

George Eliot Hospital NHS Trust

Inspection report

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Date of inspection visit: 4 to 6 October 2017
25 to 27 October 2017
Date of publication: 25/01/2018

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 

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

Summary of findings

Background to the trust

George Eliot Hospital NHS Trust was opened in 1984 and provides a range of hospital and community based services to more than 300,000 people across Nuneaton and Bedworth, North Warwickshire, South West Leicestershire and North Coventry.

The hospital offers services at all these locations;

- George Eliot Hospital
- Pine Clinic
- Stratford Healthcare

The main hospital site is George Eliot Hospital which is in Nuneaton.

Overall summary

Our rating of this trust went down since our last inspection. We rated it as Requires improvement  

What this trust does

The trust has 310 beds, including eight critical care beds, plus 12 day case beds, all across 16 wards. The trust has eight operating theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology as well as a wide range of day procedures. The trust runs 182 outpatient clinics per week at George Eliot Hospital. The trust employs 2,354 (headcount) staff.

The trust provides elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services. The trust also provides a range of community services across Coventry, Warwickshire, and Leicestershire. This includes sexual health and community dentistry services for the whole of Warwickshire, tuberculosis services for Coventry and Warwickshire and the Blue Sky Sexual Assault Referral Centre.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Between 4 and 6 October 2017, we inspected five of the core services provided by this trust at its main hospital. Which included emergency department, surgery services, end of life care, outpatients and diagnostic imaging.

Summary of findings

At our last inspection in 2014 we rated emergency department and surgery as requires improvement overall. Therefore, we decided to inspect this core services.

There had been significant staff changes within the end of life service, which had been rated outstanding for well-led and good overall. There had been difficulty in recruiting staff; therefore, we decided to inspect this service.

The trust rated themselves as requires improvement for safe in outpatients. Through our intelligence we found the 'Did not attend rate' worse than England average. Incomplete referral to treatment time for May 2017 was 80%, whereas in May 2016 it was 93.4%. Therefore, we decide to inspect this service.

From our inspection in 2014, concerns were identified within diagnostic imaging including poor morale and lack of effective leadership. The trust had rated themselves as outstanding in responsive for diagnostic imaging. Therefore, we decide to inspect this service.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 25 to 27 October 2017.

What we found

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

- Safe, effective, and responsive were requires improvement, caring was good and well-led was inadequate because end of life services and urgent and emergency care were rated as inadequate, however leadership at the trust level overall was rated as requires improvement.
- Urgent and emergency overall was rated as requires improvement. Safety remained requires improvement, caring remained good. Effective was rated as requires improvement. Responsive went down from good to requires improvement. Well-led went down from requires improvement to inadequate. Staff did not have the appropriate level of children's safeguarding training, staffs did not follow the trust policy on safeguarding and mandatory training for all staff were below (worse than) the trusts targets in a majority of topics. The senior leaders were not visible within the department, leaders were not aware of the risks to patients in the department. There was a significant disconnect between the CAU, the emergency department and the UCC.
- Surgery overall was rated as requires improvement. Safe remained requires improvement, effective, caring and responsive remained good and well led remained requires improvement. Patients did not always receive their medicines as prescribed, mandatory training was low and did not meet the trusts target of 85%. Leaders did not ensure effective action was taken to improve aspects of compliance, risk and performance. Staff did not always document risk assessments regarding patients' risk of falls or malnutrition. The leaders had not ensured that changes to services had been planned to use inpatient beds effectively. However, patients and their relatives were happy with care and treatment they received. Staff were competent for their roles. Managers appraised staff's work performance. Patients could access care and treatment in a timely way with referral to treatment times in line with the England average.
- End of life overall was rated as inadequate. Safe went down to requires improvement, effectiveness went down from good to inadequate, caring remained good. Responsive went down from good to requires improvement and well led went down from outstanding to inadequate. The trust did not always ensure there were sufficient quantities of equipment to maintain the safety of patients. The service did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons in end of life care services. Staff did not always have the appropriate skills and experience for their roles. The delivery of end of life care training was not sufficient throughout the hospital and ward staff were had not been kept up to date with new processes and procedures. The trust did not

Summary of findings

have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The end of life care strategy and vision for the trust remained under development. There was no governance framework for reviewing patient harm incidents within end of life care services. There was a lack of any systematic audit programme relating to end of life care, few measures to review risk and quality, and no governance framework to support the delivery of care. The trust had not always engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. However, we observed good infection control practices. Staff kept appropriate records of patients' care and treatment. Staff ensured that relatives were supported, involved and treated with compassion as best they could. Staff involved patients and those close to them in decisions about their care and treatment.

- Previously in May 2014, we rated outpatients and diagnostic imaging together. On this inspection, we rated each service separately therefore, we are unable to compare with the previous ratings. Outpatients was rated as requires improvement overall. Safe, responsive, and well led were rated as requires improvement. Care was rated as good. Effective is not currently rated. Mandatory training for all staff was below (worse than) the trusts target in a majority of topics. Staff did not have the appropriate level of children's safeguarding training. The trust did not complete regular audits of infection prevention and control practices. Patients were unable to access services for assessment, diagnosis and treatment in a timely way due to waiting times, delays and cancellations.
- Previously in May 2014, we rated outpatients and diagnostic imaging together. On this inspection, we rated each service separately therefore we are unable to compare with the previous ratings. Diagnostics imaging overall was rated as good overall. Caring, responsive and well led were rated as good. Safe was rated as requires improvement. Effective is not currently rated. The service managed patient safety incidents well. Staff across different disciplines worked well together to deliver effective care and treatment. The service provided care and treatment based on national guidance and evidence of its effectiveness. The service had managers at all levels with the right skills and abilities to run a service, Managers were visible. There was a positive culture of support, teamwork and focus on patient care. However mandatory training for all staff was below (worse than) the trusts target in a majority of topics. Staff did not have the appropriate level of children's safeguarding training. The department was not consistently using the computerised reporting system to check that paediatric scans had been reported on appropriately.
- On this inspection we did not inspect medicine (including older people's care), critical care, maternity, and services for children and young people. The ratings we gave to these services on the previous inspection in May 2014 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Overall trust

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

- Safe, effective, and responsive were requires improvement, caring was good and well-led was inadequate because end of life services and urgent and emergency care were rated as inadequate, however leadership at the trust level overall was rated as requires improvement.

Are services safe?

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

- Urgent and emergency care remained requires improvement for safety. Staff did not have the appropriate level of children's safeguarding training; staffs did not follow the trust policy on safeguarding. There was a lack of sharing of incidents and learning from incidents was not always identified throughout the emergency department. The service did not always control infection risk well in relation to hand hygiene. Senior nurses in minors did not always have a clear oversight of the whereabouts of patients. Staff did not keep appropriate records of patients' care and treatment.

Summary of findings

There was no dedicated triage nurse in post and not all nurses had been trained to triage patients, nor were their competencies to triage monitored. There were no dedicated facilities to conduct assessments of adults with mental health conditions. The private room used for mental health assessments was not appropriate for vulnerable patients. However, all nurses in the CAU were trained in paediatric intermediate life support and all senior nurses were trained in emergency paediatric life support. Patients with sepsis being monitored and managed appropriately. Patients did not wait for longer than one hour from arrival to treatment.

- Surgery services remained requires improvement for safety, mandatory training was low and did not meet the trusts target of 85%, staff did not always document risk assessments regarding patients' risk of falls or malnutrition. The service had high vacancy rates particularly in nursing staffing. Patients did not always receive their medicines as prescribed. There were errors or omissions within prescription charts. Staff did not report incidents that were discovered during the inspection, the service did not record minutes and actions from mortality and morbidity meetings. However, lessons were learnt from incidents, the service ensured that medicines were stored securely and appropriately.
- End of life went down for safety from a good rating at our last inspection to requires improvement. The service did not have enough staff to care for the number of patients and their level of need. Vacancy rates were high in the specialist palliative care team (SPCT) and there was insufficient nursing and medical cover within the SPCT at the time of our inspection. No substantive or locum consultants were in post and staffing was not line with national guidance. The service did not always have suitable equipment. Syringe pump equipment was not always available in clinical departments, which meant incidents of delays in patient care. Not all staff had the appropriate skills and experience for their roles. The end of life services did not manage patient safety incidents well. There was no recognised coding system to identify specific incidents related to end of life care. However, we observed good infection control practices. Systems were in place for the referral of patients for assessment and review, to ensure patients received safe care and support. Staff kept appropriate records of patients' care and treatment.
- Outpatient services were rated as requires improvement for safety. Incidents were not shared with staff or the wider services. Staff had not completed the appropriate level of children's safeguarding training. Clinics were sometimes reduced or cancelled due to short notice of medical staff absence from clinics. The service did not always provide the appropriate staffing levels to assist with clinics, which resulted in patients waiting. Staff did not carry out regular audits of infection prevention and control practices such as hand hygiene procedures. However, staff carried out systematic safety checks to minimise the risk of errors occurring when patients underwent minor surgical procedures, the physiotherapy outpatients had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Diagnostics Imaging was rated as requires improvement for safety. The service did not have an effective process in place to monitor that scans had been reported on appropriately on the computerised reporting system. Staff did not have the appropriate level of children's safeguarding training. The department was not consistently using the computerised reporting system to check that paediatric scans had been reported on appropriately. However, the service managed patient safety incidents well. The service controlled infection risk well. Medicines were managed in a way, which kept people safe. The service had enough staff with the right qualifications, skills, training and experience to keep people safe. The department had policies and procedures to support the safe delivery of their services. These were based on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) and Ionising Radiation Regulations 1999 (IRR99).
- At our last inspection in May 2014, medical care (including older people's care) and critical care, maternity services and services for children and young people were rated as good for safe.

Are services effective?

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

Summary of findings

- Urgent and emergency was rated as requires improvement; this was not rated at our last inspection. The service did not always make sure staff were competent for their roles. Not all staff had the right skills and training to do their job. Less than half of the staff members in the department had undergone an appraisal and nurses were not offered supervision in the emergency department. The department did not benchmark their patient outcomes with other similar services to learn from them. Patient outcomes were not routinely monitored and action plans were not in place in response to national audit results. There was no local clinical audit plan for 2017/18 in the emergency department. Pain scores in adults were not always documented in patient records. However, the service provided care and treatment based on national guidance and evidence of its effectiveness. Pain in children was assessed and recorded appropriately. Care pathways were in line with recommended guidance and recent best practice guidelines were accessible to staff.
- Surgery services remained good for effective. The service provided care and treatment that was planned and delivered in line with evidence-based guidance. The service contributed to national audits, patients had a lower expected risk of readmission for elective admissions for general surgery, urology and trauma and orthopaedics specialities. Staff were competent for their roles, managers appraised staff's work performance, there was evidence that different disciplines worked well together, patients were asked for consent prior to treatment, and patients' pain was managed effectively. However, patient outcome data from some national audits was below (worse than) expected.
- End of life went down from good at our last inspection to inadequate, not all staff were competent for their roles. The specialist palliative care team (SPCT) did not have a multidisciplinary workforce sufficient to provide high-quality care and support to people approaching the end of life, and their families and carers. The service did not always monitor the effectiveness of care and treatment. There was limited audit completion to show that outcomes for people at end of life had been achieved. The trust had not collected data from bereaved relatives to support service development. No action plan had been in place to address areas of poor performance following the trust's participation in the National Care of the Dying Audit of Hospitals 2014/5. However, evidence-based end of life care tools, including the individual plan of care for the dying patient, had been implemented, all patients referred to the SPCT were assessed within 24 hours, and mortuary policies were up to date and evidence-based. Specialist palliative care nurses were qualified and had the skills they required to carry out their roles effectively and in line with best practice.
- Outpatient services were not rated for effectiveness. This is because we are not confident we are gathering enough information to rate this question. The service provided care and treatment based on national guidance. The service made sure staff were competent for their roles. Staff groups worked together as a team to benefit patients. The service had developed some multi-disciplinary clinics to enable patients to access the appropriate specialist advice without making several visits to the hospital. Patients had access to health promotion information and advice. However, fracture clinics were overbooked; GPs were not always sent correspondence in a timely manner.
- Diagnostics imaging were not rated for effectiveness. This is because we are not confident we are gathering enough information to rate this question. We found the service provided care and treatment based on national guidance. All staff administering radiation were appropriately trained. Managers appraised staff's work performance and held supervision meetings with them to provide support. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However clinical audits were not being undertaken routinely to ensure that the requesting referral is made in accordance with IR(ME)R or The Medicines and Healthcare Products Regulatory Agency safety recommendations.
- At our last inspection in May 2014, medical care (including older people's care) and critical care, maternity services and services for children and young people were rated as good for effective.

Are services caring?

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

Summary of findings

- Urgent and emergency care remained good for caring. Staff cared for patients with compassion. Feedback from patients was positive. Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with patients in a way in which they could understand. Patients' privacy, dignity and confidentiality was protected and respected. However, the Friends and Family Test performance was generally worse than the England average from July 2016 to June 2017.
- Surgery services remained good for caring. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients. The Friends and Family Test response rate for surgery was 39%, which was better than the England average from August 2016 to July 2017.
- End of life care remained good for caring. Staff cared for patients with compassion. Staff ensured that relatives were supported, involved and treated with compassion as best they could. Staff involved patients and those close to them in decisions about their care and treatment. Staff were respectful to patients and their relatives. Patient dignity and comfort was a priority and we saw this attitude reflected in the staff working throughout end of life care services at the hospital. Spiritual and religious support was available through the interfaith spiritual care team.
- Outpatient services were rated as good. Staff cared for patients with compassion. 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. Patient's privacy and dignity were respected. Chaperones were available when they were required.
- Diagnostics imaging was rated as good. Staff cared for patients with compassion. 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. Staff demonstrated a good understanding of the privacy and dignity needs of their patients. We observed staff being respectful at all times during the inspection.
- At our last inspection in May 2014, medical care (including older people's care) and critical care, maternity services and services for children and young people were rated as good.

Are services responsive?

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

- Urgent and emergency went down for responsive from a good rating at our last inspection to requires improvement, arrangements to admit treat and discharge patients were not in line with good practice. It was unclear if the trust's four-hour target performance was accurate, as children were moved to a 'virtual' ward on the hospital system but remained in the same assessment area if they required further observations for longer than four hours or were waiting for transport to another hospital. From September 2016 to April 2017 patients waiting between four and 12 hours from the decision to admit until being admitted was consistently worse than the England average. However, this did improve from May 2017. Appropriate action was not always taken following a complaint. Patients were routinely cared for in the clinical decisions unit (CDU) for longer than 24 hours which was not in line with the CDU policy. We were not assured that patients were offered refreshments regularly. However, services were planned and provided to meet the needs of local people. The service took account of patients' individual needs.
- Surgery services remained good for effective. The service was responsive to meet patients' individual needs, concerns and complaints were investigated them and lessons learnt, there was a carer's passport scheme offering reduced rates for meals at the hospital restaurant and free car parking. People could access the service when they needed it. From August 2016 to July 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery was similar to the England average. The number of short notice elective surgery cancellations was lower than the England average. However, inpatients were often admitted to the day procedures unit overnight, which was not designed for inpatients.

Summary of findings

- End of life care went down for responsive from a good rating at our May 2014 inspection to requires improvement. There was no data to confirm if people could access all end of life services when required. Not all staff were familiar with the revised specialist palliative care team (SPCT) referral form and no audits had been completed to ensure appropriate patients had been referred to the service. Side rooms and interview rooms were not always available for patients at the end of their lives or their families. However, the service took account of patients' individual needs. The chaplaincy team provided a flexible service to meet individuals' spiritual, religious, and social needs. The mortuary staff had built relations with the Muslim Imam at the local mosque. The service also provided a flexible, on call service to meet the needs of local people. A Red2Green pathway helped focus staff with considering the holistic needs of a patient's journey to discharge.
- Outpatient services were rated as requires improvement. People could not always access the service when they needed it. The service did not meet the 18 week RTT and a large number of patients did not receive a follow up appointment following the introduction of an electronic patient administration system. Clinics were cancelled or reduced at short notice, resulting in inconvenience and delays for patients. The service had issues room booking. The service did not always take account of patients' individual needs. However, the service treated concerns and complaints seriously and investigated them. A translation and interpreting service was available.
- Diagnostics imaging was rated good for responsive. The trust planned and provided services in a way that met the needs of local people. People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice. The service was currently performing better than the England average for the percentage of patients receiving their diagnostic imaging tests within six weeks. The service took into account individual patient's needs. Staff were able to support people with additional needs, for example patients living with dementia, learning disabilities and visual or hearing impairments. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However some of the patient waiting areas were cramped and there were no separate waiting areas for children.
- At our last inspection in May 2014, medical care (including older people's care) and critical care, maternity services and services for children and young people were rated as good for responsive.

Are services well-led?

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

- Urgent and emergency went down for well led from requires improvement in our last inspection to inadequate, governance arrangements did not operate effectively. There was a significant disconnect between the services for children and adults and there was no joint governance arrangements in place between services. Departmental meetings were poorly attended and were not minuted. Staff satisfaction and morale was varied. Leaders did not have the capacity to lead the department effectively. Not all issues and risks in the department had been identified by leaders. There was no local audit plan for the adults' emergency department and quality checks were not completed monthly. Risks were not being adequately identified, placed on the risk register and escalated accordingly. However, the leadership, culture and staff satisfaction within the children's assessment unit was very positive. Staff spoke highly of the emergency department matron who was described as approachable.
- Surgery services remained requires improvement for well led. The service leaders had not taken effective actions to improve performance or compliance, effective actions had not been taken to address risks to patients that had been recognised and documented on risk registers. Leaders had not ensured that staff attended mandatory training in order to provide safe care and treatment in their roles. The leaders had not ensured that changes to services had been planned to use inpatient beds effectively. However, service leaders were available and accessible to staff. Staff enjoyed working in the friendly culture that existed in the surgery services and throughout the hospital.

Summary of findings

- End of life care went down for well led from an outstanding rating at our last inspection to inadequate. Since the May 2014 inspection, there had been deterioration in end of life care services at the trust. Leadership had not effectively met the needs of the service at the time of our visit. The trust did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The end of life care strategy and vision for the trust remained under development. There was little evidence the strategy had progressed between December 2016 and July 2017. The trust was not always committed to improving services by learning from when things go well and when they go wrong. There was no governance framework for reviewing patient harm incidents within end of life care services. There was a lack of systematic audit programme relating to end of life care, few measures to review risk and quality, and no governance framework to support the delivery of care. There had been no trust wide group to ensure clinical end of life care documentation and practice was consistent across the hospital. Therefore there was no assurance leaders understood the challenges to quality and sustainability. The trust had not always engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. However, the trust had begun to put in place effective systems to identify risks, and to plan to eliminate or reduce them. The trust continued to engage with key stakeholders to review staffing issues. Leaders were working with local managers to promote a positive culture.
- Outpatient services were rated as requires improvement. Responsibilities for the management of outpatient services were fragmented and staff lacked clarity about the roles and responsibilities of individuals within the directorate. The trust did not take a systematic approach to improving the quality of services. The trust did not analyse, manage and use information well to support all its activities. The arrangements for governance were poorly developed and did not function effectively. The flow of information from operational staff to governance committees and vice versa was limited and there were no clear arrangements to enable cross directorate learning. There was a limited approach to obtaining the views of patients and the public. However, the managerial infrastructure had recently been strengthened and the nursing leadership team were starting to escalate and address issues of concern.
- Diagnostics imaging was rated as good. The service had good leadership, governance and a culture which had responded well to a difficult time with service improvements and person-centred care central to their vision and strategy. Managers proactively reviewed performance to reflect best practice and help and improve care. All staff we spoke with were able to identify risks and how to take appropriate action to eliminate or reduce these risks. Managers were visible across the department and staff felt supported. Staff told us they felt encouraged with the further training that was available to them. However, the service leaders had not ensured that staff attended mandatory training in order to provide safe care and treatment in their roles. There was a lack of process to ensure that all patient scans were being reported on in a timely manner. The systems in place did not fully record or highlight these patients effectively and there was a risk of patient harm due to the lack of processes.
- At our last inspection in May 2014, medical care (including older people's care) and critical care and services for children and young people were rated as good for well-led. Maternity services was rated as requires improvement.

Ratings tables

The ratings tables in our full report 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 Diagnostic Imaging

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

Summary of findings

Areas for improvement

We found areas for improvement including breaches of three regulations that the trust must put right. We also found 40 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 requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in urgent and emergency services, surgery, end of life care, diagnostic imaging and outpatients.

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

What happens next

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

Outstanding practice

We found the following outstanding practice in diagnostic imaging:

- The service actively supported role development of staff. Post graduate training was supported within the magnetic resonance imaging (MRI) department. We also noted advanced practice for clinical reporting radiographers for plain film and head computed tomography (CT) imaging.
- There was a very positive culture in all the diagnostic imaging departments we visited. Staff spoke of good teamwork and flexibility within the staff groups.
- A study undertaken by the service demonstrated that a modest reduction in the dose of administered intravenous contrast could be achieved without adversely affecting the diagnostic value of the images obtained. Utilisation of this reduced dose of contrast when acquiring CT images reduced the risk to patients of contrast induced kidney disease or damage.

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 the quality of services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to five services and the trust overall. The services were urgent and emergency care, surgical services, end of life service, outpatients and diagnostic imaging.

For the overall trust:

Summary of findings

- The trust must ensure that mandatory training compliance information improve to meet the trusts target of 85%. The trust must ensure they have robust systems in place to collate mandatory training data.
- The trust must ensure governance processes are established and operated effectively for both end of life services and urgent and emergency care including audits and monitoring of patient care.
- The trust must ensure there are sufficient numbers of suitably qualified medical staff in the specialist palliative care team in line with guidance.

In urgent and emergency services:

- The trust must ensure all staff have the relevant training, knowledge and skills to care for and resuscitate patients in a medical emergency.
- The trust must ensure all staff receive mandatory training.
- The trust must ensure staff receive appraisals and supervision.
- The trust must ensure staff in all staff have received up-to-date and relevant training in safeguarding children and adults.
- The trust must ensure governance systems and processes are established and operated effectively across the emergency department, urgent care centre and the Childrens Assessment Unit (CAU). This includes collaborative working, sharing of learning and discussions around care pathways and new developments.
- The trust must ensure staff are clear on pathways for children.
- The trust must ensure the quality and safety of services are assessed, monitored and improved. This includes the development and monitoring of robust action plans following audits. The trust must ensure they maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- The trust must ensure they assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- The trust must ensure local audits and matron checks are being completed regularly and in line with the trust policy.

In surgical services:

- The trust must ensure that all staff comply with the trusts infection prevention and control policy.
- The trust must ensure that all staff attend the required mandatory training, including basic life support, medical device training and safeguarding, in order for them to provide safe care and treatment.
- The trust must ensure that procedures are in place so that medicines are always prescribed and administered correctly.
- The trust must ensure risk assessments are completed and documented including patients risk of falls and malnutrition.
- The trust must ensure incidents are reported in a timely manner.

In end of life services:

- The trust must ensure there is a process in place to ensure a sufficient quantity of serviced syringe drivers are available to keep patients safe from harm.

Summary of findings

- The trust must ensure there is a multidisciplinary workforce sufficient to provide high-quality care and support to people approaching the end of life, and their families and carers in line with NICE (National Institute for Health and Care Excellence) QS13.
- The trust must ensure there are sufficient numbers of suitably qualified medical staff in the specialist palliative care team in line with guidance from The Association of Palliative Medicine for Great Britain and Ireland, and the National Palliative Care, which recommend there should be a minimum of one consultant to 250 beds.
- The trust must ensure there is a process in place to ensure clinical staff working with end of life care patients have received training to a competency to meet the 'Ambitions for palliative and end of life care: A national framework for local action 2015/2020'.
- The trust must ensure there is a governance framework in place for reviewing and sharing learning from patient harm incidents, and ensure staff are competent with categorising and reporting incidents.
- The trust must monitor the effectiveness of care and treatment and use the findings to improve the end of life care services.
- The trust must strengthen management and governance arrangements to ensure effective flow of information through the organisation and effective management of performance.

In outpatient services:

- The trust must ensure staff are up to date with mandatory training.
- The trust must ensure that a process is in place to ensure clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns, has received training to the appropriate level of competency as outlined in the Intercollegiate guidance Safeguarding Children.
- The trust must ensure that the service meets referral to treatment targets in outpatient clinics and deals with the backlog in follow-up appointments and waiting times.

In diagnostic imaging services:

- The service must ensure that a process is in place to ensure clinical staff working with children, young people and/or their parents/carers has received training to the appropriate level of competency as outlined in the Intercollegiate guidance.
- The service must ensure staff attend mandatory training.

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.

For the overall trust:

- The trust should ensure the leadership team clearly identifies and agrees on all challenges for the trust and these are included on the trust risk register.
- The trust should ensure staff are aware of the trust strategic goals and how their roles fit into supporting the strategic goals.
- The trust should ensure they embed the equality, diversity and inclusion strategy across the organisation.

Summary of findings

- The trust should ensure there is clear clinical directorate leadership representative at the Quality Assurance Committee to offer a wider scrutiny.
- The trust should ensure there is a separate strategy in place for patients living with dementia, a learning disability, mental health conditions, or autism.

In urgent and emergency services:

- The trust should ensure that all staff comply with the trusts infection prevention and control policy, including being bare below the elbow in clinical areas.
- The trust should ensure that beds stored in the corridor are identifiably clean and ready for use.
- The trust should ensure all fire safety risks, such as keeping fire doors open to observe patients, are risk assessed.
- The trust should ensure all ligature points within the department are risk assessed.
- The trust should ensure there is a documented criteria for receptionists to ensure all conditions which require urgent escalation and treatment are alerted to a clinical member of staff.
- The trust should ensure staff in minors are knowledgeable of the location of patients at all times.
- The trust should ensure all temporary staff are inducted in line with trust policy.
- The trust should ensure staff undertake regular care rounds and emergency care safety checklists are completed.
- The trust should ensure there are systems and processes in place to identify which patients are being cared for in the corridor.
- The trust should ensure risk assessments are completed with regards to storing medications where they would not be tampered with.
- The trust should ensure learning from incidents, investigations and complaints are discussed and effectively shared throughout the department.
- The trust should consider the use of local audits to assess, monitor and improve care and patient outcomes.
- The trust should ensure patients are not routinely cared for in the clinical decisions unit for longer than 24 hours in line with the trust policy.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard for emergency departments that 95% of patients should be admitted, transferred or discharged within four hours of arrival.
- The trust should ensure that efforts are made to engage staff of all levels in discussions around developments of the department.

In surgical services:

- The trust should use the results of local audits and other performance data to improve care and patient outcomes.
- The trust should ensure that inpatients are not routinely cared for in the day procedures unit for in line with the trust policy.
- The trust should review the patient pathways to ensure effective use of inpatient beds.
- The trust should ensure that entrance to wards and departments are secure.
- The trust should ensure that surgery service level mortality and morbidity meetings are minuted and actions to be taken managed.

Summary of findings

In end of life services:

- The trust should ensure staff attend mandatory training.
- The trust should ensure there is a published end of life care strategy and vision for the trust.
- The trust should ensure there is a governance framework in place for reviewing concerns and complaints.

In outpatient services:

- The trust should ensure there are separate areas for children attending the outpatient department to wait.
- The trust should complete regular audits of infection prevention and control practices and take action to address issues identified.
- The trust should review nurse staffing levels and skill mix to ensure patients are not waiting long times at clinics.
- The trust should review the process for bookings in fracture clinics to prevent patient being double booked and resulted in long waits.
- The trust should take steps to maximise medical staff attendance at outpatient clinics and reduce the number of reduced or cancelled clinics.
- The trust should ensure staff are aware and can make reasonable adjustments for patient attending the department with learning disability and those living with dementia.
- The trust should strengthen management and governance arrangements to ensure effective flow of information through the organisation and effective management of performance.
- The trust should ensure correspondence with GPs providing information on the outpatient visit is sent out in a timely manner

In diagnostic imaging services:

- The service should develop a clinical audit programme to audit the quality of referrals received within each area, to ensure that the correct documentation is used and record keeping standards are adhered to. Processes should be subject to audit at regular periods.
- The service should integrate the safety standards of National Safety Standards for Invasive Procedures (2015) into their current working practice for interventional procedures.
- The service should ensure there are separate areas for children attending the diagnostic imaging department to wait.
- The service should monitor the effectiveness of the procedure to ensure that all examinations outstanding for reporting longer than one week are highlighted to service managers.

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.

Summary of findings

We rated well-led at the trust as requires improvement, whilst we rated two core services for well led inadequate in end of life and urgent and emergency care, we rated the trust wide team as requires improvement as we found the leadership, governance and culture did not always support the delivery of high quality person centred care.

- We were not reassured that there were arrangements for identifying, recording and managing all risks, issues and mitigating actions through clear structures and processes.
- There was lack visible leadership within the urgent and emergency care services. Quality and operational monitoring was not systematic, there was no local audit plans in place and matron quality checks were not completed monthly. We saw no evidence of action taken to improve the departments working together.
- There was a lack of a clear strategy for the end of life service beyond the recruitment of staff, no governance processes were in place, no audits were taking place, and key indicators relating to patient care were not being monitored.
- The leadership team had not clearly identified or agreed with the most concerning challenges for the trust.
- The Quality Improvement Strategy was ratified and launched through the communications team. However, this was completed in August 2017 and we had not seen any evidence of the progress of these priorities.
- We found that there were a number of strategies that were not interwoven across the organisation yet. There was no clarity in communication of the strategic goals to staff. In addition, it was not clear to staff in how their roles fit in and how they would support the new strategic goals.
- There was lack of detail in how strategic objective were to be delivered and achieved. There was no formal process for how they would measure the success of each objective.
- There was an equality, diversity and inclusion strategy needed to be embedded across the organisation.
- There was lack of directorate leadership representative at the Quality Assurance Committee, as each clinical directorate was not represented to offer a wider scrutiny.
- The trust was forecasting a financial deficit for the year at a £17.2 million reducing to £13.2 million on receipt of support from the national Strategic Transformation Fund.
- There was no separate strategy in place for patients living with dementia, mental health condition, or autism, although this was in the process of being developed.
- We saw that mandatory training information was stored in several places within the trust and we received a variety of conflicting information of levels of compliance with training, the levels of mandatory training were generally below (worse than) the trusts target of 85%.

However

- The trust had an established leadership team with most of the skills, abilities, and commitment to provide high-quality services.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- Senior leaders visited parts of the trust and fed back to the board to discuss challenges staff and the services faced. The leaders were visible and approachable.
- Leaders at every level 'lived' the vision and embodied the shared values; prioritise high quality, sustainability and compassionate care and promoted equality and diversity.
- Candour, openness, honesty, transparency and challenges to poor practice were embedded.

Summary of findings

- George Eliot Hospital was one of the first trusts to become part of the Freedom to Speak Up initiative. They appointed a freedom to speak up guardian in November 2015 and the first report to the board was December 2015.
- There were good succession planning with handovers or interims to ensure a seamless transfer between staff. The trust had a strategy for workforce wellbeing.
- The trust had a good process in place to manage and respond to complaints.
- Papers for board meetings and other committees were of a good standard and contained current and relevant information.
- The trust had undergone external reviews or investigations to improve practice.
- The trust had a structured and systematic approach to engaging with patients, those close to them and their representatives. The trust had a structured and systematic approach to staff engagement.
- The local Staff Impression Survey collected responses on three 'Friends and Family' type questions that were positive.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.

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 →← Oct 2017	Requires improvement ↓ Oct 2017	Good →← Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement ↓ Oct 2017	Requires improvement ↓ Oct 2017

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

Ratings for George Eliot Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2017	Requires improvement Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Inadequate ↓ Oct 2017	Requires improvement ↔ Oct 2017
Medical care (including older people's care)	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Surgery	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Maternity	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014
Services for children and young people	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
End of life care	Requires improvement ↓ Oct 2017	Inadequate ↓↓ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Inadequate ↓↓ Oct 2017	Inadequate ↓↓ Oct 2017
Outpatients	Requires improvement Oct 2017	N/A	Good Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017
Diagnostic imaging	Requires improvement Oct 2017		Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Overall*	Requires improvement ↔ Oct 2017	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Requires improvement ↓ Oct 2017	Inadequate ↓ Oct 2017	Requires improvement ↔ Oct 2017

*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.

George Eliot NHS Hospital

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www.geh.nhs.uk

Key facts and figures

The trust has 310 beds, including eight critical care beds, plus 12 day case beds, all across 16 wards. There are no in patient children's beds. The trust has eight operating theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology as well as a wide range of day procedures. The trust runs 182 outpatient clinics per week at George Eliot Hospital. The trust employs 2,354 (headcount) staff.

Patient numbers

- Outpatient attendances: 297,398 up 4% from previous year
- Emergency and urgent admissions: 75,834 attendances, 13,445 of those admitted. Reduction of 5% from previous year.
- Planned elective surgical cases: surgical admission number 2,004
- Babies born: 2,104 deliveries increase of 2% from previous year

Summary of services at George Eliot NHS Hospital

Requires improvement  

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

- Safe, effective, and responsive were requires improvement, caring was good and well-led was inadequate because end of life services and urgent and emergency care were rated as inadequate, however leadership at the trust level overall was rated as requires improvement.
- Urgent and emergency overall was rated as requires improvement. Safety remained requires improvement, caring remained good. Effective was rated as requires improvement. Responsive went down from good to requires improvement. Well-led went down from requires improvement to inadequate. Staff did not have the appropriate level of children's safeguarding training, staffs did not follow the trust policy on safeguarding and mandatory training for all staff were below (worse than) the trusts targets in a majority of topics. The senior leaders were not visible within the department, leaders were not aware of the risks to patients in the department. There was a significant disconnect between the CAU, the emergency department and the UCC.

Summary of findings

- Surgery overall was rated as requires improvement. Safe remained requires improvement, effective, caring and responsive remained good and well led remained requires improvement. Patients did not always receive their medicines as prescribed, mandatory training was low and did not meet the trusts target of 85%. Leaders did not ensure effective action was taken to improve aspects of compliance, risk and performance. Staff did not always document risk assessments regarding patients' risk of falls or malnutrition. The leaders had not ensured that changes to services had been planned to use inpatient beds effectively. However, patients and their relatives were happy with care and treatment they received. Staff were competent for their roles. Managers appraised staff's work performance. Patients could access care and treatment in a timely way with referral to treatment times in line with the England average.
- End of life overall was rated as inadequate. Safe went down to requires improvement, effectiveness went down from good to inadequate, caring remained good. Responsive went down from good to requires improvement and well led went down from outstanding to inadequate. The trust did not always ensure there were sufficient quantities of equipment to maintain the safety of patients. The service did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons in end of life care services. Staff did not always have the appropriate skills and experience for their roles. The delivery of end of life care training was not sufficient throughout the hospital and ward staff were had not been kept up to date with new processes and procedures. The trust did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The end of life care strategy and vision for the trust remained under development. There was no governance framework for reviewing patient harm incidents within end of life care services. There was a lack of any systematic audit programme relating to end of life care, few measures to review risk and quality, and no governance framework to support the delivery of care. The trust had not always engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. However, we observed good infection control practices. Staff kept appropriate records of patients' care and treatment. Staff ensured that relatives were supported, involved and treated with compassion as best they could. Staff involved patients and those close to them in decisions about their care and treatment.
- Previously in May 2014, we rated outpatients and diagnostic imaging together. On this inspection, we rated each service separately therefore, we are unable to compare with the previous ratings.
- Outpatient services were rated as required improvement overall. Safe and responsive and well led was rated as requires improvement. Care was rated as good. Effective is not currently rated. Mandatory training for all staff was below (worse than) the trusts target in a majority of topics. Staff did not have the appropriate level of children's safeguarding training. The trust did not complete regular audits of infection prevention and control practices. Patients were unable to access services for assessment, diagnosis and treatment in a timely way due to waiting times, delays and cancellations.
- Previously in May 2014, we rated outpatients and diagnostic imaging together. On this inspection, we rated each service separately therefore, we are unable to compare with the previous ratings. Diagnostics imaging overall was rated as good overall. Caring, responsive and well led were rated as good. Safe was rated as requires improvement. Effective is not currently rated. The service managed patient safety incidents well. Staff across different disciplines worked well together to deliver effective care and treatment. The service provided care and treatment based on national guidance and evidence of its effectiveness. The service had managers at all levels with the right skills and abilities to run a service, Managers were visible. There was a positive culture of support, teamwork and focus on patient care. However mandatory training for all staff was below (worse than) the trusts target in a majority of topics. Staff did not have the appropriate level of children's safeguarding training. The department was not consistently using the computerised reporting system to check that paediatric scans had been reported on appropriately.

Summary of findings

- On this inspection we did not inspect medicine (including older people's care), critical care, maternity, and services for children and young people. The ratings we gave to these services on the previous inspection in May 2014 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Urgent and emergency services

Requires improvement   

Key facts and figures

The urgent and emergency care service footprint consists of a major's area, a minor's area, a clinical decisions unit (CDU), an urgent care centre (UCC) and a children's assessment unit (CAU). The department is currently undergoing work to expand the environment to meet the needs of the local population and to manage an increase in attendances.

The urgent and emergency care service saw 77,108 patients from June 2016 to May 2017. The service saw around 211 patients each day. The CAU was responsible for seeing and treating approximately 22% of these patients (16,676).

The CAU is managed by the women and children's directorate. Urgent and emergency care service for adults is managed by the urgent and emergency care directorate, however, this also includes two inpatient wards therefore the data throughout the report may include some inpatient data due to the governance arrangements at this trust.

During our inspection, we spoke with 21 members of staff, six patients and four relatives. We looked at 29 sets of patient records. We also spoke with the leaders of the department and the urgent and emergency care directorate.

Summary of this service

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

- Safeguarding was not given sufficient priority at all times. Systems were not fully embedded and staff knowledge of safeguarding children was variable.
- Not all staff, including senior staff, had received appropriate training to care for patients. Not all staff were trained in the correct level of life support training, safeguarding adults and children, and mandatory training.
- Safety systems were in place but were not monitored. Care rounds and risk assessments were not always formally documented in patient records.
- Environmental risk assessments were not robust and did not address nor mitigate potential risks in the department during temporary changes and building work.
- Quality monitoring and improvement was not a priority. There was no local audit plan and there were no action plans in place following national audits. Monthly matron checks were not completed routinely in the department and there were no plans in place to address poor practice such as hand hygiene audit results.
- Incidents and complaints were rarely shared with staff in the adult's emergency department and lessons learnt were not always identified.
- Senior nursing leaders were not always visible in the department due to demand and their individual responsibilities in other areas of the hospital. Leaders were not aware of the risks to patients in the department. There was a significant disconnect between the CAU, the emergency department and the UCC. Staff morale amongst medical staff was negative and historical issues between emergency department consultants and consultant paediatricians had not been resolved.

However:

- The trust took actions to address inconsistent safeguarding knowledge of staff and improve safeguarding training compliance.

Urgent and emergency services

- Patients were cared for with compassion. Feedback from patient's parents about care in the CAU was extremely positive.
- Sepsis management was appropriate and staff had access to age-specific pathways for children with suspected sepsis.
- Senior managers in the emergency department planned and provided services in a way that met the needs of local people.
- Nursing staff spoke highly of their nursing leaders.

Is the service safe?

Requires improvement   

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

- The service did not manage patient safety incidents well. There was a lack of sharing of incidents and learning from incidents was not always identified throughout the emergency department.
- The service did not always control infection risk well in relation to hand hygiene. Hand hygiene audit results were poor and showed non-compliance across all areas of the emergency department. We observed poor hand hygiene practices amongst medical staff such as writing in notes with gloves and use of nail varnish.
- Not all staff understood how to protect patients from abuse. Not all staff had received the appropriate level of training to ensure they could recognise and appropriately report abuse. Staff knowledge of the trusts safeguarding children's policy and the trigger points for identifying children at risk was variable. This was brought to the trusts attention following our inspection and action was taken to address this.
- Senior nurses in minors did not always have a clear oversight of the whereabouts of patients.
- Staff did not keep appropriate records of patients' care and treatment. Whilst we observed risk assessments were carried out, they were not always formally documented in patient's notes, which meant there was a risk that staff may have been unable to identify and respond appropriately to changing risks including patients who were deteriorating. Emergency safety checklists were not completed and care rounding was not formally documented.
- The service provided mandatory training in key skills to all staff however not everyone had completed it. Mandatory training compliance was poor (54%) and did not meet the trust target of 85%.
- Not all staff had the skills and training to care for and resuscitate patients in a medical emergency. However the trust informed us that all staff had training booked prior and would be up to date by the end on December 2017.
- There was no dedicated triage nurse in post and not all nurses had been trained to triage patients, nor were their competencies to triage monitored.
- There were no dedicated facilities to conduct assessments of adults with mental health conditions. However, the trust did follow best practice guidelines and used a private room to conduct mental health assessments.
- The private room used for mental health assessments complied with most of the best practice standards.

However:

- All nurses in the CAU were trained in paediatric intermediate life support and all senior nurses were trained in emergency paediatric life support.

Urgent and emergency services

- There were enough staff with the right qualifications, skills and experience to keep patients safe and to provide the right care and treatment, however due to the high number of vacancies this was achieved through high use of locum, bank and agency staff.
- Patients with sepsis were monitored and managed appropriately. Age- specific pathways were followed for children in the CAU.
- Patients did not wait for longer than one hour from arrival to treatment.
- The CAU managed patient safety incidents well. We saw examples of sharing learning from incidents amongst staff in the CAU.

Is the service effective?

Requires improvement



We rated it as requires improvement because:

- The service did not always make sure staff were competent for their roles. Not all staff had the right skills and training to do their job. Their learning needs were not identified and not all staff were supported to participate in training and development opportunities. Management and support arrangements for staff such as appraisal, supervision and professional development was not robust. Less than half of the staff members in the department had undergone an appraisal and nurses were not offered supervision in the emergency department.
- The service did not monitor the effectiveness of care and treatment and findings were not used to improve them. The department did not benchmark their patient outcomes with other similar services to learn from them. Patient outcomes were not routinely monitored and action plans were not in place in response to national audit results.
- There was no local clinical audit plan for 2017/18 in the emergency department. Matron checks were not completed monthly and there was no evidence of learning from non-compliance.
- Pain scores in adults were not always documented in patient records.

However:

- The service provided care and treatment based on national guidance. Care pathways were in line with recommended guidance and recent best practice guidelines were accessible to staff.
- Pain in children was assessed and recorded appropriately. Analgesia was administered in line with national guidance.
- Training sessions for medical staff were held weekly in the department and covered a wide range of topics. Junior doctors were encouraged to attend sessions.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005, despite MCA 2005 training compliance levels being below (worse than) the trust target.
- Services, including therapy and psychiatric liaison services were accessible for patients in the emergency department seven days a week.

Is the service caring?

Good



Urgent and emergency services

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

- Staff cared for patients with compassion. Feedback from patients we spoke with confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with patients in a way in which they could understand.
- Staff provided emotional support to patients to minimise their distress.
- Patients' privacy, dignity and confidentiality was protected and respected.

However:

- The trust's Urgent and Emergency Care Friends and Family Test performance (% recommended) was generally worse than the England average from July 2016 to June 2017.

Is the service responsive?

Requires improvement ● ↓

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

- Arrangements to admit treat and discharge patients were not in line with good practice. The emergency department did not always meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the Accident and Emergency. This standard was breached for nine out of 12 months from September 2016 to August 2017.
- It was unclear if the trust's four hour target performance was accurate, as children were moved to a 'virtual' ward if they required further observations for longer than four hours or were waiting for transport to another hospital.
- Patients knew how to make a complaint and complaints were responded to in a timely manner however, staff in the adults emergency department were not aware of any learning that had been identified following a complaint or changes to practice. Themes and trends from complaints were not reviewed.
- Patients were routinely cared for in the clinical decisions unit (CDU) for longer than 24 hours which was not in line with the CDU policy.
- We were not assured that patients were offered refreshments regularly as the emergency care checklists were not being completed by staff in the department.

However:

- The trust planned and provided services in a way that met the needs of local people. Senior managers in the emergency department recognised that the environment was not adequate to meet the needs of the local people and there was work underway to increase the layout and footprint of the department to accommodate for the increase in attendances and the type of attendances.
- The number of patients who waited between four and 12 hours from the decision to admit until being admitted had improved each month since February 2017.
- The service took account of patients' individual needs. We observed patients with complex social needs being prioritised and moved to a more appropriate environment in a timely manner.

Urgent and emergency services

Is the service well-led?

Inadequate ● ↓

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

- Governance arrangements did not operate effectively. There was a significant disconnect between the services for children and adults and there was no joint governance arrangements in place between services. There was a lack of collaborative working across different areas of the department.
- Departmental meetings were poorly attended and were not minuted.
- Staff satisfaction and morale was varied. Working relationships between consultants in the emergency department and consultant paediatricians were challenging. Not all consultants were engaged with decisions that affected them, for example, the paediatric pathways.
- Nursing leaders did not have the capacity to lead the department effectively. They were not always visible due to their large remit and demand in other areas of the hospital for which they were also responsible. Not all issues and risks in the department had been identified by leaders.
- The leadership team did not ensure staff had the required levels of training. For example, not all staff had attended mandatory training courses and life support training. Not all nurses had received training in how to triage patients. There were not processes in place to monitor nurses' competencies in triage.
- Quality and operational monitoring was neither systematic nor consistent. There was no local audit plan for the adults' emergency department and quality checks were not completed monthly. Staff were not engaged in quality monitoring and improvement.
- Arrangements for recording and managing risks were not robust. Not all risks were being adequately identified, placed on the risk register and escalated accordingly. For example, low levels of substantive consultants and high locum use was not on the risk register.
- The leadership team were unaware of risks associated with patient flow. Staff in the minors area were not always aware of the whereabouts of patients.

However:

- The leadership, culture and staff satisfaction within the children's assessment unit was very positive.
- Staff spoke highly of the emergency department nurse leaders who were described as approachable.

Areas for improvement

We told the trust that it must take action to bring services into line with three legal requirements.

Action the trust **MUST** take to improve

In urgent and emergency services:

- The trust must ensure all staff have the relevant training, knowledge and skills to care for and resuscitate patients in a medical emergency.
- The trust must ensure all staff receive mandatory training.
- The trust must ensure staff receive appraisals and supervision.

Urgent and emergency services

- The trust must ensure staff in all staff have received up-to-date and relevant training in safeguarding children and adults.
- The trust must ensure governance systems and processes are established and operated effectively across the emergency department, urgent care centre and the children's assessment unit. This includes collaborative working, sharing of learning and discussions around care pathways and new developments.
- The trust must ensure staff are clear on pathways for children.
- The trust must ensure the quality and safety of services are assessed, monitored and improved. This includes the development and monitoring of robust action plans following audits.
- The trust must ensure they maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- The trust must ensure they assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- The trust must ensure local audits and matron checks are being completed regularly and in line with the trust policy.

Action the trust SHOULD take to improve

- The trust should ensure that all staff comply with the trusts infection prevention and control policy, including being bare below the elbow in clinical areas.
- The trust should ensure that beds stored in the corridor are identifiably clean and ready for use.
- The trust should ensure all fire safety risks, such as keeping fire doors open to observe patients, are risk assessed.
- The trust should ensure all ligature points within the department are risk assessed.
- The trust should ensure there is a documented criteria for receptionists to ensure all conditions which require urgent escalation and treatment are alerted to a clinical member of staff.
- The trust should ensure staff in minors are knowledgeable of the location of patients at all times.
- The trust should ensure all temporary staff are inducted in line with trust policy.
- The trust should ensure staff undertake regular care rounds and emergency care safety checklists are completed.
- The trust should ensure there are systems and processes in place to identify which patients are being cared for in the corridor.
- The trust should ensure risk assessments are completed with regards to storing medications where they would not be tampered with.
- The trust should ensure learning from incidents, investigations and complaints are discussed and effectively shared throughout the department.
- The trust should consider the use of local audits to assess, monitor and improve care and patient outcomes.
- The trust should ensure patients are not routinely cared for in the clinical decisions unit for longer than 24 hours in line with the trust policy.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard for emergency departments that 95% of patients should be admitted, transferred or discharged within four hours of arrival.

Urgent and emergency services

- The trust should ensure that efforts are made to engage staff of all levels in discussions around developments of the department.

Surgery

Requires improvement   

Key facts and figures

Surgery services at George Eliot Hospital provide trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology, gynaecology, as well as a wide range of day procedures.

The trust has eight operating theatres, a day procedures unit (DPU) and three surgical wards providing 82 inpatient beds.

The trust had 15,476 surgical admissions from April 2016 to March 2017. Emergency admissions accounted for 3,293 and 10,179 were day cases and the remaining 2,004 were elective.

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

We inspected DPU, theatre departments and three surgical wards:

- Nason ward, which cares for patients following orthopaedic trauma and has 27 beds.
- Victoria ward, which cares for patients having elective orthopaedic surgery and has 21 beds.
- Alexandra ward, which cares for patient with mainly general surgical conditions and has 34 beds.

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

During the inspection, we spoke with 12 patients who were using the service and their relatives. We spoke with 30 staff including doctors, nurses, managers, healthcare assistants, specialist nurses, allied health professionals and other support staff. We observed three handover meetings, a safety briefing and a consultant ward round and reviewed records relating to 36 patients and 34 medicine prescription charts.

Summary of this service

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

- Patients did not always receive their medicines as prescribed. There were errors or omissions within prescription charts.
- Staff did not always report incidents in a timely manner.
- The service did not make sure all staff completed all required training, including mandatory topics such as safeguarding and safe use of medical devices.
- Leaders did not ensure effective action was taken to improve aspects of compliance, risk and performance. Information was available, recognised and documented by leaders.
- Staff did not always document risk assessments regarding patients' risk of falls or malnutrition.
- The leaders had not ensured that changes to services had been planned to use inpatient beds effectively.
- However:
- Patients and their relatives were happy with care and treatment they received. This was reflected in the friend and family test results for surgery services.

Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Patients could access care and treatment in a timely way with referral to treatment times in line with the England average.
- Staff across different disciplines worked well together to deliver effective care and treatment.

Is the service safe?

Requires improvement   

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

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

- The service provided mandatory training in key skills. However, they did not make sure everyone completed it. There were some areas of poor compliance with mandatory training including safeguarding adult training and basic life support.
- The service did not always control infection risk well. Not all staff complied with infection prevention and control policy.
- Staff did not always document risk assessments regarding patients' risk of falls or malnutrition.
- The service did not have enough substantive staff. There were vacancy rates particularly in nursing staffing and the gaps were filled with temporary staff.
- Patients did not always receive their medicines as prescribed. There were errors or omissions within prescription charts. These included; an excess dose of paracetamol, a missed antibiotic dose, and medicines administered without valid prescriptions (unsigned).
- Staff did not report incidents that were discovered during the inspection, such as the medication errors in a timely manner, in line with the trust's policy.
- The service did not record minutes and actions from mortality and morbidity meetings.

However, we also found:

- The service had learned lessons from incidents and made changes to prevent reoccurrence. For example, theatre teams had reviewed and strengthened processes following recent never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The service ensured that medicines were stored securely and appropriately.
- Leaders within the service and at trust board level monitored staffing levels closely. Staff were being actively recruited and temporary staffing were employed to fill gaps.

Is the service effective?

Good   

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

Surgery

- The service provided care and treatment that was planned and delivered in line with evidence based guidance such as from the National Institute for Health and Care Excellence.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- The service contributed to national audits to monitor patient outcomes. For example, the national bowel cancer audit found that the risk-adjusted 90-day post-operative mortality rate was 4%. This meant the number of patients that died was within the expected range.
- Patients had a lower than expected risk of readmission for elective admissions for general surgery, urology and trauma and orthopaedics specialities when compared to the England average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. The annual appraisal compliance rate was 91%.
- Staff across different disciplines worked well together to deliver effective care and treatment. For example, doctors, nurses and other healthcare professionals had a multidisciplinary approach to care on Nason ward, which cared for patients following orthopaedic trauma.
- Patients were asked for consent prior to treatment and in accordance with the Mental Capacity Act 2005.

However, we also found:

- Patient outcome data from some national audits was below (worse than) expected. This included aspects of the National Hip Fracture audit report 2017 included that the proportion of patients having surgery on the day of or day after admission was 68.2%, which did not meet the national standard of 85%.

Is the service caring?

Good  ➡ ➡

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The Friends and Family Test response rate for surgery was 39%, which was better than the England average from August 2016 to July 2017. All three surgical wards had a high recommendation rate of over 95%.

Is the service responsive?

Good  ➡ ➡

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

- The service was responsive to meet patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

Surgery

- The service encouraged carers and relatives to take part in patients' care. There was a carer's passport scheme offering reduced rates for meals at the hospital restaurant and free car parking.
- Patients could access the service when they needed it. From August 2016 to July 2017 the trust's referral to treatment time for admitted pathways for surgery was similar to the England average.
- The number of short notice elective surgery cancellations was lower than the England average. All patients whose elective surgery was cancelled was subsequently carried out within 28 days.

However, we also found:

- The trust did not always provide services in a way that met the needs of patients in the day procedures unit. Inpatients were often admitted to the day procedures unit overnight, which was not designed for inpatients. For example, there were no showering facilities.

Is the service well-led?

Requires improvement   

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

- The service leaders had not taken effective actions to improve performance or compliance. Information was available including poor audit results and areas of non-compliance with mandatory training. This had not resulted in effective action to improve performance or compliance.
- The service leaders had not ensured that effective actions had been taken to address risks to patients that had been recognised and documented on risk registers. For example, five aspects of medicines management had been escalated to corporate risk registers. However, actions had not been effective to improve compliance.
- The service leaders had not ensured that staff attended mandatory training in order to provide safe care and treatment in their roles.
- The leaders had not ensured that changes to services had been planned to use inpatient beds effectively.

However:

- The service leaders were available and accessible to staff.
- Staff enjoyed working in the friendly culture that existed in the surgery services and throughout the hospital.

Areas for improvement

We told the trust that it must take action to bring services into line with three legal requirements.

Action the trust **MUST** take to improve

- The trust must ensure that all staff comply with the trusts infection prevention and control policy.
- The trust must ensure that all staff attend the required mandatory training, including basic life support, medical device training and safeguarding, in order for them to provide safe care and treatment.
- The trust must ensure that procedures are in place so that medicines are always prescribed and administered correctly.

Surgery

- The trust must ensure risk assessments are completed and documented including patients risk of falls and malnutrition.
- The trust must ensure incidents are reported in a timely manner.

Action the trust SHOULD take to improve

- The trust should use the results of local audits and other performance data to improve care and patient outcomes.
- The trust should ensure that inpatients are not routinely cared for in the day procedures unit for in line with the trust policy.
- The trust should review the patient pathways to ensure effective use of inpatient beds.
- The trust should ensure that entrance to wards and departments are secure.
- The trust should ensure that surgery service level mortality and morbidity meetings are minuted and actions to be taken managed.

End of life care

Inadequate ● ↓↓

Key facts and figures

George Eliot Hospital (GEH) provides end of life care to patients across all clinical areas who have a variety of conditions including cancer, stroke, cardiac and respiratory disease and dementia. The hospital does not have a dedicated ward for end of life care. Staff within the specialist palliative care team (SPCT) provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also support ward staff to deliver end of life care to patients who do not have complex, palliative care needs requiring additional specialist support. The SPCT received 133 referrals from 1 April 2017 to 30 September 2017 with 100 (75%) of these being for patients with a diagnosis of cancer. We visited six inpatient wards including stroke, the intensive treatment unit, elderly care, respiratory, general medicine, and oncology wards. We observed care and viewed care records, including two where patients were cared for using the individual plan of care for the dying patient. We spoke with patients, relatives, mortuary technicians, the chaplain, porters, staff in the bereavement centre and SPCT, and ward based members of staff including nurses, doctors, an occupational therapist and the medical director. During the inspection, we spoke with 29 staff members. We looked at policies and procedures and reviewed performance information about the care patients received at the end of their life at the trust.

Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- The trust did not always ensure there were sufficient quantities of equipment to maintain the safety of patients. Incidents concerning delays in patient care had been reported on six occasions in a 12-month period due to the lack of availability of syringe drivers.
- The service did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons in end of life care services. We found there were no palliative care consultants in post within the specialist palliative care team (SPCT) at the time of our inspection. However, specialist nursing advice was available always available to ward staff some of this was provided from the local hospice.
- Staff did not always have the appropriate skills and experience for their roles. The delivery of end of life care training was not sufficient throughout the hospital and ward staff had not been kept up to date with new processes and procedures.
- The trust did not consistently assess, monitor and improve the quality and safety of the services it provided. A small number of audits had been completed to identify if evidence-based, end of life documentation was consistently completed and reviewed. No data had been collected from bereaved relatives to drive forward service improvements, and no monitoring or review had been completed of patients who had achieved their preferred place of death.

However:

- We found medical staff were competent at prescribing anticipatory medicines for patients who required prompt symptom relief. Medical staff sought specialist advice from the SPCT or consultant at a local hospice for complex palliative care needs.
- Comprehensive, patient assessments were completed which identified physical, mental and social needs. Patient records were clearly written and patients and those close to them were involved in their care.
- Staff were caring and compassionate and end of life care services provided a flexible service to meet the needs of local people.

End of life care

Is the service safe?

Requires improvement ● ↓

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

- The service did not have enough staff to care for the number of patients. Neither a substantive or locum consultant was in post and staffing was not line with guidance from The Association of Palliative Medicine for Great Britain and Ireland, and the National Palliative Care Guidance, or the trusts' establishment. There had been no palliative care consultant cover in this service since March 2017. The establishment was for two whole time equivalent (WTE) consultant staff.
- In relation to nursing staff the service was established to provide: a 1.0 whole time equivalent WTE lead nurse for palliative and end of life care, mortuary and bereavement; 2.0 WTE band 7 clinical nurse specialists (CNSs) in palliative care; 0.8 WTE band 7 CNS for educational support; and a 0.8 WTE band 6 end of life care facilitator. Vacancy rates were high at the time of our inspection. The service was staffed by an interim lead clinical nurse specialist and two band 7 Macmillan clinical nurse specialists. The interim lead nurse had a contract that was due to end in March 2018. The educational support post was vacant.
- The service did not always have suitable equipment. Syringe pump equipment was not always available in clinical departments, which meant incidents of delays in patient care had been reported.
- Not all staff had the appropriate skills and experience for their roles. End of life care training had significantly reduced for nursing and medical ward staff in the 12-month period prior to our inspection. This meant we were not assured there were suitably qualified staff to deliver safe care. The end of life care champion, link meetings had ceased and ward staff relied on general staff for advice and support.
- The end of life services did not manage patient safety incidents well. There was no recognised coding system to identify specific incidents related to end of life care. A true picture of end of life care incidents across the trust was not available and learning from these incidents did not inform improvements to the quality of care delivered to end of life care patients.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff assessed and responded to patient risks. Systems were in place for the referral of patients for assessment and review, to ensure patients received safe care and support.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Medical and nursing notes were stored securely and managed for end of life patients. ReSPECT (recommended summary plan for emergency care and treatment) and do not attempt cardio pulmonary resuscitation forms were stored safely in the front of patient records. Mortuary records were complete and accurate.
- The service provided mandatory training in key skills to support staff. The SPCT was 100% compliant with mandatory training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

End of life care

Is the service effective?

Inadequate   

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

- The service had policies and procedures based on national guidance. However, managers did not check to make sure staff followed guidance these. A small number of audits had been completed to determine if procedures were consistently followed to ensure end of life care was delivered effectively.
- Effective pain control was sometimes not met due to inadequate supply of syringe drivers in end of life care.
- Not all ward staff were competent for their roles. End of life care training or refresher training for ward-based staff had been infrequent. End of life care 'champion' link meetings did not take place and ward staff were not routinely kept informed of practice developments. This meant not all staff had the necessary skills or up to date information to deliver effective end of life care.
- The specialist palliative care team (SPCT) did not have a multidisciplinary workforce sufficient to provide high-quality care and support to people approaching the end of life, and their families and carers. This was not in line with NICE (National Institute for Health and Care Excellence) QS13. Vacancies in the service meant the service was staffed by nursing professionals, and no other disciplines such as palliative care consultants, were employed at the time of the inspection.
- The service did not always monitor the effectiveness of care and treatment. There was limited audit completion to show that outcomes for people at end of life had been achieved. The trust had not collected data from bereaved relatives to support service development. No action plan had been in place to address areas of poor performance following the trust's participation in the National Care of the Dying Audit of Hospitals 2014/5.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. However, not all ward staff had received Advance Care Planning training and not all ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms had been reviewed on a patient's admission to hospital.

However:

- Evidence-based end of life care tools, including the individual plan of care for the dying patient, had been implemented throughout the hospital. However, no audits had been completed to assess the quality and consistency of their use.
- All patients referred to the SPCT since December 2016 were assessed within 24 hours.
- Mortuary policies were up to date and evidence-based.
- Anticipatory medications were prescribed in line with NICE guidance (NG31) and the five new priorities of care developed by The Leadership Alliance for the Care of Dying People (2014).
- Specialist palliative care nurses were qualified and had the skills they required to carry out their roles effectively and in line with best practice.

Is the service caring?

Good   

End of life care

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

- Staff cared for patients with compassion. Ward staff were caring and compassionate when they described how they cared for patients as they approached the end of their lives. Staff ensured that relatives were supported, involved and treated with compassion as best they could. This was confirmed in thank you letters sent to staff on the wards.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff were respectful to patients and their relatives. Patient dignity and comfort was a priority and we saw this attitude reflected in the staff working throughout end of life care services at the hospital. Patient reviews and interactions were undertaken in a sensitive, caring, and professional manner.
- Mortuary staff reported the nursing staff appropriately prepared deceased patients after death in line with hospital policy. Nursing and mortuary staff confirmed hospital porters transferred deceased patients to the mortuary in a discreet and respectful manner.
- Staff provided emotional support to patients to minimise their distress.
- Spiritual and religious support was available through the interfaith spiritual care team. The chapel was open daily for patients and families to visit and facilities for other religions and cultures were available.
- Staff had worked collaboratively to ensure patients' needs and choices were met at the end of life. For example, by ensuring a multi-disciplinary and collaborative approach was taken in organising a ward-based wedding for a patient in the last days of life.

Is the service responsive?

Requires improvement  

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

- It was not known if patients could always access the service when they needed it. There was no data to confirm if patients could access all end of life services when required. For example, a RIPPLE (Realising Individual Patient Preferences at Life's End) rapid discharge home to die pathway was used by the trust. However, no information had been collated by the trust to demonstrate how many patients were discharged to their preferred place of care within 24 hours.
- The trust planned services to meet the needs of local people; however, they did not always have the required resources to meet its aims. The trust worked collaboratively with palliative care services across Warwickshire and Coventry, and there was regular representation at palliative care network meetings. Priorities for end of life care services had been identified and the trust continued to work with stakeholders to aim to secure resources that would stabilise and enhance services for local people.
- Not all staff were familiar with the revised specialist palliative care team (SPCT) referral form and no audits had been completed during 2016 to ensure appropriate patients had been referred to the service. We were not assured staff were always able to distinguish between palliative care and end of life care needs. Referrals to the SPCT had reduced in line with a reduction in staff numbers and no evidence had been collated to ensure patients who required the service, could access it when required. The trust had completed mortality reviews from April to September 2017 and we saw actions were in place to share learning, drive improvements in end of life care, and to develop a rolling programme of audits and actions.

End of life care

- The service treated concerns and complaints seriously and would follow procedures to investigate them if required. However, complaints were not reported on separately within end of life services. This meant patterns or themes could not be analysed to drive service improvement.
- Side rooms and interview rooms were not always available for patients at the end of their lives or their families.

However,

- The service took account of patients' individual needs. Patients discharged from Elizabeth ward, with complex respiratory issues, were provided with a patient information letter. The letter contained comprehensive information about the patient's condition, treatment plan, medication, and follow-up plans.
- The chaplaincy team provided a flexible service to meet individuals' spiritual, religious, and social needs.
- Staff worked in corroboration with a hospice at home service to facilitate safe discharge through the provision of care and support in a patient's home.
- The mortuary staff had built relations with the Muslim Imam at the local mosque. The service also provided a flexible, on call service to meet the needs of local people.
- A Red2Green pathway helped focus staff with considering the holistic needs of a patient's journey to discharge. A review of care was held to help turn patients' 'red days', when no intervention had taken place, into value-adding 'green days', to help facilitate a safe discharge from hospital.

Is the service well-led?

Inadequate ● ↓↓

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

- Since the previous inspection, there had been deterioration in end of life care services at the trust. Leadership had not effectively met the needs of the service at the time of our visit.
- The trust did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There had not been a non-executive lead to represent end of life services on the trust board during 2017. The clinical lead for the specialist palliative care team (SPCT) was a clinical nurse specialist employed on an interim basis. At the time of the last inspection, a palliative care consultant led the service.
- The end of life care strategy and vision for the trust remained under development. There was little evidence the strategy had progressed between December 2016 and July 2017. The trust had a vision for what it wanted to achieve. However, the trust was not able to fully implement the end of life care agenda due to a significantly reduced staff group within the SPCT that did not reflect a multi-disciplinary service. However, an agenda and membership of an end of life care committee had been agreed in July 2017 to develop the strategy, address gaps in service provision, and ensure key learning and messages would be shared across the trust.
- The trust was not always committed to improving services by learning from when things go well and when they go wrong. There was no governance framework for reviewing patient harm incidents within end of life care services.
- The trust did not have a systematic approach to continually improve the quality or responsive of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish. There

End of life care

was a lack of any systematic audit programme relating to end of life care, few measures to review risk and quality, and no governance framework to support the delivery of care. There had been no trust wide group to ensure clinical end of life care documentation and practice was consistent across the hospital. Therefore there was no assurance leaders understood the challenges to quality and sustainability.

- Managers had not promoted a positive culture to create a sense of common purpose as there had been no process for sharing information from board to ward level. However, the service was promoting a culture change in end of life care which aimed to empower ward staff through education and training. The culture was not embedded at the time of the inspection and it was not clear how this would be progressed until the SPCT was fully staffed.

However:

- The trust had begun to put in place effective systems to identify risks, and to plan to eliminate or reduce them.
- The trust continued to engage with key stakeholders to review staffing issues.
- The trust was adopting new processes to ensure a systematic approach was taken to improve the quality of its services, although work remained in its early stages.

Areas for improvement

We told the trust that it must take action to bring services into line with three legal requirements.

Action the trust **MUST** take to improve

- The trust must ensure there is a process in place to ensure a sufficient quantity of serviced syringe drivers are available to keep patients safe from harm.
- The trust must ensure they carry out adequate audits to monitor the effectiveness of care within the end of life service and in line with national guidance.
- The trust must ensure there is a multidisciplinary workforce sufficient to provide high-quality care and support to people approaching the end of life, and their families and carers in line with NICE (National Institute for Health and Care Excellence) QS13.
- The trust must ensure there are sufficient numbers of suitably qualified medical staff in the specialist palliative care team in line with guidance from The Association of Palliative Medicine for Great Britain and Ireland, and the National Palliative Care, which recommend there should be a minimum of one consultant to 250 beds.
- The trust must ensure there is a process in place to ensure clinical staff working with end of life care patients have received training to a competency to meet the 'Ambitions for palliative and end of life care: A national framework for local action 2015/2020'.
- The trust must ensure the governance framework in place is followed for reviewing and sharing learning from patient harm incidents, and ensure staff are competent with categorising and reporting incidents.
- The trust must monitor the effectiveness of care and treatment and use the findings to improve the end of life care services.
- The trust must strengthen management and governance arrangements to ensure effective flow of information through the organisation and effective management of performance.

Action the trust **SHOULD** take to improve

- The trust should ensure staff are up to date with mandatory training.

End of life care

- The trust should ensure there is a published end of life care strategy and vision for the trust.
- The trust should ensure there is a governance framework in place for reviewing concerns and complaints that meets the trust policy.

Outpatients

Requires improvement 

Key facts and figures

Outpatient services at the George Eliot NHS Trust were based on the ground floor and first floor of the main hospital site. The trust runs outpatient clinics covering a wide range of specialties and medical conditions, including trauma and orthopaedics, urology, general surgery, respiratory, cardiology, diabetes, care of older people, physiotherapy and occupational therapy.

The trust had 275,785 first and follow up outpatient appointments from June 2016 to May 2017.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited the main outpatient departments, which consisted of outpatient areas A, B and C, and also visited the physiotherapy outpatient department.

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

During the inspection, we spoke with 13 patients who were using the service and three relatives or carers. We spoke with the managers of each of the departments or their deputies, with 30 other staff members including senior managers, the matron, doctors, nurses, physiotherapists and administrative staff. We also reviewed five patients' records relating to assessments and care plans.

Summary of this service

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

We rated it as requires improvement because:

- We rated safe, responsive and well led as requires improvement and rated caring as good. We do not currently rate effective for outpatients.
- Mandatory training was low and did not meet the trusts target of 85%.
- Staff did not have the appropriate level of children's safeguarding training.
- The trust did not complete regular audits of infection prevention and control practices.
- Patients were unable to access services for assessment, diagnosis and treatment in a timely way due to waiting times, delays and cancellations. Action to address this was not robustly managed and timescales were unclear. Overbooking of fracture clinics resulted in long waiting times for patients.
- The service did not take full account of people's individual needs. Facilities for children and adjustments for people living with dementia or a learning disability were not in place.
- Governance and management processes did not function effectively. Roles and processes for managing issues and performance were unclear. The flow of information from the departments within the directorate to the directorate governance committees and vice versa was limited and there was no evidence of cross directorate learning. Data and information was not collected and managed effectively to inform improvement initiatives and challenge practice.

However:

Outpatients

- Patients were treated with kindness, dignity and respect and staff were attentive to their needs. They were involved in decision making about their care and treatment and were supported in this.
- Staff and teams worked well together to deliver effective care and treatment and overcome operational issues. We saw examples of good multi-disciplinary working and staff had opportunities to develop their skills and roles to improve patient experience.

Is the service safe?

Requires improvement



We rated it as requires improvement because:

- Managers investigated incidents but did not share and communicate learning from incidents across departments within outpatients or the wider services.
- The service provided mandatory training in key skills for staff but did not make sure everyone completed it.
- Staff had not completed the correct level of children's safeguarding training.
- Clinics were sometimes reduced or cancelled due to short notice of medical staff absence from clinics.
- The service did not always provide the appropriate staffing levels to assist with clinics, which resulted in patients waiting.
- Staff did not carry out regular audits of infection prevention and control practices such as hand hygiene procedures. This meant that identification of issues might not occur until they impacted on patient safety.
- Staff did not have access to protocols to ensure the appropriate management of patients who became unwell in the outpatient department. However, following our discussions with staff, they immediately developed a draft protocol to ensure safe practice.

However:

- Staff carried out systematic safety checks to minimise the risk of errors occurring when patients underwent minor surgical procedures in the department.
- The service prescribed recorded and stored medicines well.
- Physiotherapy outpatients had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Is the service effective?

Not sufficient evidence to rate



We do not currently rate effective within outpatient services, however:

- The service provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and enabled them to access development opportunities.

Outpatients

- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The service had developed some multi-disciplinary clinics to enable patients to access the appropriate specialist advice without making several visits to the hospital.
- Patients had access to health promotion information and advice. This included a smoking cessation nurse and a 'Singing for Breathing' group for patients with breathlessness.

However:

- Correspondence with GPs providing information on the outpatient visit was not always sent out in a timely manner. It took two to three weeks for some letters to be sent.
-

Is the service caring?

Good 

We rated it as good because:

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- 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.
- Patient's privacy and dignity were respected. Chaperones were available when they were required.

Is the service responsive?

Requires improvement 

We rated it as requires improvement because:

- The service did not always meet the 18 week referral to treatment time standard (RTT). A large number of patients did not receive a follow up appointment following the introduction of an electronic patient administration system.
- Clinics were cancelled or reduced at short notice, resulting in inconvenience and delays for patients. In addition, 13% of clinics started at least 30 minutes late.
- Overbooking of fracture clinics resulted in long waits for patients.
- The service had issues in relation to the room booking system which affected staff's ability to schedule additional clinics.
- The service did not always take account of patients' individual needs. There was a lack of facilities for children attending the outpatients department and no separate waiting area. Staff were not aware of any adjustments they could make for patients with additional needs such as those with a learning disability and those living with dementia.

However:

- The service generally planned and provided services in a way that met the needs of local patients.

Outpatients

- The service treated concerns and complaints seriously and investigated them. The number of patients making a complaint was low, and patients we spoke with were aware of who to speak to if they had a concern or complaint.
- Patients for whom English was not their first language and those who were deaf or hard of hearing had access to a translation and interpreting service.
- The service took an individualised approach to enable people with diabetes to take control of their own health.

Is the service well-led?

Requires improvement



We rated it as requires improvement because:

- Outpatient services were managed by the clinical support services directorate within the division of surgery. Responsibilities for the management of outpatient services were fragmented and staff lacked clarity about the roles and responsibilities of individuals within the directorate.
- The trust did not take a systematic approach to improving the quality of services. Senior managers were aware of the issues we raised in relation to the smooth running of clinics, but they lacked knowledge of the detail.
- An OPD transformation programme was in progress, timescales were unclear and there was no robust management of the progress of the programme.
- The trust did not analyse, manage and use information well to support all its activities. Staff had identified issues which needed to be addressed to increase efficiency and effectiveness of outpatient services. However a coordinated approach with input of both front line staff and senior managers was not achieved. Data required to assess the baseline and progress against the baseline, was not systematically collected and presented in a way that it could be utilised to challenge practice.
- The arrangements for governance were poorly developed and did not function effectively. The flow of information from operational staff to governance committees and vice versa was limited and there were no clear arrangements to enable cross directorate learning.
- There was a limited approach to obtaining the views of patients and the public. The national friends and family test was the only feedback mechanism used. Some individual specialties engaged with the local community to promote health or shape services, however, this was very variable.

However:

- The managerial infrastructure had recently been strengthened and the nursing leadership team were starting to escalate and address issues of concern. Leaders were putting in place a range of audits to monitor performance such as infection control and were escalating issues in relation to the staffing and running of clinics.

Areas for improvement

We told the trust that it must take action to bring services into line with three legal requirements.

Action the trust **MUST** take to improve

- The trust must ensure staff attend mandatory training.

Outpatients

- The trust must ensure that a process is in place to ensure clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns has received training to the appropriate level of competency as outlined in the Intercollegiate guidance Safeguarding Children.
- The trust must ensure that the service meets referral to treatment targets in outpatient clinics and deals with the backlog in follow-up appointments and waiting times.

Action the trust SHOULD take to improve

- The trust should ensure there are separate areas for children attending the outpatient department to wait.
- The trust should complete regular audits of infection prevention and control practices and take action to address issues identified.
- The trust should review nurse staffing levels and skill mix to ensure patients are not waiting long times at clinics.
- The trust should review the process for bookings in fracture clinics to prevent patient being double booked and resulted in long waits.
- The trust should take steps to maximise medical staff attendance at outpatient clinics and reduce the number of reduced or cancelled clinics.
- The trust should ensure staff are aware and can make reasonable adjustments for patient attending the department with a learning disability and those living with dementia.
- The trust should strengthen management and governance arrangements to ensure effective flow of information through the organisation and effective management of performance.
- The trust should ensure correspondence with GPs providing information on the outpatient visit is sent out in a timely manner.

Diagnostic imaging

Good 

Key facts and figures

In May 2014, we inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

George Eliot Hospital NHS Trust provided the following diagnostic services: magnetic resonance imaging (MRI), computed tomography (CT), ultrasound and plain film angiography (X-ray). Each clinical area is managed by a clinical lead and supported by radiographers, an assistant practitioner, student radiographers, and radiology nurses. The CT department is currently managed by the head of radiology.

There were three general X-ray rooms, one of which included an orthopantomogram machine, (a machine which provides a scanning dental x-ray of the upper and lower jaw), two MRI scanners, two CT C-arms. C-arms are mobile x-ray machines which are used for a variety of diagnostic imaging and minimally invasive surgical procedures. There were two interventional angiography rooms, one of which will provide a cardiac angiography service from November 2017.

Between October 2016 and September 2017, 132,500 imaging tests were conducted across all imaging modalities. We inspected all areas of the radiology department during our visit.

During the inspection, we spoke with 21 patients and four relatives/carers across the services. We also spoke to a wide range of staff at all levels including nurses, managers, administrative staff, radiographers and radiologists.

Summary of this service

We rated it as good because:

- The service managed patient safety incidents well. Staff knew their responsibilities around reporting incidents and shared learning from incidents related to diagnostic imaging. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff across different disciplines worked well together to deliver effective care and treatment.
- Staff were patient focused and patients and carers spoke positively about the care and respect shown by the diagnostic imaging staff.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, we reviewed ten x-ray patient referral forms and saw each were signed and documented appropriately.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers were visible to their staff and provided opportunity for regular appraisals, support and professional development.
- There was a positive culture of support, teamwork and focus on patient care.
- New equipment had been and was in the process of being installed. Staff showed a willingness to change and make improvements to support a better patient experience.

However:

Diagnostic imaging

- The department was not consistently using the computerised reporting system to check that paediatric plain film scans (x-rays) had been reported on appropriately.
- The trust records showed a variance of compliance rates for mandatory safety training. There were some areas of poor compliance with mandatory training including safeguarding adult training and basic life support.

Is the service safe?

Requires improvement



We rated it as requires improvement because:

- The service did not have an effective process in place to monitor that plain film diagnostic imaging tests had been reported on appropriately on the computerised reporting system.
- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. The service trust records showed a variance of compliance rates in mandatory safety training for diagnostic imaging staff, including safeguarding adult training and basic life support.

However

- The service managed patient safety incidents well. Staff were aware of their responsibilities and understood the need to raise concerns and report incidents. They were aware of the importance of changing practice as a result of investigative findings. Managers gave feedback to all staff after investigating incidents to prevent them happening again.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. We consistently observed good hand hygiene and use of personal protective equipment such as aprons and gloves.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Medicines were managed in a way which kept people safe. Medication fridges were locked when not in use and within the correct temperature range, which was checked daily.
- Senior managers reported minimal vacancies and new staff were in the process of joining the department. All staff, including locum and agency staff, were given a comprehensive induction.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Not sufficient evidence to rate



We do not currently rate effective within diagnostic imaging services, however:

- The diagnostic imaging department had policies and procedures to support the safe delivery of their services. These were based on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) and Ionising Radiation Regulations 1999 (IRR99). There was good support for the in-house radiation protection and physics team.

Diagnostic imaging

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- All staff administering radiation were appropriately trained to do so.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff worked well together as a team to benefit patients. Clinical staff told us there were excellent working relationships between diagnostic staff and clinical teams.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service made sure informed consent was asked for before commencing treatment/procedures and clearly evidenced in patient records.

However:

- Clinical audits were not being undertaken routinely to ensure that the requesting referral is made in accordance with IR(ME)R or The Medicines and Healthcare Products Regulatory Agency safety recommendations.

Is the service caring?

Good 

We rated it as good because:

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

Is the service responsive?

Good 

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Patients could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice. The service was currently performing better than the England average for the percentage of patients receiving their diagnostic imaging tests within six weeks.
- The service took into account individual patient's needs. Staff were able to support people with additional needs, for example patients living with dementia, learning disabilities and visual or hearing impairments.

Diagnostic imaging

- Translation services were available by telephone for patients whose first language was not English.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Some of the patient waiting areas were cramped and there were no separate waiting areas for children.

Is the service well-led?

Good 

We rated it as good because:

- The service had good leadership, governance and a culture which had responded well to a difficult time with service improvements and person-centred care central to their vision and strategy.
- Managers proactively reviewed performance to reflect best practice and help and improve care.
- All staff we spoke with were able to identify risks and how to take appropriate action to eliminate or reduce these risks.
- Managers were visible across the department and staff felt supported. Staff told us they felt encouraged with the further training that was available to them.
- The service was committed to improving services by promoting training, research and innovation.

However:

- The service leaders had not ensured that staff attended mandatory training in order to provide safe care and treatment in their roles.
- There was a lack of process to ensure that all patient scans were being reported on in a timely manner. The systems in place did not fully record or highlight these patients effectively and there was a risk of patient harm due to the lack of processes. The trust took immediate steps to ensure the unreported tests were reported (radiologist) and patients followed up as required. Action was also taken to ensure all future plain film images were reported in a timely manner.

Outstanding practice

- The service actively supported role development of staff. Post graduate training was supported within the magnetic resonance imaging (MRI) department. We also noted advanced practice for clinical reporting radiographers for plain film and head computed tomography (CT) imaging.
- There was a very positive culture in all the diagnostic imaging departments we visited. Staff spoke of good teamwork and flexibility within the staff groups.
- A study undertaken by the service demonstrated that a modest reduction in the dose of administered intravenous contrast could be achieved without adversely affecting the diagnostic value of the images obtained. Utilisation of this reduced dose of contrast when acquiring CT images reduced the risk to patients of contrast induced kidney disease or damage.

Diagnostic imaging

Areas for improvement

We told the trust that it must take action to bring services into line with two legal requirements.

Action the trust **MUST** take to improve

- The service must ensure that a process is in place to ensure clinical staff working with children, young people and/or their parents/carers has received training to the appropriate level of competency as outlined in the Intercollegiate guidance.
- The service must ensure staff attend mandatory training.

Action the trust **SHOULD** take to improve

- The service should develop a clinical audit programme to audit the quality of referrals received within each area, to ensure that the correct documentation is used and record keeping standards are adhered to. Processes should be subject to audit at regular periods.
- The service should integrate the safety standards of National Safety Standards for Invasive Procedures (NatSSIPs) (2015) into their current working practice for interventional procedures.
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This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Bernadette Hanney, Head of Hospital Inspection, Julie Fraser and Charlotte Rudge Inspection Managers. Three executive reviewers advisors supported the well-led inspection. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts.

The team for the core services inspection included eight inspectors, two of which were mental health inspectors, one pharmacist inspector and nine specialist advisers. Specialist advisers are experts in their field who we do not directly employ.