Staff were rewarded in recognition of good practice and performance.

## Areas for improvement

We found areas for improvement in this service.

- The trust should continue to improve the governance and reporting of local audits.
- The trust should review and improve the seven-day service provided by therapy staff.
- The trust should review and improve the arrangements to increase discharge rates between 8am and 12 noon.
- The trust should review and improve the arrangements for counselling and psychology services.



# Surgery

- The trust should review and improve ways to increase multi-disciplinary team working between nurses, doctors and therapists.
- The trust should improve compliance rates for appraisal of therapy staff.

# Maternity

Good  

## Key facts and figures

Queen's Hospital provides maternity services to women living in the London Boroughs of Dagenham, Havering and Redbridge and the county of Essex across hospital and community settings. The maternity service lies within the Women's and Children's Health Division. From July 2016 to June 2017, there were 7,719 births delivered.

The service provided consultant-led and midwifery-led maternity care for high-risk and low-risk women. The labour ward has 16 delivery rooms and two theatres. The ward also hosts a dedicated bereavement suite. The labour ward included a triage area. This is a short stay area open 24 hours a day, for seven days a week.

A six-bed obstetric assessment unit allows for the monitoring of pregnant women seven days a week; this unit operates by way of an appointment system.

Women who undergo elective or emergency caesarean sections, or who develop complications before, during or after birth are supported by a team of high dependency nurses and midwives; the six-bed unit functions as a maternity high dependency and post-operative recovery area.

Women who have a straightforward pregnancy can choose to give birth at home or in the hospital's birthing centre. The Queen's Birth Centre, a midwife-led service, opened in January 2013 and has eight individual side rooms and a four bed post-natal area.

The service has a 22 bed high-risk postnatal ward for women and babies who require additional care and support; this ward consists of six side rooms and four bays with four beds. In addition to the high-risk post-natal ward, the service has a 24 bed low/intermediate risk post-natal ward (Coral ward); Coral ward comprises of four side rooms and five bays with four beds.

The maternity service employs community midwives, who provide care for women and their babies both during the antenatal and postnatal period and provide a home birth service. The community midwives are aligned to the local GP practices and children's centres.

The service was last inspected in 2015 when it was rated good for effective and caring, and requires improvement for safe, responsive and well-led. The service was rated requires improvement overall. Areas for improvement that were found during the last inspection including the strengthening of governance arrangements to ensure staff within foetal medicine and antenatal clinics received timely feedback from incidents. In addition, the service did not employ sufficient consultant obstetricians to ensure the labour ward was adequately supported.

We carried out our unannounced inspection of Queens Hospital maternity service from 23 to 25 January 2018 and again on 8 February 2018. During our inspection, we visited clinical areas within the service including the labour ward, theatres and high dependency unit, triage, the early pregnancy unit (EPU), day assessment unit, antenatal clinic, and the foetal medicine unit. We also visited the birthing centre, antenatal and postnatal wards.

We spoke with 13 women and reviewed 14 patient records. We spoke with 53 members of staff, including, hospital and community midwives, nurses, matrons, consultants, doctors, senior managers and support staff. We observed care and treatment provided within the maternity areas. We also reviewed the trust's performance data.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

# Maternity

## Summary of this service

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

- We rated effective, caring, responsive and well-led as good, and safe as requires improvement.
- Staff were aware of their responsibilities in relation to protecting adults and children from abuse and harm. The maternity service had a named safeguarding midwife and designated specialist midwives for teenage pregnancy, perinatal mental health and substance misuse.
- As we found during our last inspection, staff carried out regular assessments and responded well to patient risk. Modified early obstetric warning scores (MEOWS) were used consistently within notes. A system for monitoring and reviewing foetal heart rate by cardiotocography (CTG) was in place.
- Women in established labour received one to one care in all cases between April and December 2017.
- Consultant cover on the labour ward had increased and was an improvement from our last inspection.
- Staff working within the maternity service were competent and had the skills to provide safe and effective care. A new model of supervision was being developed whereby midwives were offered restorative clinical supervision.
- All women we spoke with said that midwives were courteous, treated them with respect and were sympathetic to their individual needs.
- The service was developing a new personalised model whereby women would see the same midwife from antenatal, through delivery, to postnatal care in line with the Better Births report 2016.
- We saw strong leadership throughout all areas of maternity who demonstrated an understanding of the performance of the service and its challenges. A determination for ongoing improvement was evident.
- Staff engagement had improved since our last inspection. Staff told us that managers were visible on the wards, and had an open door policy.
- Governance arrangements had improved since our last inspection, ensuring that all staff, including those that worked within foetal medicine and antenatal screening, received timely feedback for incidents.

However:

- Medical staff were not meeting the trust target for many of the mandatory training modules. This included training for resuscitation level 2 (adult and newborn), and GROW training. We had found similar concerns at our last inspection.
- Daily equipment checks were not always completed on the labour ward. Staff told us that equipment was not always readily available for them to care and treat women in a timely fashion.
- The service were below the national average in standards set within the National Neonatal Audit Programme 2016.
- Staff used curtains to protect women's privacy when undertaking examinations and observation on the wards. However, on the antenatal ward and in triage we saw that the curtains were not always fully drawn. This meant women's privacy and dignity was not being respected at all times.
- The service were not meeting the national screening target of 50% for thalassaemia and sickle cell anaemia although staff were engaging with GPs and a new referral form had been implemented to support meeting the target.
- Staff and patients told us that there were concerns about waiting times in the antenatal clinic. Waiting times in the antenatal clinic were not being monitored. We had found similar concerns during our last inspection.

# Maternity

- The service were falling below their target waiting times for patients to be seen within triage.
- Although community midwives felt integral to the maternity service as a whole, it was recognised that communication between the hospital and community could be improved.

## Is the service safe?

**Requires improvement** ● → ←

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

- Medical staff were not always meeting the trust target for mandatory training, which was similar to what we found at our last inspection. Medical staff were not meeting the trust target of 90% for seven of the fifteen essential mandatory training modules.
- Daily equipment checks were not always completed on the labour ward. Staff told us that equipment was not always readily available for them to care and treat women in a timely fashion. This was a deterioration from our last inspection where equipment was available and routinely checked.
- The resuscitation trolley on Coral ward was not checked on a daily basis.
- The number of women experiencing postpartum haemorrhages was regularly higher than the service target. However, levels of incidence were low compared to other hospitals within the region, and a rolling audit took place to review any concerns.
- Some areas of infection control and cleanliness had declined since our last inspection. Hand hygiene was not always adhered to and no cleaning schedules were available on the wards.
- Community midwives kept diaries with them and took them home. This had the potential for confidential information to be mislaid. Whilst a standard operating procedure was in place for the storage of maternity notes, this did not address the safe storage of diaries.
- Medicines were stored securely and administered safely. However, the ambient room temperature where medicines were stored were not recorded. Therefore, there was no assurance that medicines stored at room temperature were suitable for use.

However:

- Staff were aware of their responsibilities in relation to protecting adults and children from abuse and harm. The maternity service had a named safeguarding midwife and designated specialist midwives for teenage pregnancy, perinatal mental health and substance misuse.
- As we found during our last inspection, staff carried out regular assessments and responded well to patient risk. Modified early obstetric warning scores (MEOWS) were used consistently within notes. A system for monitoring and reviewing foetal heart rate by cardiotocography (CTG) was in place.
- The service was steadily increasing midwife to birth ratio with an aim of reaching 1:24 by March 2019. Midwife to birth ratio had improved since our last inspection.
- Women in established labour received one to one care in all cases between April and December 2017. This was similar to what we found during our last inspection.

# Maternity

- Consultant cover on the labour ward had increased and was an improvement from our last inspection. The service was aiming to meet 122 hours consultant cover. We saw that from April to August 2017, the service had achieved this, and that from September to December 2017, 112 hours were being covered.
- The service managed incidents well. Incident reporting was encouraged and staff were aware of their responsibilities. Learning from incidents was shared with staff in a variety of ways.
- Staff kept appropriate records of patients' care and treatment. Records were comprehensive with risk assessments, care plans and women's choices clearly recorded.

## 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. An effective system was in place to review policies and guidelines to ensure they reflected national guidance.
- Alternative methods of pain relief were available to women in labour and giving birth. Water births made up 40% of the deliveries on the birth centre.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. A dashboard was used to measure performance that helped to identify trends and where standards of care were falling. Some of the targets had been increased in the previous year to ensure the service was aiming for high standards.
- Staff working within the maternity service were competent and had the skills to provide safe and effective care. Induction processes were in place and appraisals were completed. A new model of supervision was being developed where midwives were offered restorative clinical supervision.
- The service offered a number of opportunities for multidisciplinary working. A multidisciplinary group met to discuss high-risk women with pregnancy complications to ensure the best possible outcomes.
- Women were supported in improving their health through parent education classes and advice and support in relation to smoking cessation and healthy eating.
- The risks and benefits of obstetric procedures were explained to women prior to surgery, and consent was obtained appropriately.

However:

- The service had taken steps to improve breastfeeding rates, but further work, which had been identified, needed to be implemented to increase the rates.
- The service was below the national average in standards set within the National Neonatal Audit Programme 2016.
- Staff were not meeting the 90% compliance rate for training in Mental Capacity Act and Deprivation of Liberty Safeguards. Midwives we spoke with had limited confidence in applying the knowledge and training in everyday practice.

## Is the service caring?

Good   

# Maternity

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

- Staff treated women and babies with compassion. Feedback that we received from women and their birthing partners was that they felt well cared for by staff.
- All women we spoke with said that midwives were courteous, treated them with respect and were sympathetic to their individual needs.
- The service received feedback from women and their partners through the Friends and Family Test (FFT). The FFT showed that the percentage of women who would recommend the service was similar to the England average.
- There was a bereavement team within the maternity service, and two counsellors to whom mothers and their families could be referred to following bereavement.
- A safeguarding team was in place to support vulnerable women throughout their pregnancies and birth. All staff we spoke with were confident in caring for women with complex needs, and who to refer them to for specialist input.

However:

- One woman we spoke with had not received adequate care and input from staff as she had waited for six hours without being assessed or being provided with any information. When she was examined, it was too late for her to receive pain relief as she had initially planned.
- Staff used curtains to protect women's privacy when undertaking examinations and observation on the wards. However, on the antenatal ward and in triage we saw that the curtains were not always fully drawn. This meant women's privacy and dignity was not being respected at all times.

## Is the service responsive?

Good ● ↑

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

- The trust planned and delivered services in a way that met the needs of local people. Since our last inspection, the service had developed an improved personalised model whereby women would see the same midwife from antenatal, through delivery, to postnatal care in line with the Better Births report 2016.
- Birthing choices were offered to women. The service actively encouraged home births or delivery within the birth centre for women at low risk during pregnancy. Delivery rates in the birth centre had increased since our last inspection.
- Specialist midwives were in post to offer support for women with substance misuse, mental health and teenage pregnancies.
- An additional midwife was available to work on the postnatal ward between 10.30am and 6.30pm to help with discharges, safeguarding cases and medicine administration. Staff told us that this had helped to speed up discharges. However, there were still some delays in doctor led baby checks prior to discharge, although there was an escalation protocol in place.

However:

- The service were not meeting the national screening target of 50% for thalassaemia and sickle cell anaemia although staff were engaging with GPs and a new referral form had been implemented to support meeting the target.

# Maternity

- Staff and patients told us that there were concerns about waiting times in the antenatal clinic. Waiting times in the antenatal clinic were not being monitored. We found similar concerns during our last inspection.
- A triage system was available for women 24 hours a day where urgent health concerns could be reviewed. However, the service were falling below their target waiting times for patients to be seen within triage.

## Is the service well-led?

Good ● ↑

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

- We saw strong leadership throughout all areas of maternity who demonstrated an understanding of the performance of the service and its challenges. A determination for ongoing improvement was evident.
- The service had achieved the vision stated during the last inspection by meeting the commissioning arrangements of delivering 8,000 births, exceeding 15% deliveries on the birth centre and becoming a paper-light service so that midwives could spend more time providing direct care.
- Staff engagement had improved since our last inspection. Staff were happy to raise concerns, told us that managers were visible on the wards, and had an open door policy.
- Governance arrangements had improved since our last inspection ensuring that all staff, including those that worked within foetal medicine and antenatal screening, received timely feedback for incidents.
- A quality and safety group met within the maternity service every month. The group reviewed all risks on the risk register, serious incident recommendations and complaints each month.
- The maternity service had clear performance measures that were documented on the maternity dashboard. This enabled senior staff to monitor activity and clinical outcomes. Performance was discussed on a monthly basis and actions were being taken to address areas where performance was not met.

However:

- Although community midwives felt integral to the maternity service as a whole, it was recognised that communication between the hospital and community could be improved.
- A monthly mortality meeting had recently been introduced within the maternity unit. However, no minutes of the meeting were recorded and therefore lessons learnt that were discussed in the meeting may not be cascaded to staff.
- Not all staff were aware of the freedom to speak up guardian service within the trust.

## Outstanding practice

- The service had developed a community team with personalised care being the main focus in line with Better Births 2016. The aim of the service was for care to be delivered by one midwife from antenatal, through intrapartum and to postnatal therefore providing continuity of care. The service was flexible offering evening and weekend appointments and a woman could choose between being seen at home or the clinic. The service had started in September 2017 and seen 15 deliveries at the time of our inspection. The midwifery team were based within one community hub, and there were discussions for the model to be rolled out to other areas and include a higher risk team.

# Maternity

- The maternity unit had achieved accreditation at stage two in the UNICEF Baby Friendly Initiative. This demonstrated that staff had the knowledge and understanding and were working to the correct standards to support mothers with breastfeeding and to help all parents build a secure and loving relationship with their baby.
- The midwifery team had won team of the year at the trust's midwifery and nursing conference and had won the runners up for the midwifery service of the year at the Royal College of Midwifery awards.

## Areas for improvement

We found areas for improvement in this service.

- The trust must ensure staff are meeting the trust target for mandatory training, particularly resuscitation and GROW training.
- The trust should ensure all equipment checks are completed on the labour ward and that equipment is readily available on the wards and within the theatres.
- The trust should take steps to improve times for patients being seen within triage.
- The trust should review hand hygiene and cleaning protocols.
- The trust should complete and record checks on the resuscitation trolleys on a daily basis.
- The trust should record ambient room temperatures to ensure medicines are safe to use.
- The trust should ensure women's pain levels are assessed and responded to promptly, and communicate with women where there are delays.
- The trust should continue to take steps to meet the screening target of 50% for thalassaemia and sickle cell anaemia.
- The trust should monitor waiting times in the antenatal clinic and keep women informed where there are delays.
- The trust should take steps to continually improve communication between the hospital and community teams.



# King George Hospital

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## Key facts and figures

Barking, Havering and Redbridge University Hospitals NHS Trust provides acute services across three local authorities: Barking & Dagenham, Havering and Redbridge. The trust serves a population of around 750,000 and employs around 6,500 staff and volunteers. The trust operates from two sites; Queen's Hospital and King George Hospital, with approximately 900 beds across both sites.

King George Hospital opened at its current site in Ilford in 1995 and provides acute and rehabilitation services for residents across the three local authorities, as well as providing some services to patients from South West Essex. The hospital has approximately 450 beds.

Between July 2016 and June 2017, there were 32,616 inpatient attendances and 264,230 outpatient attendances at King George Hospital. The Emergency Department (ED) treats over 70,000 walk-in and ambulance emergencies each year.

Inspection activity at King George Hospital was carried out from the 23rd – 25th of January 2018. There was also further follow-up inspection activity on 20th – 21st February. As part of this inspection, we visited the emergency department (ED), surgical wards and theatres, medical speciality and assessment wards, and the discharge lounge. We spoke with 59 patients and their relatives/carers, and we reviewed 56 sets of patient records and medication charts. We also spoke with 89 members of staff including doctors, nurses, managers, allied health professionals, support and admin staff, ambulance crews and pharmacists, in addition to interviews with clinical leads and service managers.

## Summary of services at King George Hospital

**Requires improvement**   

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

- We inspected Urgent and Emergency services during this inspection as we wanted to see what improvements and changes had been made to the service. We rated the service overall as requires improvement, although the rating for effective improved from requires improvement to good.
- We inspected Medical care (including older people's care) and found the service had improved from requires improvement to good since our last inspection in 2016. The rating for effective improved to good.
- We inspected Surgery and found the service had overall improved from requires improvement to good since our last inspection in 2016. However, the rating for well led went down one rating to requires improvement.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency department (ED) at King George's hospital is open 24 hours a day seven days a week. It sees approximately 70000 patients per year with serious and life threatening emergencies and others with minor injuries. The hospital does not take trauma or child patients arriving by ambulance. There is also no service for gynaecology or ophthalmology patients.

The department includes a paediatric emergency department dealing with all emergency attendances under the age of 18 years for walk in patients. Ambulances did not bring children to this hospital

The urgent care centre (UCC) is run by another provider and is open 24 hours a day, seven days a week. This service was not part of the inspection. It was inspected in June 2017 and rated requires improvement. A clinician from the UCC streams walk-in patients into the urgent and emergency services on site. The UCC does not do blood tests or X-rays so patients requiring these are referred to ED.

The department has different areas where patients are treated depending on their needs, including a three bed resuscitation area, a 16 cubicle majors area, six 'sub-acute' (minors) cubicles for patients with less serious needs and a three bed clinical observation unit . A separate paediatric ED has its own waiting area.

We visited the ED over two days during our unannounced inspection on 20 and 21 February 2018. We inspected all areas of the department and we observed care and treatment. We looked at 21 sets of patient records. We spoke with over 23 members of staff, including nurses, doctors, allied health professionals, managers, support staff, psychiatric liaison nurses and ambulance crews. We also spoke with 17 patients and five relatives who were using the service at the time of our inspection. We reviewed and used information provided by the organisation in making our decisions about the service.

The CQC inspection took place during high winter pressures across the country. This was a time of extreme pressure on all emergency departments.

## Summary of this service

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

- Our main concerns related to patients attending the department with mental health issues. Staff did not understand their roles under the Mental Health Act 1983. Nurses had not received formal training in mental health triage and in observations and assessments of risk to be carried out before mental health professionals arrived. Staff were not familiar with the trust policies on restraint of violent and aggressive patients, or the appropriate recording of restraint or rapid tranquilisation. They did not record such incidents consistently on the incident recording system, so there was no way to audit the frequency or safety of these procedures
- The use of paper records and several different computer systems caused both duplication of work and sometimes made it hard for clinicians to see the full patient picture.
- Frontline staff continued to feel that changes were made without involving them, and that non-clinicians developed plans without drawing on the practical experience of clinical staff.

# Urgent and emergency services

- There continued to be a shortage of permanent consultants and middle grade doctors, despite active recruitment having led to some improvement since the last inspection. Although many shifts were filled, mainly by regular locum doctors, some shifts remained unfilled which led to delays in assessing and treating patients.
- The department did not meet the national standard to admit, discharge, or transfer 95% of patients within four hours. At the time of our inspection, about 82% of patients were discharged within the standard time, which was a similar level to that at the previous inspection, so performance had not worsened.

However:

- The trust had made improvements in many areas where we had concerns at our previous inspection. In particular they significantly improved training in both resuscitation and sepsis recognition and management. On this inspection there was evidence that both adult and paediatric nurses and locum doctors had undertaken training or were booked on training in the during the year. Sepsis screening within an hour was consistently high at this site. NHS England had recently commended the trust for being one of the trusts which had seen the greatest improvements in performance in assessing and treating sepsis within its emergency departments.
- We inspected at an extremely busy time of year. The volume of patients was preventing the hospital from seeing, treating and discharging patients within the standard time, as was the situation in many London hospitals. However we considered patients were safe while waiting for treatment and they were kept informed about waiting times and the reasons for this.
- Staff worked effectively with each other and with other teams within the hospital such as the medical assessment unit, the frailty unit and the paediatric ward.
- Safeguarding was well managed, particularly in relation to children.
- Feedback from patients and families was very positive and we saw staff manage bereavement with sensitivity and compassion.

## Is the service safe?

**Requires improvement** ● → ←

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

- Nurses had not been trained in using standard triage tools to assess the risks and severity of patients with mental health conditions, and had insufficient general training in mental health. Guidance on managing mental health conditions was not reflected in all relevant trust policies and guidelines. The trust did not consistently monitor instances of restraint and tranquilisation or the number of patients brought in by police under section 136 of the Mental Health Act 1983 and reporting of these incidents was inconsistent..
- Patient records were a combination of paper and electronic, and several different IT systems were used which, in some cases, made it hard for clinicians to see the full picture of a patient's needs.
- There continued to be a shortage of permanent consultants and middle grade doctors, despite active recruitment having led to some improvement since the last inspection. Although many shifts were filled, mainly by regular locum doctors, some shifts remained unfilled which led to delays in assessing and treating patients.
- Gaps in nurse shifts because of short notice sickness led to delays in assessment and treatment. Some staff considered the nursing establishment was not sufficient for the number of adult patients now attending the department.

# Urgent and emergency services

- Although paediatric nursing capacity had improved slightly, it remained amber on the risk register. At the last inspection that the lack of adequate paediatric nursing capacity was rated as high on the recent corporate risk register, so the risk had reduced since the last inspection..
- When the department was very busy staff sometimes did not have time to check that all areas were fully stocked and equipment was ready for use before the next shift which could be a risk to patient safety.
- Missing medical records (paper files) was a concern especially if patients re- attended, and it was on the risk register.

However

- Even though our inspection was at one of the busiest times of year and staff were working under unusual pressure, staff remained calm and professional and focused on providing good care and treatment including recording vital signs and calculating early warning scores which had been a concern at the last inspection.
- Substantive consultants now filled 61% of consultants of posts, an increase since our last inspection. There was an almost full establishment of trainee doctors, who were positive about the support and teaching they received from senior clinicians, so our concerns about medical staffing had reduced. Gaps were mostly covered by locum doctors.
- At the previous inspection we had concerns about resuscitation training and sepsis training. Both had improved significantly on this inspection. NHS England had recently commended the trust for being one of the trusts which had seen the greatest improvements in performance in assessing and treating sepsis within its emergency departments
- We found staff had rectified the issues relating to infection prevention and control that we noted at the last inspection: inconsistent handwashing practice, empty hand sanitiser dispensers, vital signs equipment not cleaned between patients, poor storage of hazardous waste and temperature levels where there were drug fridges.
- At the last inspection we received mixed feedback from staff regarding learning from incidents. This time we saw that staff were thanked for reporting incidents and received feedback, and learning was shared through a range of methods including directly through email, in newsletters and at staff meetings.
- There were reliable systems and training to protect people from abuse. Staff were knowledgeable about safeguarding processes.

## Is the service effective?

Good  

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

- At the last inspection we found a number of clinical guidelines were out of date, and locum and agency staff could not access these. This time we found policies and guidelines were up to date and there were improved protocols, for example for sepsis management. Staff provided care and treatment based on national guidance and evidence and used this to develop new policies and procedures, except in some aspects of mental health
- At the last inspection we had required the trust to ensure all patients attending the ED were seen by a clinician in a timely manner. A quality of care board on display in reception which showed the time to initial assessment, which showed an improving trend in the time spent in ED. 82% were seen, treated and discharged within four hours in January 2018.
- There were effective arrangements with elderly care services to support discharge of some elderly without the need for admission.
- At the last inspection we had found little evidence of consent recording, but this had improved.

# Urgent and emergency services

- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.

However:

- The service did not use standard tools for assessing risks and severity of the condition of patients with mental health conditions and staff were not trained in line with The National Institute for Health and Care Excellence (NICE) guidance on aspects of mental health care and treatment.
- Performance in national emergency department audits was mixed but many of the audits were from 2015/6 and improvements were seen to have occurred since then.
- Staff did not understand their roles under the Mental Health Act 1983.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion, and treated them with dignity and respect.
- Patients, families and carers gave positive feedback about their care and the kindness of staff.
- We observed staff introducing themselves by name and explaining their roles to patients, as well as involving patients and their families in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- Parents accompanying their children in the paediatric ED said nurses and doctors were professional, supportive and knowledgeable.

## Is the service responsive?

Good  → ←

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

- The care and treatment to patients was prioritised for those with the most urgent needs, and the system where the first assessment was by a clinician preceded registration was helpful.
- At the last inspection we had required the trust to ensure all patients attending the ED were assessed for treatment by a clinician in a timely manner. A quality of care board was on display in reception showed the time to clinician assessment, which showed an improving trend.
- At the last inspection patients were not offered regular refreshments, but on this inspection we saw patients refreshments offered to those medically cleared to eat and drink.
- At the last inspection we had mixed feedback from staff on learning from complaints. At this inspection we saw the hospital treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Urgent and emergency services

- At the last inspection we had concerns patients were not being treated within recommended times and sometimes experiencing lengthy delays. Delays were still long, but the trust was doing all it could to maximise flow and patients appreciated being informed about progress and updated on waiting times.

However,

- As at the previous inspection, the department did not meet the national standard to admit, discharge, or transfer 95% of patients within four hours. At the time of our inspection, about 82% of patients were discharged within the standard time. This was about the same level as the hospital was achieving at the time of the previous inspection, showing there had not been a significant dip during winter pressures.

## Is the service well-led?

**Requires improvement** ● → ←

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

- At the last inspection clinical staff mentioned lack of consultation and involvement in changes to the environment and processes. Staff still felt they were often the last to know about changes and felt non-clinicians developed plans without taking account of the practical experience of staff on the front line.
- The lack of interoperability of computer systems meant administrative staff had to duplicate some tasks, and clinicians had to refer to more than one system to get a full picture of the patient.
- We had concerns about governance in relation to managing patients with mental health issues in the emergency department which was not adequately covered in policies or in nurse training, particularly in triage. Staff did not record incidents involving mental health patients consistently, which meant the trust lacked management oversight of the care of such patients in ED.

However,

- At the last inspection there was uncertainty about the future of urgent and emergency care at this hospital. There remained uncertainty about the very long term, but staff had been informed recently that the existing ED at King George hospital would continue to operate until the trust approved a clinical model that could provide excellent, safe patient care and meet the needs of local people now and into the future.
- There was a strong spirit of unity in the staff team, which was helped by the compact layout of the department. Team working was seen to be effective.
- The unit was tightly run on the nursing side using a series of checklists each shift to ensure availability of medicines and equipment.

## Areas for improvement

We found areas for improvement in this service.

- The department should ensure that ED staff have sufficient training in mental health including triage of mental health patients, observations and record keeping in line with NICE guidance and that all relevant trust policies and guidelines are updated to reflect the needs of mental health patients in ED.
- The trust should develop a policy and consistent monitoring system for instances of restraint, tranquilisation and patients brought into the department under section 136 of the Mental Health Act.

# Urgent and emergency services

- The trust should consider the scope for improving the way the different computer systems interlink.

# Medical care (including older people's care)

Good  

## Key facts and figures

Barking, Havering and Redbridge University Hospitals NHS trust provide a range of medical care services across their two main sites:

- **Queen's Hospital:** 15 inpatient wards with a total of 383 beds.
- **King George Hospital:** Eight wards with a total of 206 beds.

(Source: Routine Provider Information Return - Acute-Sites)

Medical care encompasses a broad range of specialties that use non-surgical interventions to assess, diagnose and treat patients. At King George's Hospital (KGH), these include wards that specialise in stroke rehabilitation, and gastroenterology, care of the elderly, acute medicine, endocrinology, endoscopy, cardiology and general medicine. There is also a medical assessment unit (MAU). During the course of this inspection, we visited eight of the medical wards: Ash ward, Beech ward, Erica ward, Fern ward, Gardenia ward, Gentian ward, Holly ward, and the MAU. We also visited the Discharge Lounge and Radiology.

The trust had 61,123 medical admissions from September 2016 to August 2017. Emergency admissions accounted for 35,026 (57%), 1,061 (2%) were elective, and the remaining 25,036 (41%) were day case.

Admissions for the top three medical specialties were:

- General Medicine: 20,755 admissions.
- Gastroenterology: 13,711 admissions.
- Geriatric Medicine: 7,087 admissions.

(Source: Hospital Episode Statistics)

We last inspected King George's Hospital in September 2016 and rated medical care as requires improvement overall. This reflected a rating of requires improvement for safe, effective and responsive and a rating of good for caring and well led.

During this inspection, we spoke with 32 members of staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. Staff represented a range of roles and grades across all specialties and medical departments. We also spoke with the directorate leadership team, 10 patients and 8 relatives. We reviewed 14 patient records. We also reviewed evidence sent to us before and after the inspection including minutes of meetings and audit results.

## Summary of this service

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

- During our previous inspection in September 2016 we reported that some wards had excessive levels of noise. During this inspection we found wards to be calm and quiet.
- During our previous inspection the trust there were issues with the fire resisting compartmentation across the hospital site. During this inspection we found repairs had been completed and the fire risk addressed.



# Medical care (including older people's care)

- During our previous inspection in September 2016 issues were identified with the recording of patients. During this inspection we found patients records were mostly legible, contemporaneous, and reflected the care and treatment patients received.
- During our previous inspection in September 2016 we noted there was a backlog of NICE guidance updates. During this inspection we found the backlog had been addressed and policies and procedures we viewed were up to date.
- The endoscopy unit had achieved Joint Advisory Group (JAG) accreditation.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff treated patients with dignity and respect. Emotional and psychological support was available to patients and their families.
- During our previous inspection we found the average length of stay for medical elective patients was higher than the England average. This had improved and from September 2016 to August 2017 the average length of stay for medical elective patients was lower than England average.
- Outliers were prioritised at bed meetings; and a daily rota identified which medical staff would review outlying patients.
- The trust took an average of 27 days to investigate and close complaints, this was in accordance with the trust's complaints policy,
- Both the specialist medicines and care of the elderly divisions had governance processes including risk registers for the management of risks and dashboards to enable the monitoring of divisional key performance indicators (KPI).
- Staff spoke positively about the culture of the service describing it as a friendly place to work, and said there was a 'no blame' culture in response to incidents to facilitate staff learning and service improvements.

However,

- During our previous inspection in September 2016 we found poor compliance with mandatory training for medical and dental staff. Medical and dental staff were still not meeting the trust's standards for any mandatory training modules.
- Safeguarding training figures showed that medical/dental staff were failing to meet the trust standard for level 2 safeguarding for both adults and children; and nursing staff were not achieving the trust standards for level 3 safeguarding adults training.
- Staff were not always compliant with infection control practices.
- We found temperatures were still excessively hot on most wards and staff were unaware of how temperatures on the wards were regulated.
- There were high levels of bank and agency nursing staff and locum doctors. This posed a risk to the consistency of patient care.
- During our previous inspection in September 2016 we found non-elective admissions, the standardised relative risk of readmission was high. During this inspection we found this risk was still higher than expected.
- Patients in Clinical Oncology (Previously Radiotherapy) had a risk of readmission for elective admissions which was higher than expected
- Some staff did not demonstrate awareness of consent, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Although workshops were being rolled out to staff across the hospital. We also found issues remained with Deprivation of Liberty Safeguards documents being updated in patient records in a timely manner.
- The average length of stay for medical non-elective patients was higher than the England average.

# Medical care (including older people's care)

- The 18 week referral to treatment (RTT) rate for six specialties was below the England average.
- Senior managers told us there were weaknesses in the relationship between the divisional clinical leadership and the trust's executive board. The divisional director for acute medicine frequently used managerial time to cover clinical shifts.

## Is the service safe?

**Requires improvement** ● → ←

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

- During our previous inspection in September 2016 we found poor compliance with mandatory training for medical and dental staff. Medical and dental staff were still not meeting the trust's standards for any mandatory training modules, with compliance rates being between 74% and 83% between October 2016 and September 2017.
- Safeguarding training figures showed that medical/dental staff were failing to meet the trust standard of 90% for level 2 safeguarding for both adults (83%) and children (72%); and nursing staff were not achieving the trust standards for level 3 safeguarding adults training (65%).
- Staff were not always compliant with infection control practices. Staff on Ash ward were observed not washing their hands in accordance with best practice.
- During our previous inspection in September 2016 we reported that some wards had excessive levels of heat. We found temperatures were still excessively hot and staff were unaware of how temperatures on the wards were regulated.
- There were high levels of bank and agency nursing staff. The trust reported that 60% of shifts within medical care were covered by bank and agency staff between October 2016 and September 2017.
- Across wards medical staff told us the medical staffing situation had improved since our previous inspection in September 2016. However, there were still high rates of locum usage, and this posed a risk to the consistency of patient care.

However,

- The trust's mandatory training standards were met by nursing staff for all applicable courses.
- During our previous inspection in September 2016 we reported that some wards had excessive levels of noise. During this inspection we found wards to be calm and quiet.
- During our previous inspection in September 2016, the trust had identified breaches in the fire resisting compartmentation across the hospital site. During this inspection we found repairs had been completed and the fire risk addressed.
- The hospital had implemented an electronic early warning score and we saw this was routinely used for inpatients. Patients admitted acutely with suspected or confirmed sepsis were continually assessed and monitored using the electronic early warning system.
- During our previous inspection in September 2016 issues were identified with the recording of patients' records being illegible. During this inspection we found patients records were mostly legible, contemporaneous, and reflected the care and treatment patients received.

# Medical care (including older people's care)

- Learning from the reporting of incidents was cascaded and any changes to practice following a serious incident were implemented in a timely manner.

## Is the service effective?

Good ● ↑

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

- During our previous inspection in September 2016 we noted there was a backlog of NICE guidance updates. During this inspection we found the backlog had been addressed and policies and procedures we viewed were up to date.
- Information about the outcomes of people's care and treatment was routinely collected and monitored. The service monitored the effectiveness of care and treatment by participating in national and local audits and used the findings to drive improvements.
- The endoscopy unit had achieved Joint Advisory Group (JAG) accreditation in recognition of achievements in patient-centred care according to the measurements of the global rating scale (GRS).
- Staff of all grades and responsibilities had access to a range of teaching, learning and development opportunities delivered by specialist teams.
- There was an effective multidisciplinary team (MDT) working environment within medical services with the involvement of external partners (such as mental health service providers) to support patients' health and wellbeing.
- During our previous inspection were reported the trust was below expected standards for three key indicators in the Lung Cancer Audit. During this inspection this had improved and the trust was below expected standards for one key indicator.

However:

- During our previous inspection in September 2016 we found non-elective admissions, the standardised relative risk of readmission was high. During this inspection we found this risk was still higher than expected.
- Patients in Clinical Oncology (Previously Radiotherapy) had a risk of readmission for elective admissions which was higher than expected.
- During our previous inspection in September 2016 we found non-elective admissions, the standardised relative risk of readmission was high. During this inspection we found this risk was still higher than expected.
- In the National Audit of Inpatient Falls 2017 the trust was below expected standards for four key national aspirational standards. In January 2018 the trustwide 'quality of care' audit found only 46% patients had a post fall care plan.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion.
- Staff involved patients and those close to them in decisions about their care and treatment.
- We observed positive, polite, friendly and professional interactions between staff and patients and family members.

# Medical care (including older people's care)

- We spoke with 10 patients during the inspection and overall patients spoke positively about staff.
- Staff treated patients with dignity and respect and this was evident in our interviews with patients and relatives.

## Is the service responsive?

**Good** ● → ←

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

- During our previous inspection we found the average length of stay for medical elective patients was higher than the England average. This had improved and from September 2016 to August 2017 the average length of stay for medical elective patients was 2.9 days, which was lower than England average of 4.2 days.
- Outliers were prioritised at bed meetings; and a daily rota identified which medical staff would review outlying patients.
- The trust took an average of 27 days to investigate and close complaints; this was in accordance with the trust's complaints policy, which stated complaints should be dealt with within 40 working days.
- Staff told us work was in progress for signage at the hospital to be provided in a range of languages most commonly used by patients.
- During our previous inspection in September 2016 staff told us they often used family members as interpreters. However, during this inspection staff we spoke with told us this practice had ceased.

However:

- During our previous inspection we found the average length of stay for medical non-elective patients was higher than the England average. During this inspection we found the average length of stay for medical non-elective patients in this period was 7.5 days, which was still higher than England average of 6.6 days.
- The 18 week referral to treatment (RTT) rate had remained steady between 88% and 73%, but, was below the national average. Cardiology was above the England average for admitted RTT. However, five specialities were below the England average, dermatology, gastroenterology, general medicine, neurology and rheumatology.

## Is the service well-led?

**Good** ● → ←

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

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

- The service held regular planned governance meetings. There were forums and meetings for staff to monitor quality, and review performance information.
- Staff were aware of the trust's values and these were embedded in practice.
- Both the specialist medicines and care of the elderly divisions had dashboards to enable the monitoring of divisional key performance indicators (KPI).
- Staff spoke positively about the culture of the service describing it as a friendly place to work in. Staff told us there was a 'no blame' culture in response to incidents to facilitate staff learning and service improvements.

# Medical care (including older people's care)

- The trust had an improvement portfolio, this was an action plan aimed at meeting the objectives of the trust's quality improvement agenda.

However,

- Senior managers told us there were weaknesses in the relationship between the divisional clinical leadership and the trust's executive board.
- The divisional director for acute medicine had ring fenced managerial time; but, in the event of a consultant shortage, then the divisional director would prioritise working clinically.
- The risk register recorded that 10 gastric beds had been placed on Gentian ward. The risk register did not include any detail on what actions were being taken to mitigate risks to patients during periods of high demand.

## Outstanding practice

- Erica ward was piloting the 'model ward' approach. This was an approach to monitoring performance by having 'model ward boards' where ward compliance audits, patient outcomes, key performance indicators and staffing levels were publicly displayed. The aim of the model was to drive improvements and consistency.
- The trust's had introduced nurse apprenticeships, this enabled health care assistants (HCA) who lived locally and had worked for the trust for some time the opportunity to train as qualified nurses.

## Areas for improvement

- We found areas for improvement in this service.
- The trust should ensure all staff meet the trust's standards for mandatory training completion.
- The trust should ensure all staff meet the level of safeguarding training required for their role, as set out in the intercollegiate documents.
- The trust should ensure all staff demonstrate appropriate hand hygiene technique at all times.
- The trust should record ambient room temperatures to ensure medicines are safe to use.
- The trust should ensure the use of bank, agency and locum staff does not compromise the consistency of patients care.
- The trust should reduce patients' standardised relative risk of readmission to reflect the England average.
- The trust should ensure patients who have experienced a fall have a robust post-fall care plan in place.
- The trust should ensure all staff receive training or training updates in a timely way in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- The trust should ensure all staff are aware of the actions they are required to take to ensure they act within the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- The trust should ensure there is an action plan in place for Gentian ward during periods of high demand.
- The trust should improve the average length of stay for medical non-elective patients to reflect the England average length of stay.
- The trust should improve the 18 week referral to treatment (RTT) in dermatology, gastroenterology, general medicine, neurology and rheumatology, to reflect the England average.

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

- The trust should ensure divisional leaders have sufficient ring fenced time to meet their divisional managerial responsibilities.

# Surgery

Good  

## Key facts and figures

Barking, Havering and Redbridge University Hospital Trust provides surgical treatments over two sites, with a total of 254 inpatient surgical beds. The trust had 37,989 surgical admissions from September 2016 to August 2017. Emergency admissions accounted for 12,610 (33%), 18,477 (49%) were day case, and the remaining 6,902 (18%) were elective.

King George Hospital is one of the two trust hospitals that provides surgical services. It provides a range of elective and emergency surgical services. These include orthopaedic, breast, colorectal and ophthalmic. There are six theatres and one day unit theatre. There are three surgical wards; Iris ward, (urology) Heather ward, (general surgery) and Dahlia ward, (orthopaedics). There is a urology receiving room and a pre assessment unit. There is an adult day unit for ophthalmology, eye cataract surgery and other day surgery activity and a urology diagnostics unit. The hospital has a total of 75 surgical inpatient beds. There is also a discharge lounge.

We spoke with fifteen patients and four relatives. We spoke with 34 members of staff that included surgery ward nurses, healthcare assistants and surgery ward managers. We spoke with theatre and recovery staff including nurses, operating department practitioners, consultants and junior doctors. We spoke with radiographers, anaesthetists, pharmacists, divisional managers and lead nurses.

We visited all areas of the hospital that undertook surgery activity including the surgical wards, theatres, recovery, adult day unit, pre assessment unit and discharge lounge. We reviewed nine drug charts, 12 patient records and checked equipment in all areas we visited.

## Summary of this service

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

- There was a positive incident reporting and investigation culture.
- Monthly performance reports monitored harm free care. There was good evidence of acting on identified risks and good analysis at safety briefings and safety huddles.
- All wards reported zero infections for MRSA and C-diff.
- Equipment was kept in good order and was appropriately stored. Theatres were clean and well organised.
- Medicines were stored appropriately and securely.
- Staff were trained in safeguarding and had a clear understanding of what constituted a concern and how to escalate this.
- The surgery division was meeting the trust target of 90% for mandatory and compliance rated training.
- Pain relief was being managed effectively and the development of nursing competency documents included pain management.
- A practice development nurse had been newly appointed within the surgery division which had traditionally been a corporate role. Practice educators have also been appointed to theatres to support staff learning and training. Meaningful work had been carried out to scope compliance with training and competence.

# Surgery

- There was an effective multidisciplinary team working environment and multidisciplinary input in theatres, recovery and the wards.
- There were good response rates to the friends and family test. Results were very positive and all fifteen patients and five relatives we spoke with told us staff were caring and compassionate.
- Complaints were appropriately investigated and reviewed and staff worked with patients to resolve any issues as they arose.
- There were numerous assessment processes in place that supported meeting people's individual needs.
- Every elective patient received pre assessment at the trust hospital that hosted the specialty. In pre assessment we found that all clinic rooms were being utilised.
- Compliance against a trust target of 92% for referral to treatment (RTT) was recorded as a 12 month rolling trend rate of 78.5%. However, it also showed the last two month average to be 86%.
- Patients told us they were given useful information regarding their treatment and what to expect.
- There were clear lines of accountability within the governance structure that effectively monitored and reported up on performance and risk.
- There was a clear leadership and staffing structure within the surgery division to manage activity and oversee care.
- Staff felt there was now visible leadership, which had been highlighted as an area requiring attention in a previous staff survey.
- There was a positive working culture.

## However:

- The infection control team did not have a system to identify trends in infection and data was trust wide and not broken down by site. There were no records for ordinary streptococcal infection.
- The adult day unit sometimes had Saturday and Sunday operating lists, so the unit's ward was opened. With only one trained nurse on duty, there were potential issues around who was supervising the unit.
- Consent was being taken on the day of surgery for both day cases and major (inpatient) surgery. This could impact on both the patient and theatre schedules if the patient was assessed as lacking capacity.
- Specialties and divisions confirmed their compliance with NICE guidance by email, which was accepted. Compliance with NICE guidance was not being audited.
- There was not sufficient medical cover to meet the needs of the surgical wards at weekends or evenings. There was a lack of access to occupational therapy, dietetic, and speech and language therapy services at weekends.
- Patients told us that medical and ward staff were emotionally supportive. However, there was no dedicated counselling or psychology service available for surgery patients.
- We found that theatre lists were inefficient. There were a low number of cases being put through. Most clinics did not start on schedule, with late start times and early finishes, which seemed to be accepted as the norm.
- Relatives and carers were not restricted from staying overnight when this was appropriate. However, there were no makeshift beds or mattresses available to make this more comfortable.
- There were some parking bays for blue badge holders close to the entrance of the hospital which were free of charge. However, disabled parking bays in the main car park incurred the normal charge and the free parking bays were often full.



# Surgery

- At the time of inspection, both divisional director and service manager posts had become vacant with no substantive replacement appointed.

## Is the service safe?

**Good** ● ↑

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

- Last time we rated Safe as requiring improvement because there was a backlog in investigating serious incidents. This time we found appropriate systems in place to review, investigate and learn from incidents.
- There had been one never event which had related to a retained retrieval bag. Learning had included raising the profile for compliance against WHO checklists, with audits showing compliance of 99.28% and spot checks showing 100% compliance. We observed appropriate good execution of the WHO checklist and witnessed its discussion in safety huddles.
- The positive reporting culture meant 70% of reported incidents were no harm and near misses.
- Monthly performance reports monitored harm free care. For the year to date, Dahlia ward had provided 100% harm free care, Iris ward 97.26% and Heather ward 98.84%. All wards reported zero infections for MRSA and C-diff.
- There was good evidence of risk assessments and acting on identified risks. This included the identification of sepsis for which staff had received training.
- In theatres and wards we found a clean and tidy environment. Equipment was kept in good order and appropriately stored. Theatres were clean, tidy, and well organised. In the adult day unit we found the environment to be clean and tidy. Equipment was clean and PAT tested and in date.
- Medicines were stored appropriately and securely.
- Staff were trained in safeguarding and had a clear understanding of what constituted a concern and how to escalate this.
- The surgery division was meeting the trust target of 90% for mandatory and compliance rated training.
- Patient risk was assessed, recorded and responded to appropriately. There was good analysis at safety briefings and safety huddles.

However:

- The infection control team did not have a system to identify trends in infection. Data was trust wide and not broken down by site. The recording of the number of infections on wards was limited to summaries of MRSA and C-diff stats. There were no records for ordinary streptococcal infection which usually caused the most morbidity in wounds. The recording of post discharge infection rates were not available.
- There was a shortage of medical cover on surgery wards, especially in the evenings and at weekends.
- The adult day unit sometimes had Saturday and Sunday operating lists, so the unit's ward was opened. With only one trained nurse on duty, staff had to sometimes go to another department to get a signature for patient's medication (TTA's) causing issues around who was supervising the unit and further delay to discharge.

# Surgery

## Is the service effective?

Good   

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

- There were improved processes to ensure care and treatment followed current evidence-based national guidance. Compliance within the surgery division with NICE guidance had increased from 39% in 2016 to 95% in December 2017. However, compliance was not always being recorded or audited.
- At the last inspection we found patients received effective pain relief. On this inspection we also found that pain relief was being managed effectively. The development of nursing competency documents included pain management and there was improved training and assessment of competency of staff managing patients' pain relief by epidural injection.
- At the last inspection we found patient care was supported by competent staff. At this inspection a practice development nurse had been recently appointed within the surgery division which had traditionally been a corporate role. Practice educators have also been appointed to theatres to support staff learning and training. Meaningful work had been carried out to scope compliance with training and improving nursing competence had already begun.
- In main theatres staff told us there were career opportunities through appraisal and secondment and that the lead for organising the rota was good at retaining staff for training.
- Staff were supported by specialists within the trust to work with Deprivation of Liberty Safeguards.
- Staff understood the need to work with patients' consent and assessment of capacity. There were link nurses on the wards and staff were aware there was a trust lead for support.
- There was an effective multidisciplinary team working environment and multidisciplinary input in theatres, recovery and the wards.
- There was a lower expected risk of readmission for non-elective admissions than the average for England.

However:

- The adult day unit sometimes had Saturday and Sunday operating lists, so the unit's ward was opened. With only one trained nurse on duty, staff had to sometimes go to another department to get a signature for patient's medication (TTA's) causing further delay and issues around who was supervising the unit.
- On the adult day unit nurses were offered these shifts as a bank shift. However, HCAs were required to work this as part of their rota. This could sometimes lead to bank nurses who were not familiar with the ward leading so healthcare assistants had to show them what to do, this led to poor morale and caused delays in meeting individual needs such as pain relief.
- There was a higher than expected risk of readmission for elective admissions than the average for England.
- There was not sufficient medical cover and a lack of access to occupational therapy, dietetic, and speech and language therapy services to meet the multidisciplinary needs of the surgical wards at weekends.

## Is the service caring?

Good   

# Surgery

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

- There were good response rates to the friends and family test. Results were very positive and all fifteen patients and five relatives we spoke with told us staff were caring and compassionate.
- Patients unanimously told that pre assessment staff, nurses, healthcare assistants, surgeons and anaesthetists were kind and had had all taken the time to explain treatment to them.

However:

- Patients told us that medical and ward staff were emotionally supportive. However, there was no dedicated counselling or psychology service available for surgery patients.

## Is the service responsive?

**Good** ● ↑

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

- At the last inspection we found a referral to treatment backlog at the trust, which meant the trust was breaching national targets. At this inspection we found they had improved. The hospital was working towards a 92% target for meeting referral to treatment times. Although the 12 month rolling trend rate was 78.5%, the average for the last two months was 86%.
- There were numerous assessment processes in place that supported meeting people's individual needs.
- The surgery division had planned and prepared for the possibility of winter pressures affecting the service.
- Every elective patient received pre assessment and the trust directed patients to the hospital that hosted the specialty. In pre assessment we found that all clinic rooms were being utilised.
- Patients told us they were given useful information regarding their treatment and what to expect.
- There was an enhanced recovery pathway for hip and knees which was a three to five day admission. On Iris ward we found good use of flow model creating empty beds.
- There was a proportionately low number of complaints regarding surgery at King George Hospital (30 of the trust's 177 surgery complaints) which were appropriately investigated and reviewed. We also found that staff worked with patients to resolve any issues as they arose.

However:

- Consent was being taken on the day of surgery for both day cases and major surgery which could impact on both the patient and theatre schedules if the patient was assessed as lacking capacity.
- Relatives and carers were not restricted from staying overnight when this was appropriate. However, there were no makeshift beds or mattresses available to make this more comfortable.

## Is the service well-led?

**Requires improvement** ● ↓

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

# Surgery

- Patients reported delays in being taken to theatre from wards. We found a lack of clinical leadership or coordination of theatre efficiency. Most clinics did not start on schedule, with late start times and early finishes, which seemed to be accepted as the norm. There were also a low number of cases being put through.
- At the time of inspection, both divisional director and service manager posts in surgery had become vacant with no substantive replacement appointed.
- There was an audit programme that had not been fulfilled due to vacancies as well as lapsing of the programme. This had been reported to the risk register and to the quality and governance steering group.

However:

- At the last inspection we found the trust was focused on addressing the key risks to the service and integrate the local risk management systems. We found a governance structure in place which provided leadership, quality checking and improvement. At this inspection we found this had become further embedded:
- There were clear lines of accountability within the governance and meetings structure, which effectively monitored and reported up on performance and risk.
- There was a clear leadership and staffing structure within the surgery division to manage activity and oversee care. Staff were supported by managers and leadership. Staff felt there was visible leadership, which had been improved since highlighted as an area requiring attention in a previous staff survey.
- ‘Red and Green Bed Days’ had been introduced on Iris ward as a visual management system to improve a patient’s journey and reduce delays as part of the patient flow.

## Areas for improvement

We found areas for improvement in this service:

- The trust must ensure there is sufficient medical cover to meet the needs of the surgical wards at weekends and evenings.
- The trust must ensure appropriate supervision of the adult day unit at weekends.
- The trust should ensure a system is in place to identify trends, including at site level, in surgical site infections that appropriately covers all common infections and post discharge.
- The trust should properly assess the impact to patients where consent is taken on the day of surgery.
- The trust should continue to improve the governance of local audits.
- The trust should ensure that theatre lists and schedules are efficient and appropriately organised.
- The trust should ensure there is sufficient assurance regarding declarations of compliance with NICE guidance.
- Where relatives or carers stay overnight on wards, the trust should give consideration to making this stay more comfortable than just sleeping in the bedside chair.

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](http://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

#### Regulation

Nursing care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

The team was led by Nicola Wise, CQC Head of Hospital Inspection and Trish Armstrong-Child, director of nursing at Bolton NHS Foundation Trust and the Executive Reviewer for this inspection. Max Geraghty, CQC inspection manager, was the lead inspection manager for this inspection. The team included CQC inspection managers, inspectors, specialist advisers and experts by experience.

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