

Barts Health NHS Trust

Quality Report


Trust Executive Offices
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Requires improvement 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Requires improvement 

Summary of findings

Letter from the Chief Inspector of Hospitals

Barts Health is the largest NHS trust in the country, having been formed by the merger of Barts and the London NHS trust, Newham University Hospital NHS Trust and Whipps Cross University Hospital NHS Trust on 1 April 2012. Barts Health NHS trust serves a population of around 2.6 million in the area of East London. The trust has three acute hospitals: the Royal London Hospital, Whipps Cross University Hospital and Newham University Hospital, as well as two specialist sites: the internationally renowned teaching hospital St Bartholomew's and Mile End Hospital (an acute rehabilitation site).

The trust has nine other locations registered with CQC, including two stand-alone birthing centres and a number of dental and primary medical service locations.

Across its multiple sites the trust has 1,706 general and acute beds, 220 maternity beds and 177 critical care beds. The trust employs over 16,000 staff with an annual turnover (total income) of £1.3 billion 2016/17. The trust deficit for 2016/17 was forecast £83m with an actual outturn of £70m. The forecast for the current year (2017/18) is a £46m deficit control total.

Over a twelve month period the trust reported activity figures of 430,000 A&E attendances, 190,000 inpatient admissions. There were 15,700 deliveries and 2,027,000 outpatient attendances.

The CQC undertook a comprehensive inspection of The Royal London Hospital, Whipps Cross Hospital and Newham University Hospital between November 2014 and February 2015 and found serious failures in the quality of care and concerns that the management could not make the necessary improvements without support.

Following this inspection, the trust was placed in Special Measures and significant changes were made to the leadership and governance of the trust, including the appointment of a new chief executive and executive team. A further comprehensive inspection took place in July 2016 reviewing Whipps Cross University Hospital and the Royal London Hospital. In November 2016 we re-inspected Newham University Hospital. During this inspection we inspected five services – two of which (medical care and end of life care) had previously been rated as inadequate.

It was recognised, following these inspections, that progress had been made in a number of areas, however the trust continued to carry significant risk and therefore remained under the special measures regime.

Subsequent to the July 2016 comprehensive inspection and in addition to this bespoke well-led review the inspection team carried out a series of unannounced inspections of the following services:

- Whipps Cross Hospital in June 2017 – the hospital had previously been rated as inadequate, we re-inspected three core services: surgery, end of life care and outpatient and diagnostic imaging.
- The Royal London Hospital in July 2017 - one core service: maternity and gynaecology.

We also carried out an announced inspection of St Bartholomew's Hospital in May 2017, where we inspected the following core services: critical care, medical services, surgery, and outpatient and diagnostics imaging. This hospital site had not been previously inspected under the new CQC methodology.

We carried out an announced well-led review of Barts Health between the dates 8th and 9th June 2017. This inspection was specifically designed to test the requirement for the continued application of Special Measures to the trust.

Prior to inspection we risk assessed services provided by the trust using national and local data and intelligence we received from a number of sources. We re-inspected all core services that had received a rating of inadequate to test whether significant improvements had been made since our previous inspection.

We were particularly encouraged by the improvements that have been made by the trust since our inspections of 2016. Our overall rating for the trust is now requires improvement; however, surgery at Whipps Cross University Hospital remains rated as inadequate. We were encouraged by the improvements seen in a number of areas, these were:

- Improvements in a number of domains within the core services that we inspected.

Summary of findings

- Improvements in governance framework of the organisation.
- The embedding of the site based Leadership Operating Model.

Whipps Cross University Hospital

In December 2016 we rated Whipps Cross University Hospital as inadequate. This was following a core service rating of inadequate in surgery and outpatients and diagnostic services. Surgery had previously been rated as inadequate under the domains of safe, responsive and well led. The domains of effective and caring were rated as requires improvement.

Following our unannounced re-inspection of June 2017 we continue to rate the surgery service as inadequate. We rated the domains of safe, responsive and well led as inadequate. We rated the effective domain as requires improvement. We saw improvements under the caring domain which moved from a rating of requires improvement to a rating of good.

Outpatient and diagnostic imaging had previously been rated as inadequate under the domains of responsive and well led. The domains of safe was rated as requires improvement and caring was rated as good.

Following our unannounced re-inspection of June 2017 we gave the service an overall rating of requires improvement. The domains of safe, responsive and well led were rated as requires improvement. The domain of caring was rated as good.

End of life care was previously rated as requires improvement across all domains, with an inadequate rating in the caring domain. Following our unannounced re-inspection of June 2017 we gave the service an overall rating of requires improvement. We rated all domains as requires improvement, with the exception of caring which we rated as good.

The Royal London Hospital

Maternity and gynaecology had previously been rated as inadequate. With a rating of inadequate in the safe and well-led domain, effective was rated as good, the caring and responsive domains were rated as requires improvement.

Following our unannounced re-inspection of June 2017 we gave the service an overall rating of requires improvement: effective was rated good, and a rating of requires improvement in the safe, caring, responsive and well led domains.

St Bartholomew's Hospital

We carried out the first inspection of St Bartholomew's Hospital under the new inspection methodology. We rated the hospital as good. All core services received an overall rating of good; however, we rated the overarching well-led domain as outstanding. This was based on an outstanding rating in the well-led domain in both surgery and critical care.

Newham University Hospital

In January 2015 we rated Newham University Hospital as inadequate. We carried out a further inspection in November 2016 of five core services that were of greatest concern. At this inspection we found improvements in both medical care and surgery, where both core services were rated overall good. We subsequently gave the hospital an overall rating of requires improvement.

However, we found maternity services continued to require improvement and rated safe domain as inadequate. At the time of our well led review we had plans to return and inspect the maternity services in July 2017 to follow up on the trusts response to these concerns.

Well led review

The rating for well led was ascribed as requires improvement which was improved from the previous inadequate rating afforded in 2015. The senior leadership team were visible, across the large multi-site organisation and described as approachable. Time and resource had been invested into improving the leadership and governance structures, risk management, culture of the organisation, including better staff engagement. It is apparent that the trust is on a journey of improvement and significant progress has been made. However, it is also clear that many implemented changes remain in their infancy and are not fully embedded. There is still significant further work to do to ensure that governance is managed consistently and service improvements are achieved across all sites.

Our key findings were as follows:

Summary of findings

Are services safe?

During our previous inspection of Whipps Cross Hospital and the Royal London Hospital last July we highlighted:

- Surgical site infections (SSI's) were not being effectively monitored or reviewed within surgery at the Whipps Cross University Hospital. During this inspection we found this had not improved.
- We commented how the radiation safety needed attention. This included ensuring that personal protective equipment (PPE) checks were completed; this is equipment that protects the user against health or safety risks at work, for example lead aprons. We found that little or no action had been taken on this since the time of our last inspection
- Staff told us it could take a long time to resolve maintenance of equipment and the environment in outpatients at Whipps Cross University Hospital. We were told similar things during this inspection.
- Theatre recovery at Whipps Cross University Hospital was being used inappropriately to look after critically ill patients overnight. This was still the case during this inspection.

We also found:

- Investigations into Serious Incidents (SI's) to be incomplete and did not comply with trust policy.
- The trust had out of date policies and procedures for infection prevention and control (IPC).
- The strength of the incident reporting culture differed by site.
- We observed some staff did not adhere to the infection prevention standards and protocols.
- We observed a number of infection control issues relating to the operating theatre environment at Whipps Cross University Hospital.
- We found problems with the instrument decontamination service at Whipps Cross University Hospital, which had recently been outsourced to an external company used by the rest of the trust. We

heard multiple examples of where instrument trays had arrived missing instruments or set out incorrectly. We were not assured that the risk presented by this was being managed effectively.

- Nurses at Whipps Cross University Hospital raised concerns about the transfer of patients between CT and accident and emergency in the event of an emergency. The trust subsequently confirmed that there was no risk assessment for this transfer and we noted that it was not on the risk register.
- The trust radiology information system (RIS) and picture archiving and communication system (PACS) systems were out of operation from two weeks prior to our unannounced inspection. At the time of inspection the trust were unable to give us any assurances that there was full knowledge of the overall quantity of images and data lost. However, following this inspection the Trust provided assurance to CQC that a restore from back up took place.

However:

- During our previous inspection it was highlighted that the access to offices within the Margaret Centre was via a ward corridor, which meant that dying and palliative patients were inappropriately observed by staff and other visitors. Upon re-inspection we saw that this had been addressed. However, at the time of our unannounced visit, the Margaret Centre was in the process of being redecorated so it was out of use at the time.
- At our inspection in July 2016, we found a lack of availability of notes for clinics at Whipps Cross University Hospital. We found this situation to be much improved during this inspection.
- Previous inspections had reported on low staffing levels for Clinical Nurse Specialists (CNS's) and consultant posts to support end of life care. Upon re-inspection we found funding had been allocated. These were not in post at the time of our inspection.
- During our inspection in July 2016, we reported that there were insufficient numbers of staff in the radiology and diagnostic imaging department to manage the volume of work. We found this situation was improved.

Summary of findings

- At St Bartholomew's Hospital there was a good incident reporting culture and learning from incident investigations was disseminated to staff. Staff were able to tell us about improvements in practice that had occurred as a result.
- The surgery service at Whipps Cross Hospital had significantly reduced the number of surgical site infections in the last 12 months.

Are services effective?

During our inspection we found:

- A number of clinical policies and protocols were out of their review date and did not reflect current best practice.
- Staff understanding of sepsis policies was variable.
- It was not clear whether surgical site infection (SSI) data was being collected.
- At St Bartholomew's Hospital the critical care service did not fully participate in providing data to Intensive Care National Audit and Research Centre (ICNARC), which was an expectation for critical care services.
- We observed good examples of multidisciplinary (MDT) working in many areas. However, we heard that poor multi-disciplinary working between clinical teams and theatre scheduling staff at the Whipps Cross University Hospital site resulted in last minute theatre cancellations and theatre list problems.
- There were gaps and inconsistencies in staff knowledge at St Bartholomew's Hospital with regards to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

However:

- The trust participated in a range of national audits so that it could benchmark its practice and performance against best practice and other hospitals.
- We observed DNACPR forms were in place and fully completed.
- We found that the replacement for the Liverpool Care Pathway (LCP); the compassionate care plan (CCP) was in place throughout Whipps Cross University Hospital.

- In the 2016 National Emergency Laparotomy Audit (NELA), the Whipps Cross University Hospital's hospital performed within the top 20% of hospitals nationally, for three out of five measures.
- Results from the national lung cancer audit indicated St Bartholomew's Hospital performed better than the national average in every indicator.
- The heart centre at St Bartholomew's Hospital demonstrated an average 'door to balloon time' of 60 minutes, which was better than the national average of 90 minutes.

Are services caring?

During our inspection we found:

- Staff demonstrated empathy and compassion towards patients.
- Trust wide FFT data for April 2017 showed that 91% would recommend the service to friends and family whilst 2% would not.
- Patients spoke highly of the staff and the care that they received.
- In the 2016 cancer patient experience survey, 95% of patients said staff often or always took their worries seriously and patients commented that staff were always sympathetic.
- There was a wide variety of support groups and emotional support available to patients.

However:

- We found that patient's privacy and dignity was compromised in the changing cubicles in the dental, inpatient and chest x-ray area of diagnostic imaging at Whipps Cross University Hospital.
- Some patients at Whipps Cross Hospital told us that they were unsure about when they were due to be discharged.
- Results from the 2016 cancer patient experience survey indicated there was room for improvement in how patients accessed private discussions with staff and in the sensitivity of staff when communicating.

Are services responsive?

Summary of findings

During our previous inspection of Whipps Cross Hospital and the Royal London Hospital last July we highlighted:

- Surgical services at Whipps Cross University Hospital were not responsive to patient needs.
- Bed shortages on wards meant recovery areas were regularly used to nurse patients overnight. This continued to be the case during this inspection.
- A high number of patients were discharged out of hours, this position had deteriorated since our last inspection.
- There were capacity issues in some clinics at Whipps Cross University Hospital. During this inspection, we were told that these clinics continued to have similar capacity issues and this had not improved.

We also found:

- SAFER processes were not embedded on the wards and it was unclear how this was being monitored by the service.
- There was no hospital-wide electronic flagging system to identify patients living with dementia.
- The hospital environment at Whipps Cross University Hospital was not dementia friendly and did not support patients' independence. Although work had begun to address this; two wards had been refurbished and another three wards were in the process of being refurbished.
- Translation services were available to communicate with patients where English was not their first language. However, staff reported that they often used the family of the patient to translate when this was not available. This is not considered good practice.
- The trust suspended monthly mandatory 18-weeks referral to treatment (RTT) reporting from September 2014 onwards.

However:

- We found a range of specialist clinical services were available at St Bartholomew's Hospital.

- The trust's carers' policy allowed flexible visiting hours for carers of people living with dementia. Carers were encouraged to be as involved as much as possible in the patient's care.
- The trust consistently performed better than the 93% operational standard and England average for people being seen within two weeks of an urgent GP referral for cancer.
- The trust's performance against the treated within 28 days of a last-minute cancellation standard had significantly improved and was now better than the England average.
- Theatre utilisation rates at Whipps Cross University Hospital had improved since our last inspection.

Are services well led?

- We found time and resource had been invested into improving the governance structures. The pillars of governance were in place; however this was not fully embedded or mature. For example, we found several clinical policies were out-of-date and based on old clinical guidance and legislation which has since been updated and clinical governance was not consistently managed across the sites.
- We found that investigations of serious incidents did not comply with trust policy and reviewer training was variable.
- We found complaints investigations did not comply with trust policy, including timescales for response; use and storage of investigation templates to evidence thoroughness of the investigation; lack of recording, monitoring and oversight of action plans.
- We found the leadership and oversight of operational issues to be variable, according to site and, at times, false assurance was taken from data. This resulted in the leadership team not being fully sighted on operational issues.
- We found gaps between the trust perception of recent IT failures and the impact at a local level. We found that contingency plans were variable according to site.

Summary of findings

- There were reports of bullying and harassment in different pockets of the organisation. Staff at Whipps Cross University Hospital told us they lacked confidence in the hospital's HR department to deal effectively with concerns.

However:

- We heard and saw evidence of the Listening into Action (LiA) campaign, which had resulted in tangible change across the organisation.
- We saw evidence that Barts Health have developed a Leadership Development Strategy which was aligned against the organisational values.
- The organisation had a new leadership operating model and was more embedded than on our last inspection.
- We saw evidence that the Workforce Race Equality Standard (WRES) was discussed at a senior level and that the CEO was a key champion of this work.
- Staff from Black, Asian, and minority ethnic (BAME) groups reported that they felt more engaged and included.
- The BAME staff development programme had won national recognition.

We saw several areas of outstanding practice including:

- We found the environment for cardiac patients at St Bartholomew's Hospital was newly refurbished to a high standard. We received positive messages from staff about the positive impact of the recent investment and refurbishment of services.
- In outpatients at Whipps Cross University Hospital staff spoke positively about a new system in place where notes were delivered the night before morning clinics. This meant staff could check the patient list to identify any missing records and make an urgent request for them.
- In the 2016 National Emergency Laparotomy Audit (NELA), the Whipps Cross University Hospital's hospital performed within the top 20% of hospitals nationally, for three out of five measures.
- Results from the national lung cancer audit indicated St Bartholomew's Hospital performed better than the national average in every indicator.

- The heart centre at St Bartholomew's Hospital demonstrated an average 'door to balloon time' of 60 minutes, which was better than the national average of 90 minutes.
- The trust's carers' policy allowed flexible visiting hours for carers of people living with dementia. Carers were encouraged to be as involved as much as possible in the patient's care.
- The trust consistently performed better than the national operational waiting time indicators for cancer care.
- The development programme designed to support Black, Asian, and minority ethnic staff had won national recognition.

However, there were also areas of poor practice where the trust needs to make improvements. Importantly, the trust must:

- Address the environment within theatres at Whipps Cross University Hospital to ensure this meets the Department of Health's standards set out within health building note (HBN) guidance HBN 00-09 'Infection control in the built environment'.
- Ensure out-of-date equipment is removed from theatres at Whipps Cross University Hospital and ensure a robust process is in place to address this in a proactive manner.
- Ensure daily cleaning records within the theatres' anaesthetic rooms at Whipps Cross University Hospital are fully completed and that a robust audit process is in place to provide organisational assurance.
- Put measures in place to ensure staff are compliant with the hospital's 'arms bare below the elbow' and hand hygiene policies.
- Ensure robust processes are in place to monitor and review surgical site infections (SSIs) within surgery at the Whipps Cross University Hospital.
- Ensure there are adequate numbers of staff trained to level 3 children's safeguarding across the trust.
- Ensure that the incident management process is applied consistently and that lessons learned from incidents and are embedded across the trust.

Summary of findings

- Take appropriate action to address patients being discharged out of hours (after 8pm).
- Take appropriate action to ensure that patient records are stored securely in line with information governance standards.
- Take appropriate action to ensure that personal protective equipment (PPE) checks are completed in line with the recommendations from the June 2016 radiation safety survey.
- Take appropriate action to address out of date policies and procedures for infection prevention and control (IPC).
- Take action ensure that clinical policies are within their review date and reflect current best practice.
- Take appropriate action to address concerns with the instrument decontamination service at Whipps Cross University Hospital.
- Take appropriate action to ensure that patient's privacy and dignity is maintained in the changing cubicles in the dental, inpatient and chest x-ray area of diagnostic imaging at Whipps Cross University Hospital.
- Take appropriate action to address areas where staff do not adhere with best practice for accessing trust translation services, where English is not their first language.
- Put measures in place to ensure clinical governance is consistently managed across all hospital sites.
- Ensure that there are robust action plans to address nursing vacancy rates and use of agency staff, to maintain levels of safe patient care particular at weekends.
- Ensure the trust clinical governance structure is effectively embedded across all sites.
- Ensure that risk registers are reviewed and reflect the current risks of the services, with clearly identified mitigating actions to risks, controls and last review dates.
- Ensure that the hospital's standard operating procedure (SOP) for the use of theatre recovery overnight is adhered to.
- Take appropriate action to address the issues causing theatre delays.
- Take appropriate action to address concerns raised by staff regarding bullying and harassment and review the effectiveness of mechanisms in place to support staff.
- Address delays in the maintenance of equipment and the environment in outpatients at Whipps Cross University Hospital.
- Address the inconsistencies in staff knowledge at St Bartholomew's Hospital with regards to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- Take appropriate action to review the hospital environment and ensure it is dementia friendly and supports patient independence.

In addition the trust should:

- Take appropriate action to ensure the 18 week waiting time indicator is met.
- Take appropriate action to address capacity issues in outpatient clinics at Whipps Cross University Hospital.
- Ensure the SAFER processes are embedded on the wards at Whipps Cross University Hospital.
- Ensure that investigations of serious incidents comply with trust policy.
- Ensure that complaints investigations comply with trust policy, including timescales for response; use and storage of investigation templates to evidence thoroughness of the investigation; lack of recording, monitoring and oversight of action plans.

Professor Ted Baker
Chief Inspector of Hospitals

Summary of findings

Background to Barts Health NHS Trust

Barts Health is the largest NHS trust in the country, having been formed by the merger of Barts and the London NHS trust, Newham University Hospital NHS trust and Whipps Cross University Hospital NHS trust on 1 April 2012. Barts Health NHS trust serves a population of around 2.6 million in the area of East London. The trust has 1,706 general and acute beds, 220 maternity beds and 177 critical care beds spread across five locations and has a further nine locations registered with the Care Quality Commission (CQC). The trust employs over 16,000 staff with an annual turn over (total income) of £1.3 billion 2016/17. The trust deficit for 2016/17 was forecast £83m with an actual outturn of £70m. The forecast for the current year (2017/18) is a £46m deficit control total.

Barts Health offers the full range of local hospital and community health services. The trust's hospitals are home to world-renowned specialist centres, including: cancer, cardiac, hyper-acute stroke and trauma and emergency care, as well as one of Britain's biggest children's hospitals. The trust is home to the London air ambulance service and houses one of London's busiest Accident & Emergency (A&E) services.

The trust has three acute hospitals: the Royal London Hospital, Whipps Cross University Hospital and Newham

University Hospital, as well as two specialist sites: the internationally renowned teaching hospital St Bartholomew's and Mile End Hospital (an acute rehabilitation site).

The trust has nine other locations registered with CQC, including two stand-alone birthing centres and a number of dental and primary medical service locations.

The trust covers four local authority areas: Tower Hamlets, the City of London, Waltham Forest and Newham. The trust's main Clinical Commissioning Groups (CCG's) are Newham CCG, Tower Hamlets CCG and Waltham Forest CCG.

Between February 2016 and January 2017 the trust recorded having 430,000 A&E attendances, 190,000 inpatient admissions. There were 15,700 deliveries and 2,027,000 outpatient attendances.

The trust had previously been inspected under the new comprehensive methodology in November 2013 and July 2016.

Following the comprehensive inspection of July 2016, we carried out a series of unannounced inspections detailed later in this report.

We carried out an announced inspection of St Bartholomew's Hospital in May 2017 and an announced well led review in June 2017.

Our inspection team

Our inspection team was led by:

Chair: Dr Bill Cunliffe, secondary care clinician, Newcastle Gateshead CCG.

Team Leader: Nicola Wise, head of hospital inspection, Care Quality Commission.

The trust was visited by a team of CQC inspectors and a variety of clinical and non-clinical specialists. There were consultants and nurses with backgrounds in all specialties inspected. The well-led review team consisted of specialist advisors with board-level experience and national regulatory experience.

Summary of findings

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Subsequent to the July 2016 comprehensive inspection and in addition to this bespoke well-led review the inspection team carried out a series of unannounced inspections of the following services:

- Newham University Hospital in November 2016 - five core services: medical care (including older people's care), surgery, maternity and gynaecology, services for children and young people and end of life care.
- Whipps Cross Hospital in June 2017 - three core services: surgery, end of life care and outpatient and diagnostic imaging.
- The Royal London Hospital in July 2017 - one core service: maternity and gynaecology.

We also carried out an announced inspection of St Bartholomew's Hospital in May 2017, where we inspected the following core services: critical care, medical services, surgery, and outpatient and diagnostics imaging. St Bartholomew's Hospital had not been previously inspected under the new CQC methodology. Information from these inspections informed our approach to the well led review.

What people who use the trust's services say

NHS Friends and Family Test

Barts Health NHS trust have consistently performed worse than the England average on the NHS Friends and Family Test. Between April 2016 and March 2017 the percentage of respondents who would recommend the trust was 93.3%, compared to an England average of 95.6%.

However, the percentage of patients that would recommend the trust has not fallen below 90% during that time period.

The overall response rate (the percentage of patients or relatives who responded to the survey) for Barts Health consistently performed below the national average in the eight months prior to the inspection. However, it is evident that there have been improvements over time. For example in December 2016 the response rate for Barts Health was 11% compared to the England average of 22%, in May 2017 the response rate for Barts Health was 23%, compared to an England average of 26%.

Facts and data about this trust

Barts Health NHS trust is a large acute trust with around 2103 beds, serving a population of around 2.6 million people living in the area of East London. It employs over 16,000 staff and has an annual turnover of (total income) of £1.3 billion (2016/17). It delivers care across five acute locations and has a further nine locations registered with the CQC.

Key Figures

Beds

- 1,706 General and Acute beds
- 220 Maternity beds
- 177 Critical Care beds

Summary of findings

Staffing (as of 1st January 2017)

Medical staff:

The trust employs 2,290 medical staff. The proportion of Consultant and junior doctor grade staff are both below their respective England averages. However, the trust employs a higher rate of Registrar grade doctors, with 44% of their medical workforce being of Registrar grade, compared to the England average of 31%. The trust had a 10.9% vacancy rate for medical staff, and a turn-over rate of 5.8%.

Nursing staff:

The trust employs 6,358 nursing staff. Bank and agency staff usage is higher than the England average at 9.4%, compared to the average of 5.8%. The trust had a vacancy rate of 13.7% for nursing staff, and a turn-over rate of 14.3%.

AHP staff:

The trust employs 2,277 AHP staff. The trust had a vacancy rate of 5.9% for AHP staff, and a turn-over rate of 17.2%.

Other staff:

The trust employs 3,332 staff categorised as 'Other', with a vacancy rate of 8.2% and turn-over rate of 11.9% for this staff group.

Financial data 2016//17:

Revenue: £1,488,833,000

Full cost: £1,558,314,000

Deficit: £69,481,000

Forecast deficit (2017/18): of £49,200,000

Activity type 2016/17:

Inpatient admissions: 190,000, of which there were:
Emergency admissions: 80,834. Outpatient attendances: 2,027,000. Maternity deliveries: 15,700.

Never Events:

There were 10 never events reported between May 2016 to April 2017. The categories for these were:

- Four cases of retained foreign object post-procedure.
- Two cases of misplaced naso or oro-gastric tubes.

- Two cases of wrong route administration of medication.
- Two cases of wrong site surgery.

Serious Incidents (STEIS):

There were 229 serious incidents reported between May 2016 to April 2017. The most top five most frequently reported categories were:

- Pressure ulcers - 40 incidents (17%).
- Sub-optimal care of the deteriorating patient - 30 incidents (13%).
- Maternity/Obstetric incident: baby only (this includes foetus, neonate and infant) – 27 incidents (12%).
- Diagnostic incident including delay (including failure to act on test results) - 24 incidents (10%).
- Treatment delay meeting SI criteria – 17 incidents (6%).

Incident Data:

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Barts Health NHS trust reported 27,567 incidents reported between March 2016 to February 2017. The majority (98%) were categorized as either low or no harm. The trust reported 11.8 incidents per 100 admissions, which is above the England average of 8.9. This could be indicative of a high incident reporting culture.

Infection Control:

Between April 2016 and April 2017 the trust reported:

- Nine cases of Methicillin-resistant Staphylococcus aureus (MRSA) – the trust target is to prevent all MRSA infections.
- 75 cases of Methicillin-sensitive Staphylococcus aureus (MSSA) infections.
- 71 cases of Clostridium Difficile (C. Diff) infections.

Mortality:

The trust has two active mortality outlier alerts as of April 2017. Both alerts were for 'Therapeutic endoscopic procedures on biliary tract.

Patient Led Assessments of the Care Environment:

Summary of findings

Barts Health NHS trust performed better than the England average in 2016 for assessments in relation to Cleanliness and Facilities. The trust performed worse than the England average in 2016 for assessments in relation to food and privacy / dignity / well-being. For dignity / well being their score was 76%, compared to the England average of 84%.

Bed occupancy:

Between quarter two of 2015/16 and quarter three of 2016/17 the trust bed occupancy was consistently higher than the England average. During Quarter 4 of 2016/17 total bed occupancy for the trust was 93%, compared to England average of 89%. General and acute bed occupancy for the trust was 96%, compared to an England average of 91%.

Delayed transfers of care:

The main reasons for delayed transfer of care between March 2016 and February 2017 were:

- Completion of assessment (23%)
- Waiting further NHS non-acute care (20%)
- Awaiting Nursing Home Placement or Availability (15%)

Is the trust well led?

Staff sickness

In March 2017 the trust's staff sickness level was 3.13% which was slightly better than the England average of 3.93%.

Staff turnover

Overall staff turn-over was 13.7%, this varied according to staff discipline ranging from 5.8% for medical staff to 17.2% for Allied Health Professional (AHP) staff. Nursing staff was recorded as 14.3%.

NHS staff survey results

In the 2016 NHS staff survey Barts Health saw a significant improvement in the response rate rising from a 30% response rate in 2015 to a 46% response rate in 2016. Bart's Health NHS Trust had 6,717 staff take part in this survey. This was above the England average response rate of 42%. The staff engagement score for the trust, whilst below the England average of 3.8, had increased

from a score of 3.6 in 2015 to 3.7 in 2016. The staff engagement score is an indication of how motivated staff are and how positive they are about their organisation. Barts Health NHS trust saw the greatest improvements against measures examining:

- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
- Effective use of patient / service user feedback.
- Support from immediate managers.
- Quality of appraisals.
- Staff satisfaction with resourcing and support.

Against a benchmark group of similar organisations Barts Health NHS trust performed least favourably against the following indicators:

- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
- The percentage of staff experiencing discrimination at work in the last 12 months.
- Organisation and management interest in and action on health and well being.
- The percentage of staff experiencing physical violence from staff in the last 12 months.

Against a benchmark group of similar organisations Barts Health NHS trust performed most favourably against the following indicators:

- The quality of appraisals.
- The percentage of staff working in the last three months despite feeling unwell because they felt pressure from their manager, colleague or themselves.
- The percentage of staff reporting good communication between senior management and staff.
- Effective use of patient / service user feedback.
- Staff satisfaction with the quality of work and care they are able to deliver.

Summary of findings

Against the NHS staff survey question KF 25. 'Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months': 29% of staff were from a white background (compared to 31% in the 2015 survey) responded positively to this, against 30% of staff from a Black, Asian, and minority ethnic (BAME) background (compared to 34% in the 2015 survey).


When comparing the percentage of staff experiencing harassment, bullying or abuse from staff in last 12

months (KF 26): 32% of staff were from a white background (compared to 37% in the 2015 survey) and 33% were from a BAME background (compared to 37% in the 2015 survey).

When comparing responses to question Q17b 'In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues': 10% of respondents described themselves as being from a white background (compared to 20% in 2015) compared with 18% being from a BAME background (compared to 20% in the 2015 survey).

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We examined the safe domain in the context of the core services that we inspected on our unannounced inspection of the Whipps Cross University Hospital and the Royal London Hospital, as well as the announced inspection of St Bartholomew's Hospital. When aggregating the rating across all locations and core services we have recently inspected, we have rated the safe domain as requires improvement.</p> <p>During our previous inspection at Whipps Cross Hospital and the Royal London Hospital we found:</p> <ul style="list-style-type: none">• Surgical site infections (SSIs) were not being effectively monitored or reviewed within surgery at the Whipps Cross University Hospital. During this inspection we found SSI data collection and monitoring had not improved.• We commented how the radiation safety survey in June 2016 identified areas that needed attention. This included ensuring that personal protective equipment (PPE) checks were completed; this is equipment that protects the user against health or safety risks at work, for example lead aprons. We found that little or no action had been taken on this since the time of our last inspection.• During our inspection in July 2016, staff told us it could take a long time to resolve maintenance of equipment and the environment in outpatients at Whipps Cross University Hospital. We were told similar things during this inspection.• During our previous inspection we found that theatre recovery at Whipps Cross University Hospital was being used inappropriately to look after critically ill patients overnight. This was still the case during this inspection.• During our previous inspection of maternity services at the Royal London Hospital we identified that urgent improvements to security arrangements were required. Although improvements had been made in physical security, including swipe card access and increased receptionist cover, it was not always effective in preventing unauthorised access to the delivery suite and post-natal ward.• During our previous inspection of maternity services at the Royal London Hospital we found the service did not meet the recommended provision of 98 hours per week of consultant presence on the labour ward, according to Royal College of	<p>Requires improvement </p>

Summary of findings

Obstetricians and Gynaecologists recommendations. The guidance has since changed; and although there had been improvements, the service was still not providing adequate consultant cover on the labour ward. We were informed that additional consultants had been recruited but were not in post at the time of inspection.

- At the previous inspection in July 2016 we were told that a business case for baby tagging at the Royal London Hospital had been approved and would be implemented by autumn 2016. During our recent inspection the trust informed us that the electronic baby tagging system was being installed and was due to go live in August 2017.

We also found:

- Investigations into Serious Incidents (SI's) to be incomplete and did not comply with trust policy.
- The trust had out-of-date policies and procedures for infection prevention and control (IPC).
- The strength of the incident reporting culture differed by site.
- We observed some staff did not adhere to the infection prevention standards and protocols.
- We observed a number of infection control issues relating to the operating theatre environment at Whipps Cross University Hospital. This did not meet the Department of Health's standards set out within health building note (HBN) guidance HBN 00-09 'Infection control in the built environment'.
- We found that some theatres at Whipps Cross University Hospital were non-compliant with the department of health standards set out within HBN 26 'Facilities for surgical procedures in acute general hospitals.'
- At Whipps Cross University Hospital we found problems with the instrument decontamination service, which had recently been outsourced to an external company used by the rest of the trust. We heard multiple examples of where instrument trays had arrived missing instruments or set out incorrectly. We were not assured that the risk presented by this was being managed effectively.
- Nurses at Whipps Cross University Hospital raised concerns about the transfer of patients between CT and accident and emergency in the event of an emergency. The trust subsequently confirmed that there was no risk assessment for this transfer and we noted that it was not on the risk register.

Summary of findings

- The trust radiology information system (RIS) and picture archiving and communication system (PACS) systems were out of operation from two weeks prior to our unannounced inspection. At the time of inspection the trust were unable to give us any assurances that there was full knowledge of the overall quantity of images and data lost. However, following this inspection the Trust provided assurance to CQC that a restore from back up took place.
- The trust were unable to give us any assurances that there was full knowledge of the overall quantity of images and data lost.
- We found safeguarding children's training compliance was below the trust target in both surgery at Whipps Cross University Hospital and maternity at the Royal London Hospital.
- Records in the maternity service at the Royal London Hospital were not always stored securely.
- We found variability in the implementation of business continuity plans according to site.
- During our previous inspection it was highlighted that the access to offices within the Margaret Centre was via a ward corridor, which meant that dying and palliative patients were inappropriately observed by staff and other visitors. Upon re-inspection we saw that there was now a second entrance via swipe card entry to the offices, which enabled access without walking through the ward area. However, at the time of our unannounced visit, the Margaret Centre was in the process of being redecorated so it was out of use at the time.
- At our inspection in July 2016, we found a lack of availability of notes for clinics at Whipps Cross University Hospital and temporary files made up which did not include all of the patient's notes. We found this situation to be much improved during this inspection.
- Previous inspections had reported on low staffing levels for Clinical Nurse Specialists (CNS's) and consultant posts to support end of life care. Upon re-inspection we found funding had been made available for additional CNS and consultant posts. These were not in post at the time of our inspection.
- During our inspection in July 2016, we reported that there were insufficient numbers of staff in the radiology and diagnostic imaging department to manage the volume of work. During this inspection, we found this situation was improved.
- During our previous inspection of the Royal London Hospital we identified that there had been incidents of sepsis in maternity

Summary of findings

services, and the hospital had been identified as an 'outlier' in this area by the CQC. Upon re-inspection we found that sepsis management had been reviewed and effective protocols were in place.

- During our previous inspection of the Royal London Hospital we identified that baby identification was a risk because staff were not routinely checking babies' identification labels. During this unannounced inspection the majority of staff were aware and clear on what they were required to do for baby identification.
- We found record keeping at St Bartholomew's to be comprehensive and were stored and maintained in line with best practice.

Incidents

The hospital used an electronic incident system to report, investigate and act upon incidents and adverse events. The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports.

Barts Health NHS trust reported 27,567 incidents reported between March 2016 to February 2017. The majority (98%) were categorized as either low or no harm. There were 229 serious incidents (SI) reported between May 2016 to April 2017.

The top five most frequently reported categories were: pressure ulcers (17%), sub-optimal care of the deteriorating patient (13%), maternity/obstetric incident: baby only (this includes foetus, neonate and infant) (12%), diagnostic incident including delay meeting (including failure to act on test results) (10%) and treatment delays (6%).

There were 10 never events reported across the trust between May 2016 to April 2017. The categories for these were: four cases of retained foreign object post-procedure, two cases of misplaced naso or oro-gastric tubes, two cases of wrong route administration of medication and two cases of wrong site surgery.

Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. We found that staff knowledge of these events was variable. We were told that all incidents rated for external reporting have action plans stored in the electronic reporting system. For each action, there should be a monitoring committee or board identified. This body oversees the delivery assurance and any outstanding actions at sites are collated into a report for Quality Board.

Summary of findings

We reviewed seven SI investigations, these were selected at random. We found these were completed according to the principles of root cause analysis (RCA). The reports outlined lessons learned and had action plans to address recommendations to prevent future incidents. However, we found non adherence with trust policy in a number of areas, including: not meeting specified timescales for completion of RCA investigation; not completing the full RCA process; failure to conduct 72 hour investigation; decision to de-escalate in absence of thorough investigation; lack of recording, monitoring and oversight of action plans.

Most staff we spoke with knew how to report an incident and could provide examples of when they had done so. However, we found that the incident reporting culture varied by hospital site. For example, at Whipps Cross University Hospital some staff said they reported incidents infrequently. Conversely at St Bartholomew's Hospital we found evidence of a good reporting culture and that learning from incident investigations was disseminated to staff.

We saw examples of where staff had applied the principles of the duty of candour (DoC), however from our small sample review of serious incidents we found instances in the delay of the application of DoC. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

We were told that all patient deaths were reviewed at a monthly mortality and morbidity meeting. However, we found variability in the application of this. For example at St Bartholomew's Hospital meetings were structured and clearly minuted, however when we requested the information for Whipps Cross Hospital the trust did not provide us with the minutes of meetings, therefore it was unclear which staff attended these meetings or how lessons learnt were recorded and shared.

Cleanliness, infection control and hygiene

The trust had out-of-date policies and procedures for infection prevention and control (IPC). We found the Management of Prevention of Infectious Diarrhoea including C. Diff and Norovirus policy was dated December 2013, with a review date of December 2016.

Summary of findings

We found the Isolation, Notification and Management of Infectious Diseases – Infection Control Policy was dated October 2013, with a review date of October 2016. However, we found the policy for hand hygiene was dated June 2016 and had a three year review date, which was therefore in date.

The National Institute for Health and Care Excellence quality standard 61 requires that people receive healthcare from health care workers who decontaminate their hands immediately before and after every episode of direct contact or care. Hand washbasins and alcohol hand sanitising gel were accessible at ward and theatre entrances that we visited and the hand gel was available by each bed. Instructions for their use were clearly displayed next to, and on, the soap/ alcohol dispensers. We saw there were posters at the entrance to wards reminding staff and patients to clean their hands before entering the ward. We observed some staff did not adhere to the infection prevention standards and protocols.

Across two wards, we observed seven doctors on the ward who were non-compliant with the hospital's 'bare below the elbow' (BBE) and hand hygiene policies. We saw a number of theatre staff moving around the Whipps Cross University Hospital, including non-clinical areas, in theatre scrubs and clogs without overcoats. The hospital's uniform policy stated that staff must wear an overcoat to reduce the risk of infection for patients having surgery. We observed most clinical areas were clean and tidy. Staff and the majority of patients we spoke with told us the cleanliness was good. Staff used green 'I am clean stickers' to show that equipment was clean. The majority of equipment we checked was clean. However, we saw that some items of equipment in the surgical core services at Whipps Cross University Hospital were dusty, despite being labelled as clean and ready for use.

During our previous inspection, we found that surgical site infections (SSIs) were not being effectively monitored or reviewed within surgery at the Whipps Cross University Hospital. An SSI is a type of healthcare-associated infection in which a wound infection occurs after an invasive (surgical) procedure. During the 2016 inspection, we found the SSI data collection was substandard due to a number of reasons, including poor follow-up of patients after discharge. During this inspection we found SSI data collection and monitoring had not improved. Service leads told us that SSI data was being collected and submitted to the national database for elective hip and knee procedures as required by Public Health England (PHE). However, theatre staff told us that SSI data was not yet being collected but there were plans in place to introduce a new staff post to take responsibility for this.

Summary of findings

We saw that there were surveillance sheets for elective patients that were used to record any post-surgery infection but that this was not followed up when the patient left the hospital. We observed a number of infection control issues relating to the operating theatre environment at Whipps Cross University Hospital, including loose and exposed plaster on the theatre walls and damaged flooring. We saw damaged, stained flooring and skirting coming away from the walls, damaged ceiling tiles with visible holes and gaps. In multiple theatre locations, we saw cracked or damaged walls, with plaster visible or peeling, and damaged doorframes. Numerous items of equipment we checked had some rust, including bins, a hand wash-holder, trolleys and a storage unit. This did not meet the Department of Health's standards set out within health building note (HBN) guidance HBN 00-09 'Infection control in the built environment'.

We saw that floors in the in-patient radiology area at Whipps Cross University Hospital were scuffed and appeared unclean. There were bags of trolley covers and used adult and children's gowns lying on the floor. There was a torn mattress on a patient trolley which was an infection hazard. Shelves and window sills were dusty and we saw used paper towels on the floor and in the sink of the dirty utility room. We were told that each ward had an IPC link nurse who supported ward staff with IPC. However, not all nursing staff on the wards could tell us who the IPC lead or link nurse was.

Environment and equipment

We found that some theatres at Whipps Cross University Hospital were non-compliant with the department of health standards set out within HBN 26 'Facilities for surgical procedures in acute general hospitals.' Staff told us that many items of theatre equipment at Whipps Cross University Hospital was old and needed to be replaced. We saw that 17 of the 19 theatre-specific risks on the hospital's risk register related to old and in some cases obsolete, equipment that was at risk of failing potentially putting patient safety at risk. Lack of appropriate servicing and maintenance of theatre equipment had been on the hospital's risk register since 2014.

Many items of equipment were no longer being maintained under an external service contract and there was no service plan in place to ensure all equipment was serviced within appropriate timescales. The hospital's medical engineering team taken over responsibility for equipment maintenance. Data provided by the trust showed that servicing targets were not being met and as at 1 June 2017, only 67% of theatre equipment had been serviced. Equipment not serviced included 31 'high-risk' items.

Summary of findings

Staff in theatres at Whipps Cross University Hospital told us about problems with the instrument decontamination service, which had recently been outsourced to an external company used by the rest of the trust. Different staff gave multiple examples of where instrument trays had arrived missing instruments or set out incorrectly. Senior managers told us this was on the risk register and we saw that all staff were reminded to report any issues as incidents. Data provided by the trust between June 2016 and May 2017 showed that only 11 incidents related to the instrument decontamination service and therefore staff were not always reporting their concerns as incidents. Although “disruption to the provision of sterile instrumentation and consumables” was on the hospital’s risk register, there was no record of review since it was added in August 2015 and no documented controls in place to mitigate the risk to patients.

When we asked senior members of the trust about this concern we were advised that it was an ongoing issue that was being managed. We were not assured that the risk presented by this was being managed effectively.

We found there was very little equipment available within the mortuary at Whipps Cross University Hospital. The patient slide (PAT slide) used for moving patients was missing and the concealment trolley used to remove a deceased patient from the ward to the mortuary was broken. This piece of equipment was essential and was reported to have been broken and out of use for a month. There was no replacement available and no temporary trolley was provided. The mortuary had to use a normal hospital bed with a covering instead.

We were told that panic alarms had not worked in the outpatients department Whipps Cross University Hospital for almost one year. The head of outpatients told us this had been raised as a major problem in June 2016, though it was not added to the risk register until January 2017. We were told there was recent confirmation that work would begin in July 2017.

We found the environment in the diagnostic imaging department at Whipps Cross University Hospital was poorly maintained. For example, there was loose plaster on walls in an area where children were treated. Staff we spoke with did not know whether this environmental hazard had been risk assessed or was added to the electronic reporting system. The floor covering in the patient toilets was torn and there was loose plaster around the toilets. The

Summary of findings

corridors in the diagnostic imaging department were narrow and lined with shelves. These shelves had boxes and empty sharps bins stacked high on them, which presented a hazard to people who passed by.

During our previous inspection we commented how the radiation safety survey in June 2016 identified areas that needed attention. This included ensuring that personal protective equipment (PPE) checks were completed; this is equipment that protects the user against health or safety risks at work, for example lead aprons. We found that little or no action had been taken on this since the time of our last inspection. Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000) state that correctly selecting and using personal protective equipment available for the reduction of radiation exposure is the principle radiation protective tool for interventional workers and should be used at all times. The regulations also state that lead aprons should be checked annually for safety. The purpose of lead aprons is to reduce exposure to x-rays used in radiography, fluoroscopy and computed tomography. Any damage such as cracks or splits in the apron would allow x-rays through and therefore cause potential radiation harm to the member of staff.

Records we looked at during this inspection showed that 17 out of a total of 179 lead aprons in use across the diagnostics imaging department of Whipps Cross University Hospital had been audited and deemed safe on 17th February 2017. There was no evidence to assure us that the remaining 162 aprons had been screened and passed as safe.

During our inspection in July 2016, staff told us it could take a long time to resolve maintenance of equipment and the environment in outpatients at Whipps Cross University Hospital. We were told similar things during this inspection. For example, the temperature control system in outpatients x-ray had been out of order for almost one year and was on the risk register for most of that time. The manager we spoke with told us they had no indication from finance as to when this situation might be resolved.

During our inspection in July 2016 we identified urgent improvements were required to security arrangements in the maternity service. During this inspection we found some improvements in this area, for example, there had been a reduction in unsecured entry and exit points on the wards. Access to most areas of the maternity and gynaecology wards was now restricted by use of swipe cards. When we were taken around the unit, we were told there were still some unlocked entrances; however, work was being carried out to address this.

Summary of findings

At the last inspection, baby identification was also identified as a risk because staff were not routinely checking babies' identification labels. They were not always checking babies' name bands on the postnatal ward to ensure babies were paired with the right mothers, and to ensure the right baby received the right medicines. Staff on the postnatal ward had also been unaware of the trust policy on patient identification which included babies.

During this unannounced inspection the majority of staff were aware and clear on what they were required to do for baby identification. We saw twice daily checks were made and where name bands missing, either because they had become loose or been removed by parents, records showed they had been replaced. Baby identification was recorded on the service risk register as a 'medium' rated risk across all of the trust's hospitals and guidelines were in place for staff to follow in the event that a baby was found to have no ID label. The manager told us it would be reported as an incident which was confirmed by staff.

At the previous inspection in July 2016 we were told that a business case for baby tagging had been approved and would be implemented by autumn 2016. During our recent inspection the trust informed us that the electronic baby tagging system was being installed and was due to go live in August 2017.

During our previous inspection it was highlighted that the access to offices within the Margaret Centre was via a ward corridor, which meant that dying and palliative patients were inappropriately observed by staff and other visitors.

Upon re-inspection we saw that there was now a second entrance via swipe card entry to the offices, which had been brought back in to use and enabled access without walking through the ward area. However, at the time of our unannounced visit, the Margaret Centre was in the process of being redecorated so it was out of use at the time.

During our inspection of St Bartholomew's Hospital we found the environment to be newly refurbished and to a high standard.

All of the wards we visited were well organised and quiet. Surgical patients we spoke with stated the wards were comfortable and a good environment to recover in, and there were day rooms that patients could access if they wanted to watch television or leave their room. We received positive messages from staff about the positive impact of the recent investment and refurbishment of services.

The theatres area at St Bartholomew's Hospital was well resourced and clean. Staff we spoke with stated it was a very positive clinical

Summary of findings

environment to work in, and they felt they generally had the equipment they needed to provide care. Changing rooms were spacious and provided plenty of locker space for staff, and there was a large meeting room for briefings. We visited five anaesthetics rooms, and found them to be clean and tidy, with anaesthetic machines regularly checked.

Wards were accessible and provided plenty of space for beds or patients with limited mobility. There was access to disabled toilets and accessibility rails on walls.

Records

At Whipps Cross Hospital we found that patient records were not always stored securely in line with information governance standards. On four out of seven wards, we found the medical notes trolleys or cupboards were unlocked and therefore patients' records were not secured. On one ward, we saw that an access card was left in a computer. This could have potentially enabled an unauthorised person to access confidential information.

At the Royal London Hospital we found that records in the maternity service at the Royal London Hospital were not always stored securely. We found records left unattended and in some instances patients' sensitive personal information was easily accessible and could be viewed or removed by unauthorised people. This was in direct contrast to St Bartholomew's Hospital where we found reviewed 20 patient records across the surgical wards and found them to be comprehensively completed. Patient records we reviewed contained details of clinical interactions with staff and completed descriptions of care plans. Records also contained completed sets of risk assessments including early warning scores, risk of venous thromboembolism (VTE), pressure ulcer assessments, falls assessments, nutritional needs, and medication charts. Paper copies of patient records at St Bartholomew's Hospital were confidentially stored by patient beds or stored in locked medical record trollies. Staff required a password to access the electronic record system, as well as an electronic identification card. We were told that temporary staff would be provided with an allocated key-card and login.

At our inspection in July 2016, we found a lack of availability of notes for clinics at Whipps Cross University Hospital and temporary files made up which did not include all of the patient's notes. We found this situation to be much improved during this inspection where the majority of patient notes were available for the clinics we observed.

Summary of findings

Staff spoke positively about a new system in place where notes were delivered the night before morning clinics. This meant staff could check the patient list to identify any missing records and make an urgent request for them.

Safeguarding

The chief nurse of the hospital was the executive lead for safeguarding children and adults. Each site had a named nurse for safeguarding children and a safeguarding children advisor. During our inspection we observed clinics attended by children and young people including fluoroscopy, radiology and fracture clinic at Whipps Cross University Hospital. The statement of purpose related to children treated in adult clinics stated that in all instances where a paediatric patient attends and is seen in an adult area, the outpatient nursing team should raise an incident detailing the reasons, mitigating actions and outcome. Senior managers told us children and young people routinely attended adult clinics and said this was identified on the risk register. They also said staff were encouraged to record attendances on the electronic incident reporting system. Staff told us they seldom did this since it was a routine occurrence and they did not think recording attendance would amend the situation. The trust subsequently informed us that there was no data kept on the numbers of children and young people attending adult clinics.

Safeguarding training data provided by the trust showed deficiencies in training within the surgical service at Whipps Cross University Hospital and the maternity service at the Royal London Hospital. We were concerned that the trust had inadequate numbers for staff trained to level 3 children's safeguarding. We saw information displayed in clinical areas which gave advice about how to report any safeguarding concerns. There was a separate posters which highlighted the need for awareness about female genital mutilation. We saw safeguarding information for staff was accessible in folders. This included contact lists and guidance on how to make a referral. There was good awareness of safeguarding and staff we spoke with were familiar with the trust's safeguarding processes and who to contact for further advice.

Assessing and responding to patient risk

Nurses at Whipps Cross University Hospital raised concerns about the transfer of patients between CT and accident and emergency in the event of an emergency. They told us this was via a very long corridor, which we saw was the case, and that the patient was usually accompanied by a health care assistant. We were told that in the event of a cardiac arrest, there was no means of summoning immediate assistance other than relying on another staff member

Summary of findings

passing by for assistance. They did not know whether there was a risk assessment for this or whether it was on the risk register. The trust subsequently confirmed that there was no risk assessment for this transfer and we noted that it was not on the risk register.

During our previous inspection we found that theatre recovery at Whipps Cross University Hospital was being used inappropriately to look after critically ill patients overnight. This was still the case during this inspection. A new eight bed high dependency unit (HDU) had recently been opened and senior managers told us that this had reduced the number of HDU patients being cared for in recovery. Data provided by the trust showed that between April 2016 and March 2017, 166 patients experienced an overnight stay in recovery. Of these, some patients were identified as requiring a HDU (15) or ITU bed (eight). This was a reduction from 52 patients reported by the trust as requiring either a HDU or ITU bed during the previous year. Staff told us that anaesthetist support was available in recovery at all times.

The trust radiology information system (RIS) and picture archiving and communication system (PACS) were both out of operation from two weeks prior to our unannounced inspection. The diagnostic imaging system downtime and recovery plan 2016 suggests urgent examination images can be exported to either CD or DVD and sent with patients where possible. However, three senior managers independently told us that the initial concern of the systems failure was the potential loss of thousands of images and MRI data as the system may have auto-purged a substantial amount before a local solution was initiated.

A manager at Whipps Cross Hospital told us the priority had been to recover high dose radiation imaging over plain x-ray images. At the time of the inspection, they were unable to give us any assurances that there was full knowledge of the overall quantity of images and data lost. However, following the inspection the Trust were able to provide assurance that a restore from back up had taken place.

Minutes of the weekly clinical support services senior team meeting updates from the 2 May 2016 noted that there was no available data on the potential risks to patients. This was in contrast to our findings at St Bartholomew's Hospital where we were assured that the senior leadership team had quickly implemented business continuity in a way that would mitigate risk and limit harm, along with the early progression of a clinical harm review. The trust used the national early warning score (NEWS) to identify deteriorating patients. This is a basic set of observations such as blood pressure, respiratory rate, oxygen saturation, temperature and pulse rate, which are then used to calculate a score indicating the severity of a patient's acute

Summary of findings

illness. The chart used to record the score had set parameters for each observation and clear instructions as to what action staff should take based on the patient's score. A NEWS score of five or above required staff to immediately escalate the patient to a doctor. We reviewed a sample of patient records on different wards at Whipps Cross Hospital and St Bartholomew's Hospital and found that for the majority of patients the NEWS had been correctly calculated and any appropriate actions had been taken.

In maternity services at the Royal London Hospital we found that there was an escalation process in place for deteriorating women and a systems for ensuring observation of women's vital signs were in place. Sepsis teaching sessions had recently been delivered to staff at Whipps Cross University Hospital to improve staff confidence in identifying and escalating patients with suspected sepsis. The sessions were available to all nursing staff and HCAs. The trust told us that no sepsis audits had taken place within surgery at Whipps Cross University Hospital in the last 12 months. Therefore, it was not clear how the hospital monitored whether patients with suspected sepsis were provided with evidence-based care and treatment.

At St Bartholomew's Hospital we found that staff understanding and implementation of sepsis six (a procedural guideline designed to reduce the mortality of patients with sepsis) was variable amongst staff, and the trust had an implementation plan in place to drive forward quality improvement in the recognition and initial care of patients presenting with or deteriorating with sepsis. The trust had appointed ward level sepsis champions who were undergoing training around the time of our inspection.

At the Royal London Hospital we found the trust had implemented a 'Know Your Sepsis Six' campaign. The maternity wards, including the maternity HDU, had sepsis trolleys containing folders with guidance on recognition and a management proforma, which meant that everything needed to treat sepsis promptly was readily available. Theatre staff took the appropriate safety checks before, during, and after surgery. These included the use of the World Health Organisation (WHO) surgical safety checklist. This checklist was developed to reduce errors and adverse events, and increase teamwork and communication in surgery. We saw that the four initial stages of 'team brief', 'sign in', 'time out' and 'sign out' were generally completed to high standard. We observed that surgeons did not always stay for the final 'debrief' check at the end of the theatre list across both the Whipps Cross University Hospital and the St Bartholomew's Hospital sites.

The results from the National Care of the Dying Audit 2016 for Barts Health NHS Trust showed 85% of patients across the trust were

Summary of findings

recognised by the multi-disciplinary team as dying; the England average was 83%. Results of the National Care of the Dying Audit undertaken during 2016 showed 80% of patients across the trust were recognised as at end of life, which was just above the national average 79%.

Staffing

The trust used the Safer Nursing Care Tool (SNCT) as an indicator for safe staffing levels across relevant ward areas within the Trust. This tool calculated serious staffing deficiencies and these were flagged as 'black' risks to signal a concern within the given area. Staff vacancy levels had predominantly improved, although the trust still had high vacancies across some staff groups. Mitigation plans were in place to ensure staffing levels met minimum requirements with the use of bank, agency and locum staff. We saw that some wards were still relying heavily on temporary staff. Ward managers carried out daily risk assessments to assess patient acuity and review staffing levels. Ward managers told us that all agency staff received an induction and orientation to the ward. Ward managers told us about a monthly forum held by the matron and ADoN where issues such as staffing, serious incidents and complaints were reviewed and discussed. Ward managers said they felt confident raising concerns and issues.

Previous inspections had reported on low staffing levels for Clinical Nurse Specialists (CNS's) and consultant posts to support end of life care. Upon re-inspection we found funding had been made available for additional CNS and consultant posts. We were told that a business case was made for extra funding for staffing. These were not in post at the time of our inspection. Previous inspection had reported concerns about the level of consultant cover on the delivery suite in maternity services at the Royal London Hospital. Since then, the service had increased its consultant presence by 20 hours, although this did not meet the hospital target to ensure provision of 98 hours per week consultant presence on the labour ward. During our inspection in July 2016, we reported that there were insufficient numbers of staff in the radiology and diagnostic imaging department to manage the volume of work. During this inspection, we found this situation was improved. A manager told us there had been a successful recruitment campaign, and new staff had joined the department in the last six months.

Are services at this trust effective?

We examined the effective domain in the context of the core services that we inspected on our unannounced inspection of the Whipps Cross University Hospital and the Royal London Hospital, as well as

Requires improvement



Summary of findings

the announced inspection of St Bartholomew's Hospital. When aggregating the rating across all locations and core services we have recently inspected, we have rated the effective domain as requires improvement.

During our previous inspection of Whipps Cross Hospital we found:

- That it was difficult to contact the on-call radiologist for information or advice. During this inspection, we were told by a consultant that this situation had been addressed. There was always a local consultant on call in the event of the on-call locum being uncontactable. We also found:
- Clinical guidelines and policies had been developed in line with the National Institute for Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. However, a number of policies and protocols were out of their review date and did not reflect current best practice.
- The trust had a policy for assessing and managing patients with suspected sepsis in line with NICE guideline NG51. However, staff understanding and implementation of this was variable.
- It was not clear whether surgical site infection (SSI) data was being collected. We were told that data was being submitted nationally for orthopaedic patients but, this information was contradicted by clinical staff. There were no results being used to make improvements. •

At St Bartholomew's Hospital the critical care service did not fully participate in providing data to Intensive Care National Audit and Research Centre (ICNARC), which was an expectation for critical care services.

- We observed good examples of multidisciplinary (MDT) working in many areas. However, we heard that poor multi-disciplinary working between clinical teams and theatre scheduling staff at the Whipps Cross University Hospital site resulted in last minute theatre cancellations.
- Whilst most staff were able to describe procedures such as mental capacity assessment and the procedure for reaching a decision about treatment. There were gaps and inconsistencies in staff knowledge at St Bartholomew's Hospital with regards to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. However:
- The trust participated in a range of national audits so that it could benchmark its practice and performance against best practice and other hospitals.
- We observed DNACPR forms were in place and fully completed.

Summary of findings

- We found that the replacement for the Liverpool Care Pathway (LCP); the compassionate care plan (CCP) was in place throughout Whipps Cross University Hospital.
- In the 2016 National Emergency Laparotomy Audit (NELA), the Whipps Cross University Hospital's hospital performed within the top 20% of hospitals nationally, for three out of five measures.
- Results from the national lung cancer audit indicated St Bartholomew's Hospital performed better than the national average in every indicator.
- The heart centre at St Bartholomew's Hospital demonstrated an average 'door to balloon time' of 60 minutes, which was better than the national average of 90 minutes.

Evidence based care and treatment

Clinical guidelines and policies were developed and reviewed in line with the National Institute for Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. However, we found a number of policies and protocols, available on the hospital's intranet, were out of their review date and did not reflect current best practice.

At St Bartholomew's Hospital the critical care service did not fully participate in providing data to Intensive Care National Audit and Research Centre (ICNARC), which was an expectation for critical care services. In the meantime, the service captured and entered into their own critical care performance database and produced monthly reports. These reports incorporated nearly all of the ICNARC fields but this could not be compared accurately at a national level. Following the inspection we were shown an action plan regarding ICNARC participation. The service was expecting to be fully participating by October 2017.

The trust had a policy for assessing and managing patients with suspected sepsis in line with NICE guideline NG51. However, staff understanding and implementation of this was variable. The trust told us that no sepsis audits had taken place within surgery at Whipps Cross University Hospital in the last 12 months. Therefore, it was not clear how the hospital monitored whether patients with suspected sepsis were provided with evidence-based care and treatment. It was not clear whether surgical site infection (SSI) data was being collected at the Whipps Cross University Hospital site. We were told that data was being submitted nationally for orthopaedic patients but, this information was contradicted by clinical staff. There were no results being used to make improvements.

Summary of findings

The hospital used the national early warning score (NEWS) to identify deteriorating patients. This was monitored in line with National Institute for Health and Care Excellence (NICE) guidance CG50 'Acutely ill-patients in Hospital. Safety guidelines from the association of anaesthetists of Great Britain and Ireland (AAGBI) were kept within folders attached to each anaesthetic machine. We saw that staff followed these guidelines appropriately.

During our previous inspection in July 2016, we were told that the service had introduced an enhanced recovery programme to improve patient outcomes. Enhanced recovery is an evidence-based approach that helps people recover more quickly after having major surgery. However, we were told that implementation of the programme had been delayed due to funding and this had not progressed as expected.

The hospital participated in a number of national audits including emergency laparotomy, hip fracture, bowel cancer and patient reported outcome measures (PROMs). During our previous inspection, the hospital did not provide us with any evidence that outcomes of national audits were being used to drive local quality improvement.

During this inspection, the clinical lead told us that this had been improved and that action plans for national audits had been presented to the board. We did not see evidence of this. We observed DNACPR forms were in place and fully completed, including discussions with their family where appropriate. Staff told us there was only one DNACPR form in use now (Resus council UK). We found that the replacement for the Liverpool Care Pathway (LCP); the compassionate care plan (CCP) was in place throughout Whipps Cross University Hospital. We also found examples where identifying the deteriorating patient had been documented in notes and in the DNAR form. For instance, not for escalation to critical care/intensive care (5 Priorities for care (leadership alliance) one chance to get it right June 2014). Syringe drivers were in use; the storage and maintenance appeared safe and effective. They were kept within locked boxes and all wards had a key to open boxes to enable access. Spare keys were available from the medical devices department or site manager if needed (2011 end of Life Care for adults QS 13, updated March 17 P63). Protocols were in place that followed national guidance for radiology examinations such as orthopaedic x-rays.

Patient outcomes

The trust participated in a range of national audits so that it could benchmark its practice and performance against best practice and other hospitals. In the 2016 Hip Fracture Audit, the Whipps Cross

Summary of findings

University Hospital's performance against the national average was mixed. For five measures, the hospital performed significantly worse than the national average and fell within the lowest 25% of all trusts. Performance against four of these five measures was also worse than the result for 2015. However, for three key measures performance was comparable or better than the national average.

Barts Health NHS Trust contributed to the National Care of the Dying Audit (NCDA) March 2016. The trust was below the England average on three out of the five clinical indicators and only achieved one out of the five organisational key performance indicators (KPI). However, this data was collected nearly two years ago and may not be the best indication of progress made by the trust.

In the 2016 National Emergency Laparotomy Audit (NELA), the Whipps Cross University Hospital's hospital performed within the top 20% of hospitals nationally, for three out of five measures. The trust's Patient Reported Outcome Measures (PROMS) survey results for 2016/17 were generally in-line with national results. In the PROMS survey, patients are asked whether they feel better or worse after receiving the following operations: groin hernias, varicose veins and hip or knee replacements.

Results from the national lung cancer audit indicated St Bartholomew's Hospital performed better than the national average in every indicator. The heart centre at St Bartholomew's Hospital demonstrated an average 'door to balloon time' of 60 minutes, which was better than the national average of 90 minutes. This is an indicator that reflects the proportion of patients who undergo an emergency procedure (percutaneous coronary intervention - PCI) to improve blood flow to the heart muscle in the event of a heart attack (myocardial infarction – MI) within and up to 90 minutes of arriving at hospital. It is the interval between the arrival at hospital and the time that the PCI procedure is performed.

Clinicians at St Bartholomew's Hospital had introduced an emergency arrhythmia service as part of an emergency pathway with the local NHS ambulance service. This meant patients could now be admitted to the hospital and receive highly specialised care.

At St Bartholomew's Hospital, staff in the cancer wards had established pilot schemes and working groups to reduce falls, reduce pressure ulcers and to introduce an enhanced care package. Each working group monitored specific outcomes to measure effectiveness for patients. Since the introduction of the falls working group, falls on the cancer wards had been reduced by 50%.

Multi-disciplinary working and coordinated care pathways

Summary of findings

We observed good examples of multidisciplinary (MDT) working across the trust. Most staff spoke positively about MDT working and we found evidence of good multidisciplinary relationships supporting patient care. However, we heard that there was a lack of communication between clinical and administrative teams at Whipps Cross University Hospital often led to theatres being underutilised. We were told the scheduling team met weekly but without input from the clinical team, which meant that issues were not always picked up until the day of surgery. This often led to last minute cancellations and gaps in surgical lists. Recovery staff at Whipps Cross University Hospital told us they felt under pressure to move patients out of recovery and that the lack of available ward beds made their job stressful. We heard that communication between recovery and the ward areas could be improved.

There was effective multidisciplinary team working in place within services at St Bartholomew's Hospital. Staff we spoke with stated there was a good working relationship between the different disciplines on wards and in theatres. We observed positive examples of collaborative working throughout the inspection, including nursing staff and therapists working together to complete patient tasks and rehabilitation.

Seven day services

Surgery services at Whipps Cross University Hospital did not meet NHS England's seven-day services priority standards for time to first consultant review. This priority standard states that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital. The trust told us that current rotas and working patterns meant they were unable to meet this standard but that all acute and emergency surgical patients were reviewed by a consultant within 24 hours of admission. We heard that the trust had plans to move services, such as surgery, to seven day working, however this was not in place at the time of inspection.

Radiology services at Whipps Cross University Hospital were provided for emergency cover 24 hours a day, seven days a week. On-call cover was provided 5pm to 9am during the week and at weekends. A physiotherapist service Whipps Cross University Hospital was provided 8am to 6pm seven days a week however at weekends, a priority service operated with reduced staffing. Occupational therapist services were available 8am to 6pm, Monday to Friday. Dietitian and speech and language therapy (SALT) services were not available out of hours at Whipps Cross University Hospital (after 5pm) or at weekends.

Summary of findings

The trust told us they had introduced a competency based training programme for nursing staff for swallow assessment to reduce the time patients placed on nil by mouth had to wait for SALT assessment over the weekend. Training for this had started after our inspection had taken place. Whipps Cross University Hospital had a pharmacy dispensary and ward pharmacy services seven days of the week, with reduced level services at the weekends and in the evenings 5pm to 9pm. Staff were able to access 24 hour pharmacy advice at the Royal London Hospital which is also part of Barts Health NHS Trust.

Ward staff told us that pharmacy services were over-stretched due to a high vacancy rate and that this often led to delayed discharges whilst patients waited for medicines to take home. At the last CQC inspection in July 2016, we commented that it was difficult to contact the on-call locum radiologist for information or advice. During this inspection, we were told by a consultant that this situation had been addressed. There was always a local consultant on call in the event of the on-call locum being uncontactable.

The Critical Care Outreach Team at St Bartholomew's Hospital was available 24 hours a day to provide assessment for patients at risk of deteriorating. Critical care services at St Bartholomew's Hospital could access emergency respiratory physiotherapists support 24 hours a day, seven days per week.

Implementing seven day services fully across all of the Barts medicine services that were shared with their main NHS specialist partner formed part of the trust's planning priorities for 2017-2019 as well as to open a 24-hour seven day heart rhythm centre. A consultant was leading this development plan, which aimed to reduce the risks of sub-optimal care at weekends that could result from reduced consultant presence and insufficient staffing.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

Information about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were displayed in clinical areas. Staff received basic MCA and DoLS awareness training, which was part of the adult safeguarding e-learning course. Most staff were able to describe procedures such as mental capacity assessment and the procedure for reaching a decision about treatment. However, there were gaps and inconsistencies in staff knowledge at St Bartholomew's Hospital with regards to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. We reviewed 14 DNACPR forms and found them all correctly and appropriately completed. We found a consistent approach to DNACPR.

Summary of findings

Are services at this trust caring?

We examined the caring domain in the context of the core services that we inspected on our unannounced inspection of the Whipps Cross University Hospital and the Royal London Hospital, as well as the announced inspection of St Bartholomew's Hospital. When aggregating the rating across all locations and core services we have recently inspected, we have rated the caring domain as requires improvement.

During our previous inspection of the Royal London Hospital we found:

- Some women and families we spoke with reported poor experiences that included not being treated with dignity and respect, and having no continuity of care.

During this inspection we found feedback continued to be mixed.

During our inspection we found:

- Staff demonstrated empathy and compassion towards patients.
- Trust wide FFT data for April 2017 showed that 91% would recommend the service to friends and family whilst 2% would not.
- Patients spoke highly of the staff and the care that they received.
- In the 2016 cancer patient experience survey, 95% of patients said staff often or always took their worries seriously and patients commented that staff were always sympathetic.
- There was a wide variety of support groups and emotional support available to patients. However:
 - We found that patient's privacy and dignity was compromised in the changing cubicles in the dental, inpatient and chest x-ray area of diagnostic imaging at Whipps Cross University Hospital.
 - Some patients at Whipps Cross Hospital told us that they were unsure about when they were due to be discharged.
 - Results from the 2016 cancer patient experience survey indicated there was room for improvement in how patients accessed private discussions with staff and in the sensitivity of staff when communicating.

Compassionate Care

We saw that most staff demonstrated empathy and compassion towards patients. General observations confirmed staff respected the privacy and dignity of patients. We saw many examples of where patients and their relatives had sent 'thank you' messages to staff expressing their gratitude for the care and attention they had received whilst in hospital. Friends and Family Test (FFT) gives

Requires improvement



Summary of findings

patients the opportunity to submit feedback to providers of NHS funded care or treatment, using a simple question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, they are to recommend the service to their friends and family if they needed similar care or treatment. Data on all these services is published on a monthly basis. Trust wide FFT data for April 2017 showed that 91% would recommend the service to friends and family whilst 2% would not. However, we found that patient's privacy and dignity was compromised in the changing cubicles in the dental, inpatient and chest x-ray area of diagnostic imaging at Whipps Cross University Hospital. There were disposable curtains which opened out onto the main corridor and did not give total privacy. Male and female patients dressed in hospital gowns which were opened at the back shared the same waiting area. During our previous inspection of maternity services at the Royal London Hospital we found that some women and families we spoke with reported poor experiences that included not being treated with dignity and respect, and having no continuity of care. During this inspection we found feedback continued to be mixed.

Understanding and involvement of patients and those close to them

We found good evidence of clinical staff involving patients, and their relatives, in their care. Patients fed back that staff talked to them at an appropriate level of understanding, however, some told us communication could have been better. Some patients at Whipps Cross Hospital told us that they were unsure about when they were due to be discharged and others felt they were not always kept informed about what was happening with their treatment. At St Bartholomew's Hospital results from the 2016 cancer patient experience survey indicated patients broadly felt staff understood and involved patients in their care. However only 61% of patients said staff often or always supported them to make decisions about their treatment while 29% indicated staff did this only sometimes and 7% said staff never or rarely did this. This corroborated with broader patient feedback and complaints feedback that indicated there was room for improvement in the standard of communication with patients undergoing cancer treatment.

Emotional support

We observed staff demonstrating an understanding of the emotional impact of the patients' condition during various interactions and observation. Patients had access to peer support sessions provided through educational seminars in some departments. Patients attending these sessions were signposted to relevant support services. We found evidence of a range of services

Summary of findings

available to patients including: an orthopaedic ‘joint school’ whereby patients were paired with a coach, Eye Clinic Liaison Officers to support ophthalmic patients with the emotional impact of their diagnosis, pre-operative counselling and a ‘buddy’ system for peer support in colorectal surgery. Whipps Cross University Hospital was in the process of developing their pain management programme and had plans to introduce a specialist pain psychologist to support patients with complex pain needs. However, this was awaiting approval for funding. In the 2016 cancer patient experience survey, 95% of patients said staff often or always took their worries seriously and patients commented that staff were always sympathetic. Patients and visitors of all faiths and beliefs had access to on-site chaplaincy service situated within the ‘retreat’ at Whipps Cross Hospital. The retreat included a chapel, Muslim prayer room and quiet area, for prayer or reflection. Weekly services were held for Catholic mass, as well as Hindu and Muslim prayers. Access to pastoral, spiritual or religious support from the chaplaincy team was available 24 hours a day via an emergency phone number. A multi-faith chaplaincy team was available on-call 24-hours at St Bartholomew’s Hospital, seven days a week. This was clearly advertised in wards and relative’s rooms and all of the staff we spoke with knew how to contact the team.

Are services at this trust responsive?

We examined the responsive domain in the context of the core services that we inspected on our unannounced inspection of the Whipps Cross University Hospital and the Royal London Hospital, as well as the announced inspection of St Bartholomew’s Hospital. When aggregating the rating across all locations and core services we have recently inspected, we have rated the responsive domain as requires improvement.

During our last inspection of Whipps Cross University Hospital and the Royal London Hospital we found:

- Surgical services at Whipps Cross University Hospital were not responsive to patient needs.
- Bed shortages on wards meant recovery areas were regularly used to nurse patients overnight. This continued to be the case during this inspection.
- A high number of patients were discharged out of hours, this position had deteriorated since our last inspection.
- There were capacity issues in some clinics at Whipps Cross University Hospital.

Requires improvement



Summary of findings

During this inspection, we were told that these clinics continued to have similar capacity issues and this had not improved. We also found:

- SAFER processes were not embedded on the wards at Whipps Cross University Hospital and it was unclear how this was being monitored by the service.
- There was no hospital-wide electronic flagging system at Whipps Cross University Hospital to identify patients living with dementia.
- Translation services were available to communicate with patients where English was not their first language. However, staff reported that they often used the family of the patient to translate when this was not available.
- The trust suspended monthly mandatory 18-weeks referral to treatment (RTT) reporting from September 2014 onwards.
- The flow through triage and the delivery suite within maternity services at the Royal London Hospital was poor because of a shortage of staff and postnatal beds. However: •

We found a range of specialist clinical services were available at St Bartholomew's Hospital.

- The trust's carers' policy allowed flexible visiting hours for carers of people living with dementia. Carers were encouraged to be as involved as much as possible in the patient's care.
- The trust consistently performed better than the 93% operational standard and England average for people being seen within two weeks of an urgent GP referral for cancer.
- The trust consistently performed better than the 96% operational standard for people waiting less than 31 days from diagnosis to first definitive treatment.
- The trust consistently performed better than the 85% operational standard and England average for people waiting less than 62 days from urgent GP referral to first definitive treatment.
- The trust's performance against the treated within 28 days of a last-minute cancellation standard had significantly improved and was now better than the England average. •

Theatre utilisation rates at Whipps Cross University Hospital had improved since our last inspection.

Planning and delivering services which meet people's needs

We were told that the trust had recently carried out a demand and capacity review on each hospital site in order to best meet the

Summary of findings

demands of the local population. As a result of this we were told that the trust was planning to increase services at Whipps Cross University Hospital, such as pain services and support services for patients in the community to reduce the number of patients who needed to be admitted. This was not in place at the time of inspection. At the CQC inspection in July 2016, we reported there were capacity issues in some clinics at Whipps Cross University Hospital. This meant there were insufficient number of available appointments.

During this inspection, we were told that these clinics continued to have similar capacity issues. Evening and weekend outpatient clinics were not commonly offered. Evening and weekend clinics were usually run where it was anticipated the 18 week referral to treatment indicator would be breached. We saw that although action had been taken at Whipps Cross University Hospital to separate elective and non-elective care on orthopaedic wards, on other wards there was a mix of patients from different surgical specialities, as well medical outliers.

Provisions for relatives who were at Whipps Cross University Hospital with their loved ones for long periods of time were inconsistent and differed from ward to ward. We visited The Retreat at Whipps Cross University Hospital and found that this was partitioned into three separate areas. One third of the area was dedicated to the Muslim faith, one third dedicated to the Christian faith and one the third was denoted as the quiet area. This was a seated area containing neutral pictures on the wall. There were no religious texts readily available except for the Muslim faith at the time of the inspection. We asked the chaplain about the availability of religious texts. We were informed that there were usually bibles and religious magazines available within the chapel for the Christian faith.

There were desks staffed by volunteers strategically placed around access areas to the outpatients department and clinics. We saw these volunteers gave helpful advice to patients and visitors. We were told that the use of telemedicine as an alternative to face to face appointments was in a very early trial phase for some patients, which included those with diabetes and thyrotoxicosis. Governance around this type of interaction had yet to be clearly defined.

In May 2015, the cardiothoracic services from the London Chest Hospital and the Heart Hospital (part of another London trust) were brought together with those on site at St. Bart's Hospital. This reorganisation resulted in the closing of an older hospital building and opening a redeveloped new facility at the King George V Building. This was a major clinical reorganisation for the trust to provide new state-of-the-art facilities for the patients of North East

Summary of findings

London. We found a range of specialist clinical services were available at St Bartholomew's Hospital, such as a new neuro-oncology rehabilitation service and the apheresis clinic in the chemotherapy day unit.

Meeting people's individual needs

Surgery services at St Bartholomew's Hospital provided 24/7 emergency services for patients suffering heart attacks or heart rhythm problems, with on-call surgeons and multi-disciplinary colleagues. This service covered a population of approximately three million people across north and east London, west Essex and other surrounding areas.

Some patients at Whipps Cross University Hospital told us it was often noisy at night which made it difficult to sleep. Mainly this was noise caused by other patients, but in some cases we were told staff talked loudly and bins were being opened and closed. One patient said they were offered a headset so they could listen to the radio, which they said helped block out ward noises.

Patients gave us mixed feedback about food at Whipps Cross University Hospital. Some patients said that the food often did not arrive warm enough and that the quality was variable. We saw the menu had a range of food choices, including options for Halal, Kosher and vegetarian diets. However, patients told us that sometimes options were not available.

Patients we spoke with at St Bartholomew's Hospital spoke positively about food and drink in the hospital. Patients treated as inpatients on the cancer wards had individual fridges next to their bed and relatives were encouraged to bring in their favourite foods and snacks. Along with dietician input this supported patients to feel more at home on the wards.

A translation service was available to enable staff to communicate with patients where English was not their first language. We saw posters explaining to the patients what to do when English was not a patient's first language. Staff in theatres and outpatients at Whipps Cross University Hospital told us that although interpreters were available when access to this was not possible, they used the patient's relatives, which was not best practice as it could breach patient confidentiality.

In May 2016 the patient led assessment of the care environment (PLACE) assessment identified areas within outpatients at Whipps Cross University Hospital where seating did not provide for the range

Summary of findings

of patient needs including not having enough chairs of different heights, chairs with and without arms and bariatric chairs. We saw the environment in some clinics was over crowded with insufficient space for additional seating for patients.

At St Bartholomew's Hospital, a dedicated psychologist was available for patients being treated for cystic fibrosis and for cancer. Other patients had access to this service on request or when recommended by their main clinician, including for psychosexual support in the sexual health service.

Staff who worked in chemotherapy services at St Bartholomew's Hospital provided additional help and support to patients to improve their wellbeing and mental health during treatment. For example, a hairdresser was based on site and provided wigs and scarves. Staff helped patients to find the correct size and explore different styles as part of their coping strategies to treatment.

Cancer wards had private bedrooms available for relatives to stay overnight. Relatives could book these with the nurse in charge, who prioritised the relatives of patients who were being cared for on an end of life care pathway.

Learning disability link nurses were available on wards at Whipps Cross University Hospital to support staff in delivering care and treatment to patients with a learning disability.

Dementia

Whipps Cross University Hospital provides services to a large local population of elderly patients, a large proportion of which were living with dementia. The trust's dementia strategy included a commitment to work towards developing a dementia friendly environment across all sites by encouraging closer working with dementia strategy groups. At the time of our inspection of surgery services at Whipps Cross University Hospital, senior leads told us about plans to refurbish surgical wards at Whipps Cross University Hospital that were not designed to meet the needs of patients living with dementia. Work had begun on other wards at the hospital, with two wards already complete, and three further wards to be refurbished to provide a dementia friendly environment.

The trust used a 'hospital passport' system for patients with complex needs, which included next-of-kin details and patient's preferences for care. At the time of the inspection, the trust was rolling out a pilot 'Forget-Me-Not' programme to provide additional support to patients living with dementia. All patients admitted with dementia were to be offered a 'Forget-Me-Not' document to be completed as part of a personalised care plan. This document captured information about the patient's personal preferences to

Summary of findings

allow their care to be responsive to their needs. The trust's carers' policy allowed flexible visiting hours for carers of people living with dementia. Carers were encouraged to be as involved as much as possible in the patient's care. Doctors assessed patients over the age of 75 on admission and screened them for dementia or delirium. However, there was no hospital-wide electronic flagging system to make staff aware of the patient's diagnosis. Instead, a generic 'at risk' flag was placed on their electronic records.

Staff at Whipps Cross University Hospital had access to a site-based dementia and delirium team that consisted of dementia clinical nurse specialists, dementia nurses and dementia support workers. A dementia nurse attended the surgical board rounds once every week so that staff had the opportunity to discuss any patients they had with dementia and delirium. Some wards had activity boxes to support with therapeutic engagement, stimulation and activity. We were told that all wards at Whipps Cross University Hospital would have an activity box by the end of July 2017.

Appointment centre staff at Whipps Cross University Hospital told us where there was a flagged patient, they tried to accommodate their appointment at the beginning or end of a clinic to minimise their waiting time. St Bartholomew's Hospital performed worse than the national average on standards for dementia from Patient Led Assessment of the Care Environment (PLACE) reviewers. The hospital had an overall rating of 69% compared to a national average of 75%. Data provided by the hospital for the last twelve months showed that 30% of patients received screening for dementia, while 93% of dementia patients received a risk assessment and referral for additional support.

Access and flow

As in our previous inspection, we found significant issues with patient flow at Whipps Cross University Hospital between theatres, recovery and wards due to limited bed availability. Theatre staff said that the recovery areas were regularly used to look after patients due to a lack of ward beds. Between April 2016 and March 2017, 166 patients experienced an overnight stay in recovery. The senior leads for the service told us that all overnight stays in recovery were recorded and reviewed daily. We were told that there had been significant improvements due to the opening of the new high dependency unit (HDU). However, staff told us this was not the case.

Staff told us the recovery area was used "most days" as an overnight ward, without the correct amenities for the patients. The recovery was not suitable for nursing patients for long periods as it did not offer privacy, toilets were not located nearby, there were issues with feeding patients and visitors were not allowed. We saw that this had

Summary of findings

been escalated to the service's risk register. However, this risk had been added to the risk register in May 2013 and there was no record of when it was last reviewed. The hospital's standard operating procedure (SOP) for the use of theatre recovery overnight stated that it was not appropriate to keep patients who were ready for transfer to a ward, in recovery overnight. The SOP had not been reviewed since December 2015, and therefore had not been updated since before our last inspection in July 2016.

Since June 2015, the indicator that at least 92% of people should spend less than 18 weeks waiting for treatment has been the one of the key national measures of waiting time performance. The trust suspended monthly mandatory 18-weeks referral to treatment (RTT) reporting from September 2014 onwards. This was due to significant data quality concerns relating to the accuracy, completeness and consistency of the RTT patient-tracking list (PTL). Data provided by trust after our inspection showed that the RTT standard for surgery at Whipps Cross University Hospital was not being met for any surgical speciality, with the exception of breast surgery.

We found concerns relating to theatre cancellations in surgery at Whipps Cross University Hospital. Between April 2016 and March 2017, the hospital reported 1,598 elective surgeries were cancelled on the day of surgery. These represented 11% of all elective cases booked. Of these last-minute cancellations, 245 were cancelled by the hospital for non-clinical reasons. The service's cancelled operations as a percentage of elective admissions was 1.6%. This was worse than the England average of 1%. In the same period, there were 21 repeat cancellations, of which 12 were cancelled by the hospital for non-clinical reasons due to lack of staff, equipment issues, lack of ICU/HDU beds and lack of time.

If a patient has not been treated within 28 days of a last-minute cancellation then this is recorded as a breach of the standard, and the patient should be offered treatment at the time and hospital of their choice. The trust told us that two patients had breached this standard between April 2016 and March 2017. This represented 0.8% of non-clinical last minute cancellations. This was better than the England average of around 8%. The trust's performance against this standard had significantly improved since 2015 when almost 30% of patients whose operations were cancelled by the trust were not treated within 28 days. Staff told us some on the day surgery cancellations were due to overrunning of surgical lists.

Data provided by the trust for the period November 2016 to April 2017 showed that 79% (1,457 of 1838) of lists did not start on time,

Summary of findings

with 38% of lists starting over 30 minutes later than planned. The number of late running lists had increased by 82% when compared to data provided by the trust for the six months prior to the 2016 inspection (1,457 late lists against 805).

Theatre utilisation rates at Whipps Cross University Hospital for April 2017 varied between 41.1% and 81.6% against the trust's target of 85%. This performance had improved from our last inspection where most theatres fell below 50% utilisation. The hospital's quality improvement plan reported the hospital was on track to achieve its target by December 2017. However, data provided by the trust showed that utilisation had decreased for seven out of 10 theatres between February and April 2017.

A theatre improvement group had recently been set up to review each surgical sub-speciality in turn to identify areas for improvement. However, we were told these meetings were usually only attended by nursing and operational staff and therefore lacked clinical input from surgeons. As this review had only recently started, we did not see examples of any specific actions taken to improve list management.

Most surgical patients at Whipps Cross Hospital that we spoke with did not know when they were due to be discharged. Patients informed us that they experienced delays due to awaiting procedures or tests and we were told by staff that patients were delayed whilst waiting for packages of social care. For example, one patient told us they had been on the ward for four weeks but had been waiting at least two weeks for equipment, including a bed and hoist, to be fitted at home. We also heard that patients at St Bartholomew's Hospital experienced confusion and delays whilst awaiting for discharge. The Whipps Cross Hospital nursing documentation audit for April 2017 showed that documentation of discharge planning was poor, with the patient's estimated discharge date recorded in only 36% of records checked. The discharge checklist had been completed in only 53% of records, against the trust's target of 100%. The results of the documentation audits for August and December 2016 showed that compliance with 'evidence of discharge planning' in patients' records had declined from 75% to 63%, and then further to 42% in April 2017. We did not see evidence of any action plan to address this declining performance.

Theatre utilisation at St Bartholomew's surgery services compared favourably to other hospitals within Bart's Health. Theatre utilisation across all eight theatres between December 2016 and February 2017 was between 82% and 89%, which was significantly better than the

Summary of findings

most recent inspection of the Royal London Hospital. Theatre utilisation at St Bart's was also complicated by the complex nature of some emergency cardiovascular procedures. Staff we spoke with stated they felt theatres generally operated efficiently.

Between March 2016 and March 2017, all patients that had surgery appointments cancelled were offered a new surgery date within 28 days of the original appointment, in line with national standards.

Between May 2016 and April 2017, 576 (7.3%) of surgical patients were discharged from Whipps Cross University Hospital out of hours (between 8pm and 8am). Data provided by the trust showed that monthly figures for out-of-hours discharges had more than doubled from 5% in May 2016 to 10.7% in April 2017. Staff on the wards told us that patients were often discharged late due to waiting for medications due to staffing shortages in the pharmacy team. We asked the trust to provide reasons for delayed and out of hours discharges but they said they were unable to provide any further information and that no specific discharge audit was carried out.

Senior managers told us about the recent introduction of the NHS Improvement 'SAFER' patient flow bundle to Whipps Cross University Hospital. SAFER is a practical tool designed to reduce patient delays and improve patient flow through the hospital. The tool brings together five elements of best practice including that patients should be reviewed by a senior clinician before midday, have an expected discharge date and where possible be discharged home from wards before midday. We did not observe that SAFER processes were embedded on the wards and it was unclear how this was being monitored by the service.

We found that flow through the maternity unit at the Royal London Hospital was impacted because there were not enough postnatal beds. There were no fixed number of transitional care (TC) beds on the postnatal ward and all babies requiring TC were nursed there. We were told that sometimes up to 22 beds might be used for transitional care. Some vulnerable women also needed to stay longer on a postnatal ward, increasing patient flow issues for women who had delivered and needed a bed. The data we looked at showed that the trust consistently performed better than the 93% operational standard and England average for people being seen within two weeks of an urgent GP referral for cancer, achieving 97.9% in Quarter 4 of 2017/16, against this standard, and an England average of 94.7%. This was a trend that was demonstrated throughout 2016/17.

The data we looked at showed that the trust consistently performed better than the 96% operational standard for the percentage of people waiting less than 31 days from diagnosis to first definitive

Summary of findings

treatment, achieving 97.1% in Quarter 4 of 2017/16, against this standard, and an England average of 94.5%. This was a trend that was demonstrated throughout 2016/17. The data we looked at showed that the trust consistently performed better than the 85% operational standard for the percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment, achieving 85.7% in Quarter 4 of 2017/16, against this standard, and an England average of 81.2%. This was a trend that was demonstrated throughout 2016/17. The trust had made provision for cancer patients at St Bartholomew's Hospital to access a 24-hour chemotherapy advice line, to ask questions or access emergency admission pathways.

Staff in the sexual health clinic at St Bartholomew's Hospital had adapted the service to meet the needs of locally-based patients, who often attended with limited time to wait. For example, the clinic had introduced a target waiting time of 60 minutes during walk-in clinics and had developed an on-line booking system so patients could reserve a slot to be seen in. This helped patients to plan the amount of time they needed at the clinic. In addition, sexual health technicians triaged patients with an initial assessment. This reduced the need to wait for more senior staff if the assessment showed no need for additional tests.

Learning from complaints and concerns

Patient information on how to make a complaint or raise a concern with Patient Advice and Liaison Service (PALS) was available in most of the areas we visited. There were some leaflets available in clinical outpatient areas including comment cards, which patients could complete and post. The trust's target time-line for responding to complaints was 25 working days. The trust aimed to respond to 80% of complaints within this timescale. We saw that complaints and response times were monitored via monthly performance reports. We found limited evidence of the organisation sharing the learning from complaints.

Are services at this trust well-led?

We rated the well led domain as requires improvement. This was because:

- We found time and resource had been invested into improving the governance structures. The pillars of governance were in place, however this was not fully embedded or mature. For example, we found several clinical policies were out-of-date and based on old clinical guidance and legislation which has since been updated and clinical governance was not consistently managed across the sites.

Requires improvement



Summary of findings

- We found that investigations of serious incidents did not comply with trust policy and reviewer training was variable. • We found complaints investigations did not comply with trust policy, including timescales for response; use and storage of investigation templates to evidence thoroughness of the investigation; lack of recording, monitoring and oversight of action plans.
- We found the leadership and oversight of operational issues to be variable, according to site and, at times, false assurance was taken from data. This resulted in the leadership team not being fully sighted on operational issues.
- We found gaps between the trust perception of recent IT failures and the impact at a local level. We found that contingency plans were variable according to site.
- There were reports of bullying and harassment in different pockets of the organisation. Staff at Whipps Cross University Hospital told us they lacked confidence in the hospital's HR department to deal effectively with concerns. However:
 - We heard and saw evidence of the Listening into Action (LiA) campaign, which had resulted in tangible change across the organisation.
 - We saw evidence that Barts Health have developed a Leadership Development Strategy which was aligned against the organisational values.
 - The organisation had a new leadership operating model and this was more embedded than on our last inspection.
 - We saw evidence that the Workforce Race Equality Standard (WRES) was discussed at a senior level and the CEO was a key champion of this work.
 - Staff from Black, Asian, and minority ethnic (BAME) groups reported that they felt more engaged and included.
 - The BAME staff development programme had won national recognition.

Leadership and culture

At the time of inspection, the senior leadership team comprised of substantive executives and non-executives. The chair of the organisation Ian Peters had been in post since April 2017 and the chief executive officer Alwen Williams had been in post since June 2015. Barts Health NHS trust operates a group corporate structure, supported by a site based leadership operational model.

Summary of findings

The trust executive committee is the senior decision making group which operates below the board and comprises of corporate executive directors and site executive managing directors. Six of the seven non-executive directors had been in post for over 12 months. Two of the non-executives had been in post since April 2012. We heard from senior leaders within the organisation that the skills make-up of the non-executive directors was strongly weighted in the area of finance. Within the executive team the director of workforce and the director of corporate affairs had been in post since 2012. The chief finance officer had been in post since 2015, whilst other members of the executive joined in 2016. This included: the deputy chief executive, the chief medical officer, the chief nurse and the director of strategy. The director of clinical operations had joined the team in 2017 to replace the former chief operating officer.

There were no board level vacancies at the time of inspection. The breakdown of the board membership was 23.5% of the board being from a Black, Asian, and minority ethnic (BAME) background and 35.3% were female. Of the executive team 11.1% were of BAME background and 33.3% were female. Of the non-executive board members 23.5% were of BAME background and 35.3% were female. It is national policy that NHS boards should be as representative as possible of the communities they serve. The benefits of this are that this will benefit the planning and provision of services (NHS Leadership Academy 2013). Evidence suggests that in the commissioning process of NHS services trusts often fail to meet the needs of the most deprived communities including BAME populations (Salway et al 2013).

Within the leadership operating model each site has a hospital management board and a senior leadership team. Each senior leadership team is led by an executive managing director, working within a triumvirate model of management alongside a site medical director, a site nursing director and a site director of operations. These site leadership teams are responsible for the oversight and delivery of clinical services within their site, alongside any network services which they might be responsible for. There are eight cross-cutting clinical boards, these include:

- The cancer board.
- The cardiovascular board.
- The children's health board. • Clinical support services (CSS)
- The emergency care board.
- The medical board.
- The surgery board.

Summary of findings

- The women's health board.

These boards are clinically-led, bringing together clinicians from across the sites of Barts Health and are tasked with driving strategy and clinical standards. There are 30 clinical networks which report into the eight clinical boards. The clinical and executive directors we spoke to recognised that there remained variability in clinical standards across the hospital locations. However, it was emphasised that the clinical networks and boards facilitated cross site learning and were bringing improved consistency.

There was recognition that more time was needed to allow the different groups to mature, which was being brought about through strategic development. The trust grouped support services. This included clinical support services such as pathology, imaging pharmacy, therapies, clinical physics, outpatients and health records. This also included non-clinical administrative functions such as recruitment and payroll operations. The support services operate across the organisation. At the time of our inspection the trust were considering the feasibility of networking some of these services, however a decision on this had not been reached.

A small number of other services were currently networked across a number of sites and managed as a single unit. These were: renal services, dental services, sexual health services, and some elements of cardiovascular services. Each managed network area was aligned to one of the hospital sites, for the purpose of operational oversight; and to one of the clinical boards, for the purpose of strategic development.

Many staff described the leadership team as visible and approachable. Staff described the site leadership teams as an improvement on the previous operating model; however, we heard variable reports about the visibility of the site based leadership teams with accounts differing by site and discipline.

We heard and saw evidence of the Listening into Action (LiA) campaign. The LiA was implemented following the 2014 CQC inspection and the introduction of Special Measures. It is an approach designed to engage staff-led change. The organisation held 21 Big Conversations, inviting colleagues to share their daily frustrations and the improvements they wanted to make. The senior team felt this campaign had been a success and resulted in further inclusion work. The organisation had also realigned its' objectives as a result of this campaign.

Summary of findings

However, we also heard that some staff described an order of priority within the organisation voicing that they felt St Bartholomew's Hospital and the Royal London Hospital took priority over Whipps Cross University Hospital and Newham University Hospital.

Most staff we spoke with spoke positively about the culture of the organisation, recognising that culture change was emerging. However, we found staff morale differed across sites and across services. For example, some staff groups working as part of clinical support services told us they felt less engaged and listened to. Some staff at Whipps Cross University Hospital and Newham University Hospital suggested that disparity in pay across the trust due to outer and inner London weighting, the ageing estate at Whipps Cross University Hospital's and geographical location, as reasons that potentially impacted recruitment and morale.

However, we also found groups of staff across all locations and in a variety of services who spoke of strong working relationships and commitment to delivering high quality care. Most staff we spoke with recognised that the changes to the leadership structure at both executive and site based level was having a positive impact.

Staff at St Bartholomew's Hospital stated that the transition of services during the merger and formation of the Barts Heart Centre had run relatively smoothly, with minimal impact to the quality of patient care. Staff we spoke to at the hospital emphasised the positive and collaborative culture following the merger. Some staff commented as to how proud they were at the progress and development of services at the hospital.

Staff told us that there were still pockets of bullying and harassment within the organisation. We heard examples of a number of options available to staff which had been introduced to raise concerns. These included: a whistleblowing service, a speak in confidence service (anonymous direct on-line contact with executive director), the guardian service, dignity at work champions, human resources (HR) staff. However, several staff we spoke to at Whipps Cross University Hospital told us they lacked confidence in the hospital's HR department and felt reluctant to raise concerns. The trust senior team recognised that a bullying culture was still an issue, and described that they were working with Organisational Development colleagues to systematically address the issues.

We saw evidence that Barts Health have developed a Leadership Development Strategy which was aligned against the organisational values. We were informed that the organisation had started to build an internal leadership development faculty to deliver training and development and had developed a prospectus to describe to staff

Summary of findings

what development was available. We found a variety of courses and modules were available for aspiring leaders across all disciplines and we heard that further work was underway to engage and develop the nursing workforce. Staff were mostly positive about the development opportunities available, however some staff voiced that they felt the more senior (8C and above) roles were not representative of the local population. We heard that the quality of mentorship was variable and found that not all staff were aware of the mentorship opportunities available.

Good governance

Performance against trust objectives and key performance indicators, including quality, was monitored through the trust integrated performance process and monthly meetings led by the CEO. Each site held divisional performance review meetings. Performance was reported to the public board on key metrics each month. Quality Cost Improvement Plans (QCIP's) were supported by Project Management Offices (PMO) and the Head of Finance on each site. QCIPs for all of the hospitals were presented by hospital Medical Directors and Nursing Directors to the executive Medical Directorate and Chief Nurses Office for sign off, and challenge on unintended consequences. Senior staff felt confident that staff understood the financial picture, along with the prioritisation and pressures.

Barts Health NHS trust had revised their trust wide governance structure to reflect its new leadership operating model. An external review of clinical governance had been carried out by the Good Governance Institute and the trust were in the process of implementing its recommendations. This had led to a new board committee structure and a new quality governance framework. Site reporting had been established. This included a standardised subset of information for each service and ward across all locations. The Chief Nurses office (CNO) and Medical Directors office led on quality on behalf of the board. The trust wide quality board was co-chaired by the CMO and Medical Directors office. The Risk Management Committee (RMC) was chaired by the CNO and reported in to the Trust Executive Committee. For greater assurance and improvement on particular topics, the quality board had a range of committees and working groups that reported into it such as ones on infection control and medicines management. The quality board and RMC received reports from each site, CSS and working groups to review thematic issues across the organisation and ensure shared learning and consistency of approach.

There was a standard agenda in place for all clinical governance meetings across the trust. This had been recently introduced and senior leads told us that each speciality was now having monthly

Summary of findings

clinical governance meetings, which fed directly into monthly divisional meetings and into the quality board. However, we found that governance was inconsistently managed across the sites and in some services. We found that information did not always flow effectively and efficiently from the site locations to the overall trust leadership team and the quality of this information flow, and interface, appeared to be linked to the maturity of the governance system.

For example, we did not see evidence that good governance had been implemented in surgical services at the Whipps Cross University Hospital site. We found that site leaders took false assurance from action plans that had been coded as 'on-plan'. This did not match the staff feedback that we obtained and led us to believe that the trust were sometimes falsely assured.

For example, the number of incidents that related to theatre packs indicated low volumes, which was indicative of issue containment. However, staff voiced that due to the high volumes of incidents, they were not recording them. This was further impacted by the recent IT failures. Not all systems to identify, manage and capture risks and issues had improved.

Our inspection of maternity services at Royal London Hospital found that governance structures were still being developed and were not fully aligned to site and divisional structures. For example, whilst some improvements had been made, systems to monitor the security and safety of babies and mothers were not effective and unauthorised access to the wards was still occurring.

Within the Board Assurance Framework (BAF) key areas of identified risk were: failure to meet the 18 week referral to treatment time standard; failure to manage emergency patient flow; and capacity and failure to learn from Never Events, incidents and complaints adversely impacting on quality and safety. Senior leaders were able to articulate these concerns and their plans to mitigate these risks. Upon reviewing the BAF we found risks with an initial high score had been reduced by mitigating actions. However, we did not find evidence that the mitigation was sufficient assurance. We noted that dates for the reduction of risk did not match with the narrative embedded within the Board minutes where it explained why the risk score had been reduced. It was recognised by executive leaders that there was work to do in embedding the quality governance process across the trust, but leaders voiced that they were in a stronger position than during the previous inspection.

Other areas of risk outlined by senior leaders included the fragility of Information Technology (IT) systems, which was also echoed by staff at various levels of the organisation as being a concern, who

Summary of findings

described the IT infrastructure as slow, lacking in computer terminals and that the various software packages did not share information thus resulting in additional administrative inputting time. At the time of our unannounced inspection and during the announced inspection of St Bartholomew's Hospital the trust was experiencing a major IT outage. This initially was unrelated to the malware cyber- attack that impacted many NHS trusts nationally. However, during the recovery period from the first IT outage, the trust was impacted by the malware cyber-attack which had significant further impact on some services, including access to diagnostic imaging. During our inspection we found variability in the contingency management of IT failure, and trust perception of the impact at Whipps Cross University Hospital did not match with what we found. In response to the IT outage, we found the St Bartholomew's site effectively initiated operational contingency plans and had good senior oversight. However, at Whipps Cross University Hospital the site leadership team did not assure us of a systemic approach to resolve the IT failure and the trust could not articulate the volume of patients impacted by the outage, nor could they assure us that a robust clinical risk assessment was in place. The trust recognised that further resource and development was needed to improve the existing IT infrastructure and was in conversation with key stakeholders in developing a sustainable business plan. It was recognised that IT systems remained vulnerable to further malware attack and business continuity plans needed to be reviewed to better respond to a major IT incident.

An electronic system was utilised for the reporting and recording of incidents. The electronic system was being developed to support oversight of ward to Board assurance, and cross site thematic learning, but this was not yet in place. We found that the pillars of governance were in place within the organisation; however, this was not fully embedded or mature. For example, we carried out a review of past incident investigations. We reviewed seven incidents selected at random. We found non adherence with trust policy in a number of areas, as detailed in the safe domain of this report. We confirmed with the trust governance staff that although this was a small sample, this was a fair representation of the serious incident reporting system. We were told by staff that the quality of reports varies by investigator. A large number of staff were trained in incident investigation and reporting two years ago but this has not been revisited. The assistant director of nursing (ADoN) at each site completes a first quality check and the site director of nursing (SDoN) completes the final sign-off. However, not all of ADoNs or SDoNs were trained in root cause analysis (RCA) or Human Factors. The local policy did not specify what level of training or competence investigators or approvers must have.

Summary of findings

We conducted a review of complaints. This review focused on three of the sites which included: the Royal London Hospital, Whipps Cross University Hospital and Newham University Hospital between 1st August 2016 to 9th June 2017. We found out of 1379 complaints, 81 were outside of the trust response timescale. We selected four files at random and found non-adherence with trust policy in a number of areas, including timescales for response; use and storage of investigation templates to evidence thoroughness of the investigation; lack of recording, monitoring and oversight of action plans. We confirmed with the trust governance staff that although this was a small sample, this was a fair representation of the complaints reporting system.

We carried out a review of clinical policies available on the trust intranet, of which we found ten policies to be out-of-date. These included: the resuscitation policy - effective from 1 October 2012 with no expiry date. This policy quoted out-of-date national standards and guidance. However, we were informed by senior leaders that this policy was not in operational use and clinical staff held a more up-to-date version. Other policies which were identified as out-of-date included infection, prevention and control principles and the Dignity at work (including tackling bullying and harassment policy - which quoted national guidance and legislation which has since been updated).

Equalities and Diversity – including Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) became mandated in the NHS Standard Contract 2015/16 and commissioning contracts. As a result NHS bodies were required to publish a WRES baseline report by 1st July 2015, based on a set of WRES indicators at April 2015. There are nine WRES indicators of which four relate to workforce data; another four are based on questions from the NHS staff survey questions and one indicator relates to improving the ethnic composition of NHS Boards, better to reflect the population served. NHS bodies are required to produce WRES reports annually and demonstrate progress against these indicators of workforce race equality.

As part of our inspection we held a Black, Asian, and minority ethnic (BAME) staff focus groups at Newham University Hospital and the Royal London Hospital, and also interviewed the trust Equality and Diversity Lead. We heard that generally BAME staff felt more engaged and included. Staff told us that they felt equality and diversity was being taken seriously by senior executives and was high on the trust agenda, recognising that the CEO had been personally involved in the progression of this. We found evidence of WRES reports being

Summary of findings

discussed at board level. We found that inclusion groups had been recently introduced at the Royal London Hospital, Whipps Cross University Hospital and St Bartholomew's Hospital, and was being implemented at Newham University Hospital site.

When looking at the results from the staff survey against KF 21. 'Percentage believing that trust provides equal opportunities for career progression or promotion - Trust does not act fairly.': 18% of respondents described themselves as being of a white ethnic background (compared to 20% in 2015), and 37% from a BAME background (compared to 41% in 2015). Staff told us, however, that they felt access to training was fair, and highlighted that the BAME development programme had won a national award. We noted the Inclusion team had received national recognition for the impact being made to staff and commitment to eradicating unconscious bias in recruitment. However, we also heard that some staff were not aware of the opportunities available and there was a perception that there was more opportunity for the more senior staff. Staff voiced they felt more work was required to ensure the middle-tier of management was representative of the local population.

Fit and Proper Persons

The trust had made preparations to meet the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. The regulation came in to force in November 2014. The trust had a fit and proper persons policy in place and this was in-date. This was a policy covering arrangements for both recruitment and ongoing assurance. However, we found the policy required updating to reflect latest organisational changes and structures. We reviewed the files of both executive and non-executive directors and found that whilst these were completed not all of the insolvency checks were dated; six of the nine records had an undated insolvency check. We were informed that a new version of the Disclosure and Barring Service (DBS) policy is currently underway and this makes provision for all staff to use a portable DBS provided it is within three years. This new policy will be approved by trust Policy Group in near future, however no date was confirmed.

Public engagement

The trust had appointed a deputy CEO who had been in post since March 2016, this was a Board level appointment and held responsibility for external communications. The trust had a variety of mechanisms for engaging with local partners through both formal and informal routes. Each of the 32 clinical networks were expected

Summary of findings

to engage with commissioners, primary care, public health and other stakeholders to ensure the trust clinical strategy aligned with the needs and plans of the wider local health economy. We found evidence of external partnership working as part of the Transforming Services Together programme, a partnership between Newham, Tower Hamlets and Waltham Forest CCGs and Barts Health NHS trust involving other organisations and stakeholders. T

he aims of this programme were to deliver safe, sustainable, high-quality services to improve the local health and social care economy of the East London area. We saw evidence of engagement with Healthwatch City of London via the annual conference, which was attended by the chief executive and a variety of senior clinical and non-clinical leaders from across the organisation. The trust encouraged initiatives to foster external engagement through the use of social media such as the use of twitter feeds and a Barts Health Facebook page. Barts Health NHS trust, in collaboration with the St Barts Charities supported patient forums. These were run by patients and patient representatives and met monthly. A patient story, based on real life experiences from the hospital, was presented each month at the board meetings so that leaders could hear first-hand about how patients felt about the care they had received.

Staff engagement

The executive directors and non-executive directors carried out site walk-arounds, during which they visit a range of clinical areas and receive staff feedback. There was a perception from some staff that some areas received greater visibility than others, however when we reviewed the areas visited over the prior 12 months we noted a range of clinical services had been attended and the sites were rotated. In the 2016 NHS staff survey 6,717 staff at Barts Health NHS trust took part in the National NHS staff survey. This was a response rate of 46% which was above an overall average response rate of 42% for acute trusts in England, and represented an increase of 16% on the 2015 staff survey.

We looked at overall trust results of feedback from staff which was combined for the Royal London and Mile End Hospitals Hospital, Whipps Cross University Hospital, Newham University Hospital and St Bartholomew's Hospital. The staff engagement score for the trust, whilst below the England average of 3.8, had increased from a score of 3.6 in 2015 to 3.7 in 2016. The staff engagement score is an indication of how motivated staff are and how positive they are about their organisation.

The trust scored more favourably than their comparator group for:

Summary of findings

- The quality of appraisals.
- The percentage of staff in the last three months despite feeling unwell because they felt pressure from their manager, colleague or themselves.
- The percentage of staff reporting good communication between senior management and staff.
- Effective use of patient / service user feedback.
- Staff satisfaction with the quality of work and care they are able to deliver. The trust scored less favourably than their comparator group for:
 - The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
 - The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
 - The percentage of staff experiencing discrimination at work in the last 12 months.
- Organisation and management interest in and action on health and well-being.
- The percentage of staff experiencing physical violence from staff in the last 12 months.

In response to the staff survey results Barts Health had developed plans to address feelings of bullying through a combination of: seeking out staff concerns through better channels of communication and support, such as the Guardian service, and more proactive methods of improving the working environment, such as the refresh of the Trust values, planned for 2017/18.

The trust celebrated the achievements of staff by having the Barts Health Heroes staff awards. The trust had implemented the LiA programme, referenced earlier in this report, and carried out an LiA Pulse Check at various intervals throughout the year. The LiA Pulse Check was a locally implemented staff survey which tracked responses to a range of questions, from staff happiness to whether staff would recommend the organisation as a place to work. This Pulse Check was then grouped into local initiatives which had developed under the headings of: 'Better for patients', 'Better for staff' and 'Better for the organisation'.

Innovation, improvement and sustainability

Barts Health had developed its 2017-21 clinical and organisational strategy which set out the organisational vision and values, clinical strategy, organisational strategy and approach to implementation.

Summary of findings

The trust describes its vision as: “To be a high-performing group of NHS hospitals, renowned for excellence and innovation, providing safe and compassionate care to our patients in east London and beyond. Our WE CARE values - welcoming, engaging, collaborating, accountable, respectful and equitable are underpinned by a number of key signature behaviours.” The clinical strategy had five key themes:

- Clinical and academic excellence – pursuing the highest clinical standards and maximising research opportunities.
- Reducing variation and improving productivity, for example through the Getting It Right First Time initiative, reducing length of stay and increasing theatre productivity.
- Networking services to improve standards, using the opportunity from multiple sites to create networked services in areas such as cardiology, renal, cancer, hepatology and neurosciences.
- Prevention and pathway redesign – joining up care across primary, community and secondary care and preventing disease in areas including renal, cardiovascular, trauma and children’s services.
- Tailoring service to the population - ensuring all of services meet the needs of the diverse patient population and making best use of the opportunities for research and improvement.

The clinical strategy described specific goals for each clinical area – cancer, cardiovascular, emergency care, surgery, medicine, women’s health and children’s health – as well as local goals for each the hospital sites.

The trust were engaged with the North East London Sustainability and Transformation Plan (STP), within which 20 organisations across North East London have collaborated to develop an STP. The aim of this work is to improve outcomes for the population of North East London, develop new models of care and to work in partnership to commission, contract and deliver care more efficiently and safely.

Each site of Barts Health NHS trust had developed their own improvement plan for the forthcoming financial year and in some instances the trust had sought external expert advice such as from the national emergency care improvement programme. The trust were recognised for a number of national innovations such as:

- The Whipps Cross University Hospital rheumatology team were awarded two prestigious best practice awards by the National Institute for Health Research (NIHR) – patient’s access to clinical trials and ambulatory care.

Summary of findings

- Within midwifery at Newham University Hospital the team won the Royal College of Midwives Euro King Better Births award in March 2017. This award recognised their work to give local women improved choice about where to give birth and empower midwives to provide continuity of care throughout women's journey.
- The Award for Clinical Leadership at the National Ambulatory Emergency Care Conference.
- Cardiothoracic surgery services were leading a number of innovations both within the UK and internationally.
- Barts Health were awarded 'Team of the Year' at the annual Nursing Times awards. The award celebrated the BME Development Co-design Steering Group's achievements in staff engagement and training and development programme.
- The Barts Health communications team were highly commended at the Association of Healthcare Communications and Marketing awards 2017 for Best Issues Management and Best Visual Brand.

The trust has sought to strengthen its role in research and recognise the nursing discipline within this. A nursing midwifery and AHP research board was created, alongside two new nurse research posts in addition to two existing posts. The trust is currently working with the trust charity to fund MSc programmes, and is involved in NIHR fellowships, coaching staff to get them ready to take on research and development roles.

The trust had trained a network of 100 safety champions trained in improvement methodology, and targeted initiatives through the Sign up to Safety campaign. We saw examples IT innovations within some clinical areas, such as clinicians being able to provide advice and guidance to GPs by typing directly into the clinical records (via the electronic patient record system shared with primary care clinicians) thus minimising patient attendance.

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- We found the environment for cardiac patients at St Bartholomew's Hospital was newly refurbished to a high standard. We received positive messages from staff about the positive impact of the recent investment and refurbishment of services.
- In outpatients at Whipps Cross University Hospital staff spoke positively about a new system in place where notes were delivered the night before morning clinics. This meant staff could check the patient list to identify any missing records and make an urgent request for them.
- In the 2016 National Emergency Laparotomy Audit (NELA), the Whipps Cross University Hospital's hospital performed within the top 20% of hospitals nationally, for three out of five measures.

- Results from the national lung cancer audit indicated St Bartholomew's Hospital performed better than the national average in every indicator.
- The heart centre at St Bartholomew's Hospital demonstrated an average 'door to balloon time' of 60 minutes, which was better than the national average of 90 minutes.
- The trust's carers' policy allowed flexible visiting hours for carers of people living with dementia. Carers were encouraged to be as involved as much as possible in the patient's care.
- The trust consistently performed better than the national operational waiting time indicators for cancer care.
- The development programme designed to support Black, Asian, and minority ethnic staff had won national recognition.

Areas for improvement

Action the trust MUST take to improve

However, there were also areas of poor practice where the trust needs to make improvements. Importantly, the trust must:

- Address the environment within theatres at Whipps Cross University Hospital to ensure this meets the Department of Health's standards set out within health building note (HBN) guidance HBN 00-09 'Infection control in the built environment'.
- Ensure out-of-date equipment is removed from theatres at Whipps Cross University Hospital and ensure a robust process is in place to address this in a proactive manner.
- Ensure daily cleaning records within the theatres' anaesthetic rooms at Whipps Cross University Hospital are fully completed and that a robust audit process is in place to provide organisational assurance.
- Put measures in place to ensure staff are compliant with the hospital's 'arms bare below the elbow' and hand hygiene policies.
- Ensure robust processes are in place to monitor and review surgical site infections (SSIs) within surgery at the Whipps Cross University Hospital.
- Ensure there are adequate numbers of staff trained to level 3 children's safeguarding across the trust.
- Ensure that the incident management process is applied consistently and that lessons learned from incidents are embedded across the trust.
- Take appropriate action to address patients being discharged out of hours (after 8pm).
- Take appropriate action to ensure that patient records are stored securely in line with information governance standards.
- Take appropriate action to ensure that personal protective equipment (PPE) checks are completed in line with the recommendations from the June 2016 radiation safety survey.
- Take appropriate action to address out of date policies and procedures for infection prevention and control (IPC).
- Take action ensure that clinical policies are within their review date and reflect current best practice.
- Take appropriate action to address concerns with the instrument decontamination service at Whipps Cross University Hospital.

Outstanding practice and areas for improvement

- Take appropriate action to ensure that patient's privacy and dignity is maintained in the changing cubicles in the dental, inpatient and chest x-ray area of diagnostic imaging at Whipps Cross University Hospital.
- Take appropriate action to address areas where staff do not adhere with best practice for accessing trust translation services, where English is not their first language.
- Put measures in place to ensure clinical governance is consistently managed across all hospital sites.
- Ensure all security systems and processes are properly utilised and staff are aware of their responsibilities in this area to ensure mothers and babies at The Royal London Hospital are kept safe from unauthorised access to the units.
- Review all overdue serious incident reports and ensure that all required actions are completed and learning is disseminated in a timely way.
- Ensure governance processes for monitoring and reviewing serious incidents are applied correctly so that serious incidents are addressed in a timely way in future.
- Ensure there are sufficient numbers of experienced midwives at The Royal London Hospital to supervise and support less experienced staff and safely manage the level of acuity of women on the labour and postnatal wards.
- Ensure that all relevant staff complete children and adult safeguarding levels two and/or three to ensure compliance with the trust target of 90% completion.
- Ensure that the level of consultant cover on the delivery suite at The Royal London Hospital meets the trust target of 98 hours.

This section is primarily information for the provider

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Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Providers must do everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be. Patients were frequently discharged out of hours (after 8pm) due to delays. Patients had their operations cancelled on the day of surgery due to delays in theatre lists and poor theatre utilisation. Patients stayed overnight in recovery areas due to lack of available beds on surgical wards.</p> <p>This was a breach of regulation 9(1)(a)(b)(c)</p> <p>Providers must make sure that they assess each person's nutritional and hydration needs to support their wellbeing and quality of life.</p> <p>Not all patients were screened for malnutrition.</p> <p>This was a breach of regulation 9(3)(i)</p>

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Providers must comply with this regulation by: (a) assessing the risks to the health and safety of service users of receiving the care treatment; (b) doing all that is reasonably practicable to mitigate any such risks. (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely (d) ensuring that the premises used by the service provider are safe to use for</p>

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their intended purpose and are used in a safe way; (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Staff did not always comply with the trust's infection prevention and control policy. The trust's incident reporting process was inconsistently applied and learning from incidents was not consistently shared with staff. Surgical wards were not compliant with the trust's target for the completion of venous thromboembolism (VTE) assessments. Surgical site infection data was not effectively captured and the risks to health and safety were always not captured or escalated effectively. We observed a number of infection control issues related to the operating theatre environment which did not meet the Department of Health's standards. Not all staff had completed mandatory training.

This was a breach of regulation 12(1)

Regulated activity

Surgical procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. Providers should have effective communication systems to ensure that people, including staff, know the results of reviews about the quality and safety of the service and any actions required following the review.

Clinical governance meetings were not well embedded and there was a lack of consistency between surgical specialities in the format and quality of the meeting minutes. Ward meetings did not always take place and therefore information and feedback about the quality and safety of the service was not always shared with staff.

We did not see evidence that national audit results were being used to improve services.

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Providers should actively seek the views of a wide range of stakeholders, including staff about their experience of, and the quality of care and treatment delivered by the service.

A number of staff in different areas told us about ongoing issues of bullying, favouritism or unfair treatment. Staff lacked confidence in the hospital's HR department and felt reluctant to raise concerns.

In the NHS staff survey 2016, the staff response rate for the surgical and cancer division was 29.4%, which was significantly worse than the overall trust response rate of 47.3%. The service also performed significantly worse than the trust average in questions related to staff engagement with senior managers.

Providers must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected.

Progress against the service's action plan was slow and there was little evidence of improvements in the areas raised as concerns during the previous inspection in July 2016.

Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service. Providers must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services.

Identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased.

The risk register did not reflect all current risks to the service. Some risks had been on the register for several years and it was not clear when these had last been reviewed. The risk register did not show what controls were in place or actions taken to mitigate risks.

This section is primarily information for the provider

Requirement notices

Significant data quality concerns led to suspension of the monthly 18-weeks referral to treatment time (RTT) reporting. Continuing data quality issues meant that the risk of harm to patients might not always be identified and addressed.

Records relating to the care and treatment of each person using the service must be kept and be fit for purpose. Fit for purpose means they must be kept secure at all times and only accessed, amended, or securely destroyed by authorised people.

We found that patient records were not always stored securely in line with information governance standards.

This was a breach of regulation 17(1) 17(2)

Regulated activity

Surgical procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Providers must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.

The use of agency staff was high and the quality of the agency staff compromised patients' care and treatment. Staff should receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported.

Not all staff received an annual appraisal.

This was a breach of regulation

18(1) 18(2)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Despite issues being identified through audit and reported as acted on in March 2017, we found there was a lack of working equipment available within the

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mortuary. The patient slide (PAT slide) used for moving patients was missing and the concealment trolley used to remove a deceased patient from the ward to the mortuary was broken. This piece of equipment was essential and was reported to have been broken and out of use for a month. There was no replacement available and no temporary trolley was provided. The mortuary had to use a normal hospital bed with a covering instead.

This was a breach of regulation 15(1)(c)(e)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were systems in place that were not universally recognised and could lead to confusion if the mortuary manager from the outsourced third party was not present. For instance, there was a system of identification based on numbers on a whiteboard that correlated with individual items of human tissue stored in a freezer. The system lacked transparency, which meant that anyone other than the mortuary manager from the outsourced third party would not be able to understand it. This included porters and site managers who both covered out of hours duties.

There were 20 fridge spaces available in the mortuary. There were no bariatric fridge spaces available. Deceased patients were frequently transferred to other premises that were owned and managed by the outsourced third party providing mortuary services. The trust had no oversight regarding this movement of deceased patients. Out of hours mortuary viewings were arranged and managed by the porters from an outsourced third party who had not been trained in any mortuary duties.

Although the mortuary appeared clean, there were no cleaning schedules available.

This was a breach of regulation 17(2)(b)

The discharge team told us they tried to meet a national target of 48 hours for rapid discharge. However, although they monitored this on a day to day basis they did not

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measure this in any other way, such as over time or through any sort of audit and did not understand their effectiveness against this target or its effect on patient care.

A full time palliative care consultant covered SPCT community and SPCT hospital work 50/50. There was also a full time consultant who covered the MC duties.

Officially both consultant posts were split 40/60 to cover MC and SPCT work, but in reality one covered SPCT and the other the MC. These roles were interchangeable when this was called for. Either way, it meant there were currently eight consultant sessions in total shared between the hospital and community.

Another consultant was due to be appointed soon and we were told there was an applicant. It was intended for them to do seven sessions in the MC and three on education. However, we were also told a further three sessions would be available to the hospital when this post had been recruited to.

Consultant levels were below the Commissioning Guidance for Specialist Palliative Care: Helping to deliver commissioning objectives' (Dec 2012.)] which recommends a minimum requirement of 1 whole time equivalent consultant in palliative medicine per 250 hospital beds. The hospital has 586 beds.

This was a breach of regulation 17(2)(a)

Incidents were not always reported or actioned in line with trust policy. The trust had identified capability issues with staff using the incident reporting system, however we were told this training was not included in induction training.

Risk registers did not reflect all areas of concern, for example; concerns about transfers of patients between the emergency department and imaging department or lack of accessible resuscitation equipment.

Safety equipment was not always maintained or replaced to ensure the safety of patients or staff. In particular lead aprons, which provided radiation protection. The outpatient department lacked functioning panic alarms.

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There was limited oversight of the extent or depth of potential patient harm as a result of a recent information technology systems failure.

Governance systems were not always embedded in practice to provide a robust and systematic approach to improving the quality of services.

This was a breach of regulation 17(1) 17(2)

Regulated activity

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were meant to be two link nurses for each ward. However, current systems and turnover of staff meant that this had not proved effective. The SPCT did their own link nurse training, which stopped when the trust wide end of life education facilitator left. This post was currently vacant. It was reported that there was a new starter in this role commencing in June 2017; a month after our visit.

The SPCT reported that they had tried running education sessions for hospital staff as a drop in, which had not proved to be an efficient way of delivering training due to poor turnout. It was widely felt that this was due to the wards being pressurised which accounted for the low attendance by ward staff.

We asked if providing training at nurse handovers had been considered. We were told that the shift structure meant there were no split shifts at the hospital now, which meant training would be outside of normal SPCT working hours.

We were provided with details of a specialist palliative care study day that took place once in May and once in November 2016. It was presented by members of the MC and SPCT and covered aspects of care such as spirituality nausea, vomiting and constipation, pain and terminal agitation. We were provided with attendance figures for May's session, which showed that out of 26 attendees, 14 were from a mix of hospital wards.

The Margaret Centre (MC) and the SPCT staff worked on relationships with services within the hospital to promote better end of life care. Ward staff we spoke with

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thought both the SPCT and the MC staff were helpful. Although they engaged well with ward staff and supported teams to deliver end of life care, it was a widely held belief among senior staff at the Margaret Centre and SPCT that a barrier to promoting a positive culture of end of life and palliative care being everyone's responsibility, lay with the education of ward staff. It was also a widely held belief that if ward teams in the hospital did not feel every patient had to come to the Margaret Centre to die and the SPCT received referrals sooner, it would be a better scenario all round.

This was a breach of regulation 18(2)(a)

Regulated activity

Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided.

Systems were not always effective in monitoring the effectiveness of changes to baby security or in preventing unauthorised access to the delivery suite and post-natal ward. The service must ensure systems to improve security are fit for purpose. Systems and processes were not established or operated effectively to ensure the provider was able to fully assess, monitor and mitigate the risks to the health, safety and welfare of babies. The trust were not always following their own policy on incident reporting, categorisation and ensuring outcomes were promptly actioned. The service must ensure arrangements for governance and performance management operate effectively.

This was a breach of Regulation 17(2)(a)(b)

Regulated activity

Maternity and midwifery services

Regulation

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

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Requirement notices

Providers must do all that is reasonably practicable to mitigate risks.

The service must ensure that all staff compliance with children and adult safeguarding level two and three training reaches the trust target of 90%.

This was a breach of regulation 12(2)(b)

Regulated activity

Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed to make sure that they can meet people's care and treatment needs.

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in maternity services reflecting the establishment agreed as appropriate for the acuity of the women.

This was a breach of regulation 18(1)