Mid and South Essex NHS Foundation Trust

Southend University Hospital

Inspection report

Prittlewell Chase
Westcliff On Sea
SS0 0RY
Tel: 01702435555
www.southend.nhs.uk

Date of inspection visit: 17 and 18 May 2022
Date of publication: 27/07/2022

Overall summary

Summary findings

We carried out this announced inspection on 17 and 18 May 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by two CQC inspectors and a specialist professional advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Background

At the time of the inspection, Mid and South Essex NHS Foundation Trust were commissioned to provide clinical examinations of children under the age of 13 who have suffered non-recent sexual assault or sexual abuse (non-recent means that it has been 72 hours or over since an alleged incident took place). This service was undertaken at a Sexual Assault Referral Centre (SARC) which was managed by another provider.

Summary of findings

Clinical examinations were undertaken on Wednesday afternoons only and were carried out by a pediatrician. Between 1 April 2021 and 30 April 2022, 12 patients had been examined as part of this service.

Examinations were undertaken in a fully accessible building which is situated in the grounds of a community hospital with plenty of parking, including disabled spaces. The building is on one level and accessible for wheelchair users. There were two forensic examination suites, but one was used predominantly for children and was separate from the adult area. There was a child friendly non-forensic waiting room with lots of wipe clean toys and activities for a variety of ages. The forensic area had a separate waiting area with a working television and the examination room included a forensic shower room. The building also included a staff shower and changing area, an office with a kitchen area, storage rooms and interview rooms.

The service was undertaken by one paediatrician who is employed directly and another paediatrician who is substantively employed by another local NHS trust. All examinations had been undertaken alongside a crisis support worker who was employed by the provider which was responsible for managing the sexual assault referral centre.

On the day of inspection, we spoke with one paediatrician as well as other members of staff who were employed by a different provider, including a crisis support worker.

Throughout this report we have used the term 'patients' to describe people who use the service to reflect our inspection of the clinical aspects of the SARC.

We looked at policies and procedures and other records about how the service is managed. We reviewed five patient records

Our key findings were:

- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service had thorough staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system met patients' needs.
- Staff felt involved and supported and worked well as a team.

Following the inspection, the provider stopped providing the regulated activity at the sexual assault referral centre. If the provider was still carrying on the regulated activity, we would have issued a requirement notice, asking the provider to take action against the following points;

- Ensure that effective governance systems are present to maintain oversight of the services provided. This includes, but is not limited to oversight of record completion as well as making sure that children have been safeguarded effectively.
- Ensure that an effective risk management system is in place to identify and mitigate risk when needed and to be assured that important risk assessments have been completed by the provider of the sexual assault referral centre.
- Ensure that effective joint working agreements are in place so that roles and responsibilities between providers who are involved in the delivery of the service are clear.

Summary of findings

Full details of the regulation the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements.

Following the inspection, the provider stopped providing the regulated activity at the sexual assault referral centre. If the provider was still carrying on the regulated activity, we would have issued a requirement notice, asking the provider to take action against the following points;

- Ensure that the voice of patients, parents and carers are consistently captured within medical records, evidencing that they have been included in decisions about their care and that their wishes and preferences have been considered.
- Ensure that health risk assessments are consistently completed, making sure that all the health needs of patients have been met.
- Ensure that there is a system in place to seek feedback from patients, families and carers, providing an opportunity for further improvements to be made to the service when needed.
- Ensure that patients have a choice of gender of the doctor they are examined by.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

Safety systems and processes (including Staff recruitment, Equipment and premises)

Staff understood how to protect children, young people and adults from abuse.

Staff had received training in safeguarding children level three as well as safeguarding adults. This was in line with national guidance and was appropriate for the role that they were undertaking. Training had included important topics such as recognising abuse.

Records that we reviewed indicated that a social worker had been present at all examinations of children who were under the age of 13. Following examinations, we saw evidence of safeguarding information being shared with social workers as well as other professionals when needed. This supported any ongoing safeguarding processes to keep patients safe.

We saw one example when a new safeguarding referral had been needed and had been made in timely manner.

However, it was unclear whether staff were required to follow the safeguarding processes used by the trust or those of the provider of the sexual assault referral centre. This was because there were no joint working agreements in place between the two providers.

In addition, it was also unclear who was responsible for overseeing whether children had been safeguarded appropriately. This meant there was an increased risk of improvements not being recognised and made when needed, particularly if there had been occasions when children had not been safeguarded effectively.

Records indicated that staff had identified patient vulnerabilities as part of the referral and assessment process. This included risks such as mental health and pre-existing safeguarding concerns.

The provider did not have any assurances that the environment and equipment that was used to undertake examinations was fit for use, had been maintained or cleaned appropriately. This was because there were no joint working agreements in place to provide this assurance. Leaders told us that it was the responsibility of the provider who managed the sexual assault referral centre to do this.

We saw that safe recruitment processes had been used by the trust, and evidence that a full Enhanced Disclosure and Barring Service check had been undertaken for the paediatrician who was directly employed by the trust. However, due to the lack of joint working arrangements, we found that there were no processes in place to check the Disclosure and Barring Service status of the paediatrician who was employed by another NHS trust.

Risks to patients

Appropriately trained staff were available to keep patients safe. Examinations had always been undertaken by two members of staff; a paediatrician and a crisis support worker who were employed by the provider responsible for the sexual assault referral centre. The examination process had been supported by other professionals such as social workers and police when needed.

There was evidence that risks to patients' physical health had been managed appropriately. For example, assessments had been undertaken when needed for post-exposure prophylaxis after sexual exposure as well as emergency contraception.

We were told by staff that emergency equipment was provided at the sexual assault referral centre. Staff were aware where this was located and had received training to use it in the event of an emergency.

Are services safe?

As a result of a lack of joint working agreements, leaders could not be assured that important risk assessments, such as those for ligatures, fire safety as well as control of substances hazardous to health, had been completed appropriately and had mitigated risks to patients as much as practically possible.

Information to deliver safe care and treatment

Staff completed a combination of paper based and electronic records when documenting care and treatment. This included standardised forms and pathways. On reviewing five records for patients who had been examined between 1 April 2021 and 30 April 2022, we found that record keeping overall was of a good standard.

However, we did note that it was not always clear what the minimum expectations for record keeping were. For example, we found in all records that we reviewed, not all standardised forms and pathways had been completed. This meant that there was an increased risk that care would not be documented in a way that was expected.

Following examinations, we found that staff had written examination reports retrospectively, and that there had sometimes been a delay of between seven and 14 days in the full examination record being provided. It was unclear what actions leaders had taken to mitigate the risks associated with examination information not always being immediately available.

After the inspection, leaders informed us that they had implemented a system to make sure that staff completed all standardised forms and pathways that were in place, and had planned to audit records in the future to make sure that this had been completed. However, there was no evidence of how often this would be completed and who would be responsible for this.

Staff had received training in the use of a colposcope (a piece of equipment used for making records of intimate images during examinations, including high quality photographs and videos), and procedures were in place to make sure that obtained images had been safely stored.

Safe and appropriate use of medicines

Any medicines that were used were prescribed by the paediatrician who undertook the examination. We were informed by staff that all medicines would be prescribed in line with the policies and procedures of the trust.

Of the five records reviewed, none had needed prescribed medicines.

Track record on safety

The trust had an incident reporting policy available for staff to follow. Records indicated that that there had been no clinical or non-clinical incidents reported between 1 April 2021 and 1 April 2022 related to activity within the sexual assault referral centre.

Lessons learned and improvements

Although leaders informed us that any reported incidents would be investigated jointly with the provider of the sexual assault referral centre, there were no joint working arrangements which outlined the roles and responsibilities in making sure that this would be fully completed.

In addition, it was unclear who was responsible for identifying and making improvements to other parts of the service when needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We found that pathways that had been used by staff reflected the most up to date guidance and legislation, such as those from the Faculty of Forensic and Legal Medicine (FFLM) and the National Institute of Clinical Excellence (NICE).

Pathways used by staff when undertaking examinations had been written and updated by the provider responsible for the sexual assault referral centre. However, the trust did not have a system to assure themselves that pathways had been kept up to date and did not have systems in place to make sure that staff had followed the most up to date guidance and legislation.

Monitoring care and treatment

At the time of inspection, the trust did not have formal systems in place to monitor the care and treatment that had been provided as part of this service. This meant that there was an increased risk that areas of improvement that were needed would not always be identified.

Following the inspection, leaders informed us that they planned to audit completed records. However, there was no evidence of how often this would be completed and who would be responsible for this.

Effective staffing

There were enough numbers of staff available to make sure that examinations could be undertaken when needed. There was evidence that all examinations had been undertaken by a pediatrician alongside a crisis support worker.

Mandatory training records indicated that staff who were directly employed by the trust were up to date with mandatory training. This included key topics such as information governance, infection prevention and control as well as safeguarding.

However, there was no system to provide assurance of whether staff who were employed by another NHS trust were up to date with their mandatory training. This meant that there was a risk that they would not be up to date with any changes to national guidance or legislation across key areas.

Staff informed us that they had received a local induction at the sexual assault referral centre, although there was no formal record of this. This was important as local inductions make sure that staff are aware of policies and procedures that they are expected to follow.

There was no formal process for clinical supervision or appraisal regarding examinations that had been undertaken at the sexual assault referral centre. This limited the opportunity for the identification of any areas that needed to be improved or for staff to request further professional development relating to their role.

The trust had systems in place to make sure that staff were correctly registered with the appropriate professional bodies, such as the General Medical Council (GMC).

Co-ordinating care and treatment

Staff who undertook examinations worked closely with other professionals, including those who worked at the sexual assault referral centre as well as social workers and police.

We saw evidence of important information being shared between staff and other professionals, both before and after examinations. For example, relevant safeguarding information was shared before an examination was undertaken and any further safeguarding findings had been communicated back to the appropriate professionals when needed.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Medical records reviewed indicated that consent had been provided and signed for by parents and carers for examinations to be undertaken. Additionally, consent had been sought for onward referrals to be made and for any images to be kept. This was in line with guidance from both the General Medical Council and the Faculty of Forensic and Legal Medicine.

Staff were aware of their responsibilities when obtaining consent from patients.

Are services caring?

Our findings

Kindness, respect and compassion

Staff who we spoke with demonstrated a commitment to providing the best care to patients that they possibly could.

Staff indicated that they would work closely with other professionals, including crisis support workers who were employed by the provider who ran the sexual assault referral centre, to make sure that the needs of patients, parents and carers were met.

Involving people in decisions about care and treatment

We were told by staff that interpreters were easily accessible if needed. This meant that the needs of patients, parents and carers who spoke a language other than English could be met. The need for an interpreter was identified when initial referrals had been made to the service.

There was limited evidence in medical records that patients themselves, as well as parents and carers had been involved in the examination process or that their views and opinions had been sought. The voice of the child, parents and carers was not always clear. This had not been recognised by leaders as an area that needed further improvement.

Privacy and dignity

The signage and entrance to the centre was discreet, protecting the privacy and dignity of children, parents and carers.

All paper records had been stored securely by the provider who ran the sexual assault referral centre.

There was evidence in some records that we reviewed that examinations had been carried out in a way that was child focused. Access to shower facilities were available at the end of the examination process.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

We saw evidence in records that onward referrals to meet specific needs had been made when needed. For example, referrals had been made to Child Independent Sexual Violence Advocacy (CHISVA) services as well as other community-based services.

There was easy access to the sexual assault referral centre for patients, parents and carers who had physical disabilities, such as those who used a wheelchair.

Taking account of particular needs and choices

The sexual assault referral centre had access to a suitable environment for children under the age of 13. The had access to televisions as well as a range of toys.

There were no arrangements in place for patients to request an examiner with a specific gender. This meant it was unclear how the individual needs of patients would be met if they were uncomfortable with the gender of the member of staff who was undertaking the examination.

Timely access to services

Staff from the trust undertook examinations at the sexual assault referral centre on Wednesday afternoons. We found that children, families and carers had not waited more than two weeks for an examination to be undertaken once a referral had been received.

Contact details on how to make a referral to the centre were available and it was clear who could make referrals to the service.

Listening and learning from concerns and complaints

The trust had a complaints policy, which gave guidance and support to staff in how to manage any concerns and complaints that were made.

However, because of there being no joint working arrangements between the trust and the provider of the sexual assault referral centre, it was unclear which complaints policy would be followed. In addition, there were no formal arrangements in place which outlined roles and responsibilities of investigating concerns or complaints.

There had been no reported concerns or complaints raised in the last 12 months related to the services provided.

Are services well-led?

Our findings

Leadership capacity and capability

There was no clear leadership structure in place for the service at the time of the inspection. This meant that there was no-one directly responsible for overseeing this service to make sure that the service was safe and of good quality.

Staff who undertook examinations had been reliant on the systems, processes and co-ordination of other professionals who were employed by the provider of the sexual assault referral centre.

Vision and strategy

There was no clear vision and strategy in place for this service at the time of the inspection. This meant it was unclear what the key priorities were to make sure that patients, parents and carers received the best service possible to meet their needs.

Culture

Staff told us that they had good working relationships with other professionals who were employed at the sexual assault referral centre, including crisis support workers.

We were informed that there was an open and honest approach in the way that services were provided and dealing with concerns.

Although the trust had a policy for duty of candour, it was unclear who would be responsible for applying it when needed in relation to the services provided. The duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when needed.

Governance and management

Leaders had not recognised prior to the announcement of this inspection that they had the responsibility for overseeing the regulated activity that was being undertaken for patients under the age of 13 who had suffered non recent sexual abuse and sexual assault.

This meant that there were no formal working arrangements, such as service level agreements which clearly outlined the roles and responsibilities of different providers who contributed to the examination and overall care of patients who used the service.

The provider did not have systems in place to check whether the environment and equipment used during examinations was suitable and had been maintained. This meant that there was an increased risk that these would not be suitable for examinations that were being undertaken. However, we did not find any evidence of impact on patients during the inspection.

Although we found that patient pathways being used by paediatricians were up to date and reflected best practice, the provider did not operate a system to maintain oversight of this. This meant that there was an increased risk that up to date pathways may not always be available and best practice guidance may not always be followed.

The provider sent further information in relation to governance following the inspection. However, there was no further evidence indicating that arrangements had been planned to make sure that the service at the sexual assault referral centre had been identified on the provider's governance structure. This meant that it remained unclear how improvements needed could be identified and actioned.

Are services well-led?

Processes for managing risks, issues and performance

At the time of inspection, leaders had not identified any risks associated with the provision of services at the sexual assault referral centre.

In addition, there was no system in place to monitor the care and treatment provided.

Following the inspection, leaders recognised this as a shortfall and indicated that record audits would be undertaken to monitor the service provided. However, there was no indication of how often this would be undertaken and who would be responsible for completing this.

Appropriate and accurate information

We found that there were no formal arrangements in place between the trust and the provider who ran the sexual assault referral centre to make sure that records had been kept in a way that met the standards that they expected, reducing the risk of patient confidentiality being breached. However, we noted that records had been stored securely and that there had been no reported breaches of information governance between 1 April 2021 and 30 April 2022.

The outcome of examinations in all records that we reviewed had been shared with patient's GPs.

Engagement with patients, the public, staff and external partners

Staff who we spoke with indicated that although there were no formal systems in place to seek feedback from patients, families and carers who had used the service, attempts were made to seek feedback following examinations.

We found that there was no record of any feedback being given by patients, families or carers, limiting the opportunity for further improvements to be made to the service provided.

Continuous improvement and innovation

There was no evidence at the time of the inspection that the provider had operated a system which would identify when improvement was needed, and it was unclear who would be responsible for making improvements on occasions that they had been identified.