

University Hospitals of Leicester NHS Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

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

Summary of findings

Background to the trust

University Hospitals of Leicester NHS Trust is one of the biggest acute trusts in England. Formed in April 2000, it is a teaching trust which provides specialist and acute services to a population of just over one million patients throughout Leicester, Leicestershire and Rutland. The Trust's nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, cancer and renal disorders reach a further two to three million patients nationally.

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

- Leicester Royal Infirmary
- Leicester General Hospital
- Glenfield Hospital

Leicester Royal Infirmary is close to Leicester city centre and provides Leicestershire's only emergency department

The trust also provides services from 15 other locations and community hospitals; this includes maternity services at St Marys Birth Centre.

The trust employs around 15,000 staff and has an income of £945 million for the current financial year 2017/18, with a projected deficit of £26 million.

The trust has 90 wards across the three hospital sites; 1820 inpatient beds (including 149 maternity beds and 177 children's beds) and 181 day-case beds. Each week the trust runs 1155 outpatient clinics. (Source: Provider Information Request 2017)

The health of people living within Leicestershire and Rutland is generally better than the England average. Deprivation for both areas is lower than the England average. Deprivation is higher in Leicester and also has a higher percentage of children living in poverty at 26.9%, compared to 11.5% for Leicestershire and 7.8% within Rutland. However the life expectancy for all three areas is higher than the England average.

The trust's main Clinical Commissioning Groups (CCG) are Leicester City, East Leicester, West Leicestershire and Rutland.

CQC carried out a comprehensive inspection of the trust in June 2016. We rated caring as good and safe, effective, responsive and well led as requires improvement. We rated the trust requires improvement overall and issued requirement notices in regard to compliance with Regulation 5: fit and proper persons: directors, Regulation 9: person-centred care, Regulation 10: dignity and respect, Regulation 11: need for consent, Regulation 12: safe care and treatment, Regulation 13 safeguarding service users from abuse and improper treatment, Regulation 15: premises and equipment, Regulation 17: good governance and Regulation 18: staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

Overall summary

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



Summary of findings

What this trust does

University Hospitals of Leicester is one of the biggest and busiest NHS Trusts in the country, serving the one million residents of Leicester, Leicestershire and Rutland. The trust is nationally and internationally-renowned for specialist treatment and services in cardio-respiratory diseases, extra corporeal membrane oxygenation (ECMO), cancer and renal disorders which reaches a further two to three million patients from the rest of the country.

The trust provides a full range of acute clinical services across 19 CQC registered locations; this includes renal dialysis at a number of satellite locations. The majority of acute clinical services run from three main hospital sites, Leicester Royal Infirmary (LRI), Leicester General Hospital (LGH) and Glenfield Hospital (GH). The trust has its own Children's Hospital and works closely with partners at the local university providing world-class teaching to nurture and develop the next generation of doctors, nurses and other healthcare professionals.

The trust works with many different organisations throughout the world to push the boundaries of research and new surgical procedures for the benefit of patients, with around 1,000 clinical trials taking place every year. University Hospitals of Leicester is home to an NIHR Biomedical Research Centre which supports key research including lifestyle, diabetes, and cardio-respiratory diseases, and has been successfully designated as an NIHR Clinical Research Facility.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

On 28, 29, 30 November and 4, 5, 6, 7 December 2017, we inspected a total of five core services provided by the trust across four locations. We inspected urgent and emergency care, medical care, maternity and outpatients at the Leicester Royal Infirmary (LRI). At our last inspection, these core services were rated as requires improvement. At the Leicester General Hospital we inspected maternity and outpatients; these were rated as requires improvement at our last inspection. Although medical care at Glenfield Hospital was rated good overall at our last inspection, we inspected this service because we had concerns. Maternity services at St Marys Birthing Centre, was rated good in the 2014 inspection. We returned to this service as it had been some time since we had inspected this location. Diagnostic imaging is now a separate core service, previously inspected as a joint service with outpatients. We had some concerns about diagnostic imaging. We decided to review this service at the LRI and LGH Hospital.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 10 and 12 January 2018.

What we found

Summary of findings

Overall trust

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

- We rated safe, effective, responsive and well led as requires improvement and caring as good. We rated one of the trusts core service as good and five core services requires improvement.
- In rating the trust, we took into account the current ratings of the three core services not inspected this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led for the trust overall as requires improvement.

Are services safe?

We took into account the current ratings for services not inspected this time.

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

- Staff were not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in some services remained worse than the trust target.
- Nurse and medical staffing remained a concern in some services. There was reliance on bank and agency staff and despite escalation measures, a number of shifts remained unfilled whereby some of the wards worked below planned figures.
- Not all staff checked equipment in line with trust policy and safety standards. Therefore there was no guarantee it was safe to use.
- Medicines were not always stored or administered as prescribed. Patients did not always receive the right medication at the right dose at the right time.
- Patient records were not always available or stored securely. Records were not always clear, up-to-date or of reasonable quality. Not all care was documented.
- The trust did not always control infection risk well. Staff did not always adhere to trust policy in relation to cleaning of equipment, completing infection control risk assessments and hand hygiene.

However;

- The trust generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Generally premises were suitable to deliver care and treatment.
- Staff monitored changes in patients' conditions using nationally recognised systems.

Are services effective?

We took into account the current ratings for services not inspected this time.

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

- Staff mostly gave patients enough food and drink to meet their needs and improve their health. The trust made adjustments for patients' religious, cultural and other preferences.
- Staff mostly had access to up to date, accurate and comprehensive information on patients' care and treatment.

Summary of findings

However;

- Staff we spoke with in the medical service did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered and patients may be being deprived of their liberty unlawfully.
- Staff did not always have the opportunity to discuss their development needs; appraisal levels did not always meet the trust target.
- Not all services were monitoring or benchmarking the effectiveness of care and treatment therefore opportunities to compare local results with those of other services and learn from them were lost.

Are services caring?

We took into account the current ratings for services not inspected this time.

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

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

Are services responsive?

We took into account the current ratings for services not inspected this time.

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

- Some people were not able to access services for assessment, diagnosis or treatment when they needed to. There were long waiting times, delays or cancellations. Action to address this was not effective.
- Information was not always accessible to all people. We found in a number of services that information leaflets were only readily available in English.
- The trust showed variable performance against national standards such as referral to treatment times, cancer 31 and 62 day waits and the accident and emergency four hour target.
- In some core services there had been a number of mixed sex breaches.

However;

- The trust investigated and closed complaints in line with their complaints policy.
- The trust mostly took account of patients' individual needs. There was evidence of prioritising the needs of patients living with dementia and learning disabilities.

Are services well-led?

We took into account the current ratings for services not inspected this time.

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

- The arrangements for governance and performance management were not always operated effectively. We found a number of issues which had not been managed appropriately.

Summary of findings

- We identified key risks in some core service which local leaders had not been sighted on. There had been a lack of oversight in the roll out of a new combined adult and paediatric resuscitation trolleys, management of patients receiving insulin and the quality assurance testing of equipment.
- We found little evidence of cross trust working in several core services. Some areas were working in silos.
- Information technology systems were not always reliable. Staff raised concerns regarding some electronic systems within the trust. These were negatively impacting on staff morale.
- Patient identifiable data was not always stored securely.

However;

- Most staff we spoke with talked positively about local leadership. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas.
- Most staff described a culture of candour, openness, honesty and transparency
- When something went wrong, people receive a sincere and timely apology and were told about any actions being taken to prevent the same happening again,

Leicester Royal Infirmary

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- Staff were not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in some services remained worse than the trust target.
- Nurse and medical staffing remained a concern in some services. There was reliance on bank and agency staff and despite escalation measures, a number of shifts remained unfilled whereby some of the wards worked below planned figures.
- Not all staff checked equipment in line with trust policy and safety standards. Therefore there was no guarantee it was safe to use.
- Infection control infection risk was not always managed well. Staff did not always keep equipment or premises clean.
- Medicines were not always stored or administered as prescribed. Patients did not always receive the right medication at the right dose at the right time.
- Staff we spoke with had variable knowledge of the MCA and identifying patients who may lack capacity, as well as best interest decisions and deprivation of liberty safeguards.
- Patient records were not always available or stored securely. Records were not always clear, up-to-date or of reasonable quality. Not all care was documented.
- Some people were not able to access services for assessment, diagnosis or treatment when they needed to. There were long waiting times, delays or cancellations. Action to address this was not effective.
- There was variable performance against national standards such as referral to treatment times, cancer 31 and 62 day waits and the accident and emergency four hour target.
- Governance structures and systems were not always operating effectively in some core services.
- Risks within some core services had not always been identified or managed appropriately.

Summary of findings

However;

- Patient safety incidents were managed well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients mostly had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice

See sections on individual services at Leicester Royal Infirmary below for more information.

Leicester General Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- Not all staff checked equipment in line with trust policy and safety standards. Therefore there was no guarantee it was safe to use.
- Infection control infection risk was not always managed well. Staff did not always keep equipment or premises clean.
- Patient records were not always available or stored securely. Records were not always clear, up-to-date or of reasonable quality.
- There was variable performance against national standards such as referral to treatment times, cancer 31 and 62 day waits.
- Patients' individual needs were not always taken into account. We found leaflets and signage was only in English
- Governance structures and systems were not always operating effectively in some core services.

However;

- Patient safety incidents were managed well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- There was an open culture where staff could raise concerns without fear of reprisal.

See sections on individual services at Leicester General Hospital below for more information.

Glenfield Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- Infection control risks were not always managed well. Staff did not always keep equipment clean. Not all patients who were identified with a known or suspected infection had a specific care plan in place for the management of their infection as per recommended best practice.
- Medicines were not always stored or administered as prescribed. Patients did not always receive the right medication at the right dose at the right time.

Summary of findings

- Staff we spoke with had variable knowledge of the MCA and identifying patients who may lack capacity, as well as best interest decisions and deprivation of liberty safeguards.
- There had been a number of mixed sex breaches at this location.
- The number of bed moves patients experienced during their stay was high; this meant there was not sufficient capacity.

However;

- Staff monitored changes in patients' conditions using nationally recognised systems.
- Patients mostly had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- There was an open culture where staff could raise concerns without fear of reprisal.

See sections on individual services at Glenfield Hospital below for more information.

St Marys Birthing Centre

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had enough staff with the right qualifications, skills, training and experience to keep people protected from avoidable harm and abuse and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Leaders had the skills, knowledge, experience and integrity needed for a busy maternity service.
- Staff felt supported, respected and valued and described the culture as very open and honest.
- There were effective structures, processes and systems of accountability to support the delivery of the trust's strategy and provide good quality sustainable services.

See sections on individual services at St Marys Birth Centre below for more information.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in urgent and emergency care, medical care (including older people's care), maternity, outpatients and diagnostic imaging. For more information, see the outstanding practice section of this report.

Areas for improvement

We found areas for improvement including breaches of seven regulations that the trust must put right. We also found 59 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

Action we have taken

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

We also issued seven requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in overall trust, urgent and emergency care, medical care (including older people's care), maternity, outpatients and diagnostic imaging.

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

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will return to the trust to ensure significant improvement as identified in the Section 29A warning notice have been made. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following outstanding practice

Urgent and Emergency Care Leicester Royal Infirmary

- The department had established one of the first dedicated Emergency Department Sepsis Team in the UK. The sepsis team were clearly visible throughout our inspection and were available 24 hours per day. Since the launch of this team, the number of patients recognised at possible risk of sepsis had doubled from 50 to 100 per week. Treatment of high risk patients with antibiotics within 1 hour of arrival had significantly improved as had the delivery of all "sepsis six" actions.

Summary of findings

- The purpose built department catered for the holistic need of the whole population. We saw how the department had been designed to take into account those with mental health needs and children. The department had been designed to ensure suitable long term sustainability.

Medical Care (including older persons care) Leicester Royal Infirmary

- Wards had all implemented the initiative 'Red2Green'. This was an initiative launched by NHS Improvement which aimed to reduce the wasted time within a patient journey where no interventions occurred and they received little benefit from remaining in an acute hospital.
- Meaningful activities coordinator's supported multi-disciplinary working across 11 wards at Leicester Royal Infirmary including care of older people, speciality medicine and the Acute Frailty Unit. The team provided support for patients who were living with dementia or were distressed and agitated.

Medical Care (including older persons care) Glenfield

- The meaningful activities co-ordinators continued to make a difference to patient's hospital experience. The team provided support for patients who had dementia or were distressed and agitated through their individualised programme of activities. The team were highly regarded by patients and staff members.
- The service had launched the 'Red2Green' initiative throughout the medical wards. This initiative was launched to reduce the amount of 'wasted time' in a patient's hospital journey. Staff were able to demonstrate how this initiative had improved the patient pathway throughout the medical wards at this hospital.

Maternity St Marys Birthing Centre

- A dedicated home birth team was created in September 2017, with the aim of increasing the home birth rate across the trust and was able to provide greater continuity of care within the woman's own home.
- St Mary's Birth Centre provided extended postnatal care to all women, regardless of whether their babies had been born there. This was of particular benefit to women with complex needs, for example those with physical disabilities or mental health conditions.
- Staff promoted the T.E.D movie for time, escalation and decision making to improve outcomes for babies.

Maternity Leicester Royal Infirmary

- Detailed records for use in pregnancy and a maternity inpatient risk assessment record was continually improved to ensure it was fit for purpose within maternity.
- The wide variety of antenatal and prenatal clinics was continually assessed and new services provided for women, both locally and across borders.
- Staff devised and promoted the T.E.D movie for time, escalation and decision making to improve outcomes for babies.

Maternity Leicester General Hospital

- Detailed records for use in pregnancy and a maternity inpatient risk assessment record was continually improved to ensure it was fit for purpose within maternity.
- The wide variety of antenatal and prenatal clinics was continually assessed and new services provided for women, both locally and across borders.
- Staff continued to promote the T.E.D movie for time, escalation. Decision making to improve outcomes for babies.

Outpatients Leicester Royal Infirmary

Summary of findings

- Outpatient services used an external company and an electronic system to develop improved referral pathways. The system linked into an electronic system used by GPs and helped them to identify the correct pathway for the patient or to recommend other care and treatment. The system also enabled patients to access urgent care and treatment quicker. Managers said this was the first system of its kind.

Outpatients Leicester General Hospital

- The diabetes clinic delivered an outstanding service to patients and the rest of the hospital. Staff wrapped care and multidisciplinary clinics around patients and we observed patients accessing a range of medical and lifestyle advice and support. Staff in the clinic accessed and delivered community based services and supported other areas of the hospital including inpatient wards and training staff. The environment was modern, clean and bright and the service demonstrated positive patient outcomes.
- Outpatient services used an external company and an electronic system to develop improved referral pathways. The system linked into an electronic system used by GPs and helped them to identify the correct pathway for the patient or to recommend other care and treatment. The system also enabled patients to access urgent care and treatment quicker. Managers said this was the first system of its kind.

Diagnostic Imaging Leicester Royal Infirmary

- The trust had a renowned CT forensic service, which provided virtual autopsies and were leading experts in the development of this service

Diagnostic Imaging Leicester General Hospital

- Role extension of non-medical staff was a priority in the imaging department. We saw a number of practitioners with extended roles operating effectively in the departments.

Areas for improvement

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

Action the trust MUST take to improve

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

For the overall trust:

- The trust must ensure equality and diversity is promoted and the causes of workforce inequality identified and adequately addressed.
- The trust must ensure that all staff are up to date with mandatory training.
- The trust must ensure that all staff receive an annual appraisal.
- The trust must ensure formal processes are in place to handle administration systems relating to Mental Health Act administration functions
- The trust must embed learning from never events in order to prioritise safety and reduce never events.
- The trust must review the policy for the authorisation of deprivation of liberty safeguards.

Leicester Royal Infirmary

Summary of findings

Urgent and Emergency Services

- The trust must ensure there are sufficient numbers of substantive and suitably qualified, competent, skilled and experienced medical and nursing staff in post to meet people's care and treatment needs in all areas of urgent and emergency care.
- The trust must ensure risk assessments for patients attending the emergency department with mental health needs are completed in full to ensure the needs and safety of patients are addressed.
- The trust must ensure mandatory training for all staff attain their own target level of 95%.
- The trust must ensure safeguarding training at the appropriate levels in both adults and children is undertaken to attain their own target level of 95%.
- The trust must ensure patient group directives for medicines are up to date and a list of staff that use them is available at all times.
- The trust must ensure systems are in place to ensure patients can be referred to specialty services without delay when required for further care and treatment.

Medical care (including older persons care)

- The trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.
- The trust must ensure patients being initiated on non-invasive ventilation have increased nurse staffing levels that equate to 1:2 nurse to patient ratio for the first 24 hours in line with British Thoracic Society guidelines.
- The trust must ensure medications are stored at the correct temperature.
- The trust must ensure staff follow prescription instructions for the administration of insulin.

Maternity

- The trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs. This includes assurance that staff caring for women receiving enhanced care hold a certificate to do so.
- The service must ensure medications are stored in line with trust policy and best practice guidelines.
- The service must ensure equipment is properly serviced and ready for use.
- The service must ensure fridge temperatures must be monitored and appropriate corrective measures taken.
- The service must ensure guidelines are followed when monitoring the fetal heart with a cardiotocograph.

Outpatients

- The trust must ensure staff document in patient records in line with national guidance.
- The trust must improve the quality of some patient records to ensure staff can access the correct information quickly in order to provide care and treatment.
- The trust must improve the availability of patient records in clinics to ensure staff have the appropriate information to deliver care and treatment.
- The trust must ensure leaflets and information available in outpatient clinics are translated into languages used by the local community. Therefore, ensuring they understand their care, treatment and any available options.

Summary of findings

- The trust must listen to patient feedback, analyse and respond to it as appropriate. The feedback must be used to drive improvements.

Diagnostic Imaging

- The trust must ensure there is a process in place so that all radiation equipment has routine quality assurance (QA).
- The trust must ensure there are sufficient mechanisms in place regarding the handover and handback of equipment prior to and following manufacturer visits.
- The trust must ensure resuscitation trolleys are checked as per trust policy.
- The trust must ensure all policies and procedures used in the department are reviewed and in date.
- The trust must ensure there are consistently established and updated diagnostic reference levels (DRLs) for all appropriate examinations.
- The trust must ensure staff across all modalities have access to diagnostic reference levels (DRLs).
- The trust must ensure that staff understand and record dose values.
- The trust must ensure staff follow best practice in relation to techniques and exposures across diagnostic imaging.
- The trust must ensure all staff are aware of their responsibilities to identify and report abuse when providing care and treatment.
- The trust must review and strengthen the internal governance processes within diagnostic imaging.

Leicester General Hospital

Maternity

- The trust must ensure that all areas are cleaned to an acceptable standard to reduce the risk of infection, and complete regular monitoring.
- The trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet peoples care and treatment needs. This includes assurance that staff caring for women receiving enhanced care hold a certificate to do so.
- The service must ensure fridge temperatures are monitored and actions taken when out of range.
- The service must ensure guidelines are followed when monitoring the fetal heart with a cardiotocograph.

Outpatients

- The trust must work to improve cleanliness in clinic one of the main outpatients department.
- The trust must ensure staff document in patient records in line with national guidance.
- The trust must improve the quality of some patient records to ensure staff can access the correct information quickly in order to provide care and treatment.
- The trust must improve the availability of patient records in clinics to ensure staff have the appropriate information to deliver care and treatment.
- The trust must ensure leaflets and information available in outpatient clinics are translated into languages used by the local community. Therefore, ensuring they understand their care, treatment and any available options.
- The trust must listen to patient feedback, analyse and respond to it as appropriate. The feedback must be used to drive improvements.

Summary of findings

Diagnostic Imaging

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- The trust must ensure resuscitation trolleys are checked as per trust policy.
- The trust must ensure there are consistently established and updated diagnostic reference levels (DRLs) for all appropriate examinations.
- The trust must ensure staff across all modalities have access to diagnostic reference levels (DRLs).
- The trust must ensure staff follow best practice in relation to techniques and exposures across diagnostic imaging.
- The trust must ensure all staff are aware of their responsibilities to identify and report abuse when providing care and treatment.
- The trust must review and strengthen the internal governance processes within diagnostic imaging.
- The trust must take action to ensure the ceiling within the waiting area is appropriately maintained.

Glenfield Hospital

Medical care (including older persons care)

- The trust must ensure all patients who are deprived of their liberty are done so lawfully and ensure all staff understand their role and responsibility in depriving a patient of their liberty.
- The trust must ensure all clinical staff and non-clinical staff receive the appropriate level of safeguarding children training, as directed in the Intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
- The trust must ensure all medicines are stored within their recommended storage temperatures and staff are aware of what actions to take when medicines are stored outside of their recommended temperatures.
- The trust must ensure staff follow prescription instructions for the administration of insulin.

Action the trust SHOULD take to improve

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

For the overall trust:

- The trust should consider appointing service leads for both child and adolescent mental health (CAMHS) and autism.
- The trust should ensure timely implementation of strategies for meeting the needs of patients with a mental health, learning disability and autism.
- The trust should ensure there are staff networks in place to promote the diversity of and effectively engage with staff.
- The trust should ensure governance at CMG level is operating effectively.

Leicester Royal Infirmary

Urgent and Emergency Services

Summary of findings

- The trust should ensure their own target of 30 minutes is attained from referral to admission to a ward for patients requiring admission.
- The trust should ensure risks associated with the Royal College of Emergency Medicine's audits appear on the risk register for urgent and emergency care.
- The trust should ensure family members are not used for interpreting services for patients. This is not considered good practice.
- The trust should ensure complaint leaflets are easily accessible for patients and relatives to use.
- The trust should ensure audits on mental health notes are undertaken in the emergency department to enable managers to be aware of the work that needs to be undertaken to improve the quality and promote safe care for patients.
- The trust should ensure quality and safety meeting minutes show previous minutes have been reviewed and agreed and actions that are required for any item on the agenda, by whom and the date to be completed.

Medical care (including older persons care)

- The trust should ensure infection prevention screening assessments are completed in line with trust policy.
- The trust should ensure all equipment has been cleaned between patient use.
- The trust should ensure patient equipment is appropriately maintained and not overdue for service.
- The trust should ensure there are systems in place to manage single-use consumables and avoid storage of out of date stock in clinical areas.
- The trust should ensure all patients are appropriately screened for sepsis in line with trust policy.
- The trust should ensure all staff are aware of the process for the handover of patients from the Medicine Assessment Unit (MAU) to the general wards.
- The trust should ensure the 'temporary staffing local induction record log book' is completed on all wards for those bank/agency staff new to the area.
- The trust should ensure patient's individual care records are accurately completed and up to date.
- The trust should ensure fluid balance charts, in use to monitor a patient's fluid intake and output, are up to date and accurately calculated.
- The trust should ensure sufficient priority is given to diagnostic testing and reporting for emergency admissions.
- The trust should ensure ward managers have sufficient access to the electronic learning overview system in order to have oversight of mandatory training requirements within their areas.
- The trust should ensure there are systems and processes in place to protect the confidentiality of patient identifiable data.
- The trust should consider reviewing staff handover processes to ensure reference is made to the psychological and emotional needs of patients, or their relatives / carers.
- The trust should consider reviewing the food menus' to incorporate the dietary requirements of Vegans.

Maternity

- The trust should ensure managers have access to up to date training data.

Summary of findings

- The service should ensure that data collected is provided to staff with appropriate red, amber and green rating to compare to national data.
- The service should ensure that effective cleaning of the environment can take place in all areas.
- The service should ensure representation at board level is in accordance with national guidance.

Outpatients

- The trust should ensure staff know about female genital mutilation and know how to access the policy.
- The trust should consider alternative arrangements in the dermatology clinic order to conduct patient procedures so it does not impact on patient privacy or dignity.
- The trust should continue work to improve clinic waiting times for patients to ensure the design and delivery of care and treatment is appropriate and preferential to patients.
- The trust should continue to work to improve performance against cancer targets and the numbers of patients waiting for appointments.
- The trust should consider how outpatient services are delivered through different clinical management groups and how this impacts on performance, consistency and culture.

Diagnostic Imaging

- The trust should ensure there is sufficient support to the imaging departments from medical physics.
- The trust should ensure there is a process in place so that imaging departments have access to full patient information when attending the departments.
- The trust should ensure the privacy and dignity of inpatients attending ultrasound is maintained.
- The trust should ensure relatives feel supported and involved in examinations.
- The trust should ensure chaperoning in ultrasound follow trust policy.

Leicester General Hospital

Maternity

- The trust should ensure managers have access to up to date training data.
- The service should ensure that data collected is provided to staff with appropriate red, amber and green rating to compare to national data.
- The service should ensure representation at board level is in accordance with national guidance.

Outpatients

- The trust should ensure staff know about female genital mutilation and know how to access the policy.
- The trust should consider alternative arrangements or space in order to conduct patient observations so it does not impact on patient privacy or dignity.
- The trust should continue to work to improve performance against cancer targets and the numbers of patients waiting for appointments.
- The trust should continue work to improve clinic waiting times for patients to ensure the design and delivery of care and treatment is appropriate and preferential to patients.

Summary of findings

- The trust should consider how outpatient services are delivered through different clinical management groups and how this impacts on performance, consistency and culture.

Diagnostic Imaging

- The trust should ensure there is sufficient support to the imaging departments from medical physics.
- The trust should ensure patients privacy and dignity is maintained during reporting at the main reception desk.
- The trust should ensure chaperoning in the department follows trust policy.
- The trust should ensure there is suitable numbers of different chairs within the waiting areas to cater for a range of patient's needs.

Glenfield Hospital

Medical care (including older persons care)

- The trust should ensure staff providing conscious sedation follow the recommendations of the Royal College of Anaesthetists.
- The trust should ensure staff comply with the trust control of substances hazardous to health (COSHH) policy.
- The trust should ensure there is consistent use of infection prevention and control risk assessments and care plans for patients with a known or suspected infection.
- The trust should ensure all resuscitation equipment is checked in accordance with trust policy.
- The trust should ensure all items of electrical equipment received electrical safety testing in accordance with trust policy.
- The trust should ensure all staff comply with professional standards in regards to record keeping.
- The trust should ensure all staff read, understand and implement relevant safety bulletins that are cascaded down to them.
- The trust should ensure equipment used to crush medication are thoroughly decontaminated after use.
- The trust should consider reviewing the food menus' to incorporate the dietary requirements of Vegans.

St Marys Birthing Centre

Maternity

- The service should ensure that data collected is provided to staff with appropriate red, amber and green rating to compare to national data.
- The trust should ensure managers have access to up to date training data.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Summary of findings

This was our first review of well-led at the trust under our next phase methodology. We rated well led as requires improvement because:

- There had been inconsistent learning from never events despite a trust wide programme and action plan to prevent them occurring. There was a need to further embed learning from never events in order to prioritise safety.
- Due to the high clinical demands staff did not always take time out to review individual and team objectives, processes and performance, therefore opportunities to make improvements and embed learning were missed.
- Elements of quality improvement were evident but some work was still needed to become a fully developed quality improvement process.
- When risk had been identified, actions had been taken, although these actions had not always been sufficient to address the underlying risk.
- There was a lack of governance, performance and management arrangements relating to Mental Health Act administration and the provision of psychiatric liaison services. The executive lead for mental health was the Chief Nurse, there were however no board reports for MHA provision.
- The arrangements for governance and performance management at CMG level were not always operated effectively. There was inconsistency in the depth and discussion captured in the CMG governance meeting minutes. It was not always clear whether the assurance provided was satisfactory and whether or not a decision was taken. Some CMG minutes lacked robust actions to address the risks, and it was not clear from others if escalation of a risk had taken place.
- We identified a key risk during our core service visit the trust had not been sighted on. There had been a lack of oversight in the roll out of a new combined adult and paediatric resuscitation trolleys. There was a need to strengthen the oversight of peripheral and smaller areas within the trust.
- The trust strategy and plans had some significant gaps and did not fully reflect the local health economy. There was no strategy for meeting the needs of patients with mental health conditions, learning disabilities or autism.
- Staff satisfaction was mixed. Equality and diversity was not consistently promoted and staff, including those with particular protected characteristics under the Equality Act, perceived they were not treated equitably.

However;

- The board had the skills, knowledge, experience and integrity to lead the trust. The trust board members were a group of individuals with a wide range of experience, knowledge and skills.
- The board was viewed as accessible, approachable, visible and highly experienced, with transparent accountability at decision-making levels.
- There was a clear statement of vision and values, driven by quality and sustainability. Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.
- Candour, openness, honesty and transparency were encouraged. Staff actively raised concerns.
- When something went wrong, people received a sincere and timely apology and were told about any actions being taken to prevent the same happening again.
- The information used in reporting, performance management and delivering quality care was accurate and timely. The trust submitted data and notifications to external organisations as required.
- There was a robust approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders

Summary of findings

- There was an appropriate use of external accreditation and participation in research. We saw several examples of innovative practice.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018

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

Rating for acute services/acute trust

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

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

Ratings for Leicester Royal Infirmary

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

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

Ratings for Leicester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Surgery	Requires improvement Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Requires improvement Jan 2017
Critical care	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Maternity	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Requires improvement Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
Outpatients	Requires improvement Mar 2018	N/A	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
Diagnostic imaging	Requires improvement Mar 2018	N/A	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
Overall*	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018

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

Ratings for Glenfield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↓ Mar 2018
Surgery	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Critical care	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Services for children and young people	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Requires improvement Jan 2017	Requires improvement Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
Outpatients and diagnostic imaging	Good Jan 2017	N/A	Good Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017	Requires improvement Jan 2017
Overall*	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018

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

Ratings for St Mary's Birth Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↔ Mar 2018					
Overall*	Good ↔ Mar 2018					

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

Glenfield Hospital

Groby Road
Leicester
Leicestershire
LE3 9QP
Tel: 03003031573
www.leicestershospitals.nhs.uk

Key facts and figures

The Glenfield Hospital is one of three main hospitals forming University of Leicester NHS Trust. The trust provides acute hospital services to the local population of Leicester, Leicestershire and Rutland.

The Glenfield Hospital is situated on the outskirts of Leicester, approximately three miles from Leicester City Centre. It has approximately 440 beds and offers a range of inpatient and outpatient services including nationally recognised medical care for heart disease, lung cancer and breast care. Glenfield Hospital provides medical care, surgery, critical care, end of life care and outpatients and diagnostic services for children, young people and adults.

We inspected only medical care services at this visit.

Summary of services at Glenfield Hospital

Requires improvement ● → ←

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

A summary of this hospital appears in the overall summary above.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

The medical care service at the trust provides care and treatment for ten specialities across three sites; Leicester Royal Infirmary, Glenfield Hospital, and Leicester General Hospital. The trust had 896 inpatient medical beds across the three sites, with 440 of these beds based at Glenfield Hospital.

The trust had 123,333 medical admissions from July 2016 to June 2017. Emergency admissions accounted for 50,953 admissions (40.6%), 3,535 (2.8%) were elective, and the remaining 70,845 (56.5%) were day case. Cardiology which is mainly provided at Glenfield Hospital was named as one of the top three medical specialities for admissions during this period with 16,217 admissions from July 2016 to June 2017.

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

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

During this inspection we visited the angio-catheter suite, the discharge lounge, coronary care unit (FCCU), cardiology wards (F27, F28 and F33), respiratory medicine including HDU, TB and long term ventilation (F17 and F17H) and respiratory medicine (F29).

As part of our inspection we used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of people who could not speak with us. We also:

- Spoke with 13 patients who were using the service and five relatives.
- Spoke with 45 staff members; including service leads, ward managers, matrons, doctors, nurses, non-registered staff and allied health professionals.
- Reviewed nine complete medical and nursing care records relating to physical health
- Reviewed seven additional patient records relating to observations and 15 medicine administration records.
- Received seven CQC comment cards from patients and relatives.

Summary of this service

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

- Staff did not always ensure trust policy was followed in the administration of insulin. Patients with recorded high blood glucose levels did not always receive their prescribed insulin.
- Staff did not always follow trust policy in regards to safe storage of medicines. Room temperatures and refrigerator temperatures were recorded out of acceptable range; however no actions had been taken by staff to rectify this.
- Information provided by the trust did not demonstrate that all staff had completed the relevant level of safeguarding children training in accordance with the Intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
- Patients in cardiology and respiratory medicine had a higher than expected risk of unexpected readmission for elective patients admissions compared to the England average, which meant they were performing worse.

Medical care (including older people's care)

- Staff were not always protecting patients from avoidable harm in regards to infection prevention and control. Information provided by the trust showed the medicine services at this hospital had variable hand hygiene compliance, with some areas demonstrating 60% compliance against the trusts own target of 90%.

However:

- There were improvements in the management of deteriorating patients. Staff used a nationally recognised tool to identify patients whose condition was deteriorating and had implemented the sepsis screening pathway in all areas.
- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly, and shared lessons learned and changes in practice with staff. The never event which occurred in the coronary care unit (CCU) was known about within the whole of the service and all staff told us they had discussed key learning points from this.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. We observed many patient pathways in place which were based on National Institute for Health and Care Excellence (NICE) and other best practice guidance.
- Patients were treated with dignity, compassion and respect. We observed several positive interactions between staff and patients and also conducted a Short Observational Framework for Inspections (SOFI) which demonstrated positive interactions.
- Local leadership was positively spoken about by all staff. Staff told us their leaders were supportive, visible and approachable. The culture within the service was very positive and staff all demonstrated a respectful and supportive relationship towards each other.

Is the service safe?

Requires improvement ● → ←

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

- Staff did not always follow the trusts policy and prescription instructions for the administration of insulin. We found patients with high blood glucose readings who did not receive insulin to correct this, as prescribed.
- Staff did not always ensure medicines were stored correctly. We found room temperatures and refrigeration temperatures above the recommended temperatures for safe storage of medicines.
- Not all staff had received the appropriate level of safeguarding children training in accordance with the Intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). Clinical and non-clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two. Information provided showed an overall compliance of 75% with this training.
- Staff in the angio-catheter suite told us they did not follow Royal College of Anaesthetist guidance for the provision of conscious sedation. There was no member of staff designated to monitor the patient whilst receiving sedation.
- There was inconsistent use of infection prevention and control specific care plans and risk assessments across the hospital. In some areas, there was good use of risk assessments and care plans to support the care provided to patients with a known or suspected infection, however in other areas risk assessments were not accurately completed and there were no care plans.
- Staff did not always follow trust policy in regards to control of substances hazardous to health (COSHH). We found chlorine based solutions in a room where the door was propped open.

However:

Medical care (including older people's care)

- Staff monitored changes in patients' conditions using nationally recognised systems. Where patients had met the criteria for sepsis screening, we found all patients had been screened appropriately and in a timely manner.
- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly, and shared lessons learned and changes in practice with staff.
- Staff in the cardiac catheter laboratory followed and completed the WHO surgical safety checklist and five steps to safer surgery.

Is the service effective?

Good ● → ←

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

- Patient's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. We saw good use of patient pathways aligned to National Institute for Health and Care Excellence (NICE) guidance and standards.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits. These were shared and used to drive improvement.
- The trust had two mortality outliers in the area of acute myocardial infarction (AMI) and atherosclerosis and other heart disease across both the Leicester Royal Infirmary and Glenfield sites. During the inspection, we reviewed information provided by the trust and were assured the trust had appropriately investigated and addressed both of these outliers.
- Staff at all levels and from all disciplines worked together as a team for the benefit of their patients.
- Staff received additional training relevant to their areas of work to develop their skills and knowledge further. Competency packages within the coronary care unit were comprehensive and well received by staff.

However;

- The trust policy did not provide staff with guidance to take when no response from the local authority (supervisory body) was received for urgent deprivation of liberty safeguards authorisation.
- Between June 2016 and May 2017 unexpected readmissions rates for elective patients in cardiology and respiratory medicine was worse than the England average.
- The provision of a vegan menu was separate to all other menus and therefore was not obvious that vegan patients could be provided for.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion, dignity and respect. Our short observational framework for inspection (SOFI) which we conducted demonstrated positive interactions between staff and patients.
- Patients spoke positively about the care they received at the hospital as well as the staff providing the care.

Medical care (including older people's care)

- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt comfortable in asking staff to repeat information if they had not understood them originally.
- The service provided emotional support to patients and supported spiritual needs through a multi-faith chaplaincy. There were also specialist nurses who provided specific emotional support tailored to the requirements of the patient.

Is the service responsive?

Good ● → ←

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

- The trust continuously exceeded the referral to treatment (RTT) performance for medicine between September 2016 and August 2017. On average 93% of patients were seen within the 18 week target against the England average of 90%.
- Staff took into account the individuals needs of patients and planned care to meet their individual needs. We saw examples where staff planned care around the individual needs of patients and also saw the use of a team of activities co-ordinators around the medical wards.
- The service had implemented an initiative called 'Red2Green' to reduce the wasted time in a patient journey where no interventions were completed. We saw examples of where this had improved patient's experience.
- The service treated complaints and concerns seriously and staff would try to resolve any issues at ward level where they could. Any formal complaints raised would be investigated by senior staff and any lessons from them disseminated.

Is the service well-led?

Requires improvement ● ↓

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

- The governance and risk management systems were not always reliable. Staff were not always following prescription instructions and self-administration guidelines for insulin. There was variable and ongoing non-compliance with hand hygiene audits for some wards and not all patients who were identified with a known or suspected infection had a care plan in place. Where some metrics had shown poor compliance additional support was not always provided to improve these.
- Staff raised concerns about the information technology (IT) systems used at this trust and the lack of computers to enable them to complete their jobs.

However:

- All staff demonstrated an open, honest and supportive culture and we were told there was a respectful culture towards all staff members across the service. The trust recognised the contribution staff made to the organisation through the staff awards programme.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services.

Medical care (including older people's care)

Outstanding practice

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

Areas for improvement

We found 10 areas for improvement in this service. See the Areas for Improvement section above

Leicester General Hospital

Gwendolen Road
Leicester
Leicestershire
LE5 4PW
Tel: 03003031573
www.leicestershospitals.nhs.uk

Key facts and figures

Leicester General Hospital (LGH) is one of three main hospitals forming University of Leicester NHS Trust. The trust provides acute hospital services to the local population of Leicester, Leicestershire and Rutland.

LGH is situated on the outskirts of Leicester, approximately three miles from Leicester city centre. It has 390 beds and offers a range of inpatient and outpatient services including the national centre for renal and urology patients. LGH provides medical care, surgery, critical care, and maternity, end of life, outpatients and diagnostic imaging services for children, young people and adults.

We inspected maternity, outpatients and diagnostic imaging services at this visit.

Summary of services at Leicester General Hospital

Requires improvement ● → ←

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

A summary of this hospital appears in the overall summary above

Maternity

Good 

Key facts and figures

Maternity services provided by University Hospitals of Leicester NHS Trust (UHL) are located on three hospital sites, the Leicester Royal Infirmary (LRI) Leicester General Hospital (LGH) and St Mary's Birthing Centre (SMBC) in Melton Mowbray. However, services on all hospital sites are run by one women's and children's clinical management team. The trust regards the hospitals as one service and reports upon as one, with some of the staff working across multiple sites. For this reason, there is some duplication of information within the three reports.

The services available to women include home birth, a midwifery-led unit (MLU), a consultant-led delivery suite, a wide range of antenatal clinics including ultrasound scanning and fetal medicine, a midwifery assessment unit and triage (MAU), one 33 bedded mixed antenatal and postnatal inpatient ward (ward 30). Specialist midwives are available to support the women and midwives.

Leicester General Hospital provides consultant-led and midwife-led care for high and low risk women. The delivery suite has eight delivery rooms, one bereavement suite, one theatre, one emergency room and a four-bedded induction bay. The delivery suite also has a two-bedded enhanced care bay for women who need higher levels of care and observation than those provided on the general maternity ward. The midwife led birth centre is located within the delivery suite and has four rooms, one of which has pool for labouring or delivery.

The trust employs community midwives, who provide care for women and their babies both during the antenatal and postnatal period and provide a home birth service with the dedicated home birth team. From August 2016 to October 2017, the trust reported 96 (1.6%) babies were born at home. The community midwives are aligned to the local GP practices and children's centres.

The Trust has 149 maternity beds across three sites.

LGH - Labour Ward/Delivery Suite (19 beds)

LGH - Ward G30 33 (beds)

LRI - Delivery Suite - Ward RLWM (24 beds)

LRI - Ward 1 (13 beds)

LRI - Ward 5 (26 beds)

LRI - Ward Ward 6 (26 beds)

St Marys Birthing Centre (8 beds)

Between December 2016 and November 2017, 4,303 women delivered their babies at Leicester General Hospital.

The Care Quality Commission carried out an unannounced inspection of Leicester General Hospital from 28 November to 30 November 2017. During the inspection we visited clinical areas in the service including the delivery suite, theatres and recovery, birth centre, ward 30, maternity assessment unit and antenatal clinic.

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

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

During the inspection visit, the inspection team:

Maternity

- Spoke with 10 women and three relatives,
- Spoke with 22 members of staff, including, midwives, nurses, matrons, consultants, junior doctors, senior managers and support staff.
- Observed care and treatment,
- Reviewed 11 patient care records
- Reviewed 12 medicine prescription charts.

At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five key questions.

We previously rated maternity and gynaecology at Leicester General Hospital as requires improvement overall. We rated the key questions of safe, effective and well led of maternity and gynaecology as requires improvement and caring and responsiveness as good.

Summary of this service

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

We rated this service as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, which was up to date.
- Staff of different kinds worked together as a team to benefit women. Doctors, midwives nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Staff involved women and those close to them in decisions about their care and treatment. Women were involved throughout their pregnancy, delivery and postnatal period.
- Staff provided emotional support to women to minimise their distress. Staff were proud of the support they gave to women in difficult times.
- Women could access the service when they needed it. Access to and availability of the service was in line with guidance.
- The service took account of women's individual needs. A wide variety of specialist midwives enabled care to be tailored too individual needs.
- The homebirth and midwife led birth centre ensured women had choice in the birth they required.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

Maternity

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Communication throughout the unit was described by staff as good.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The service did not always control infection risk well. In the obstetric theatre the premises and some equipment was not kept clean or monitored regularly.
- The service did not always use safety monitoring results. Senior staff collected safety information, but sharing with staff, women and visitors was limited. The information collected was not rated for comparison to national data. However, the service used elements of the information to improve the service.
- The service did not always store medicines well. Medicines were stored in areas accessible to members of the public, and although fridge temperatures were checked, staff did not act on out of range temperatures. However, staff prescribed, gave, and recorded medicines well. Women received the right medication at the right dose at the right time.
-

Is the service safe?

Requires improvement ●

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

We rated it as requires improvement because:

- The service did not always control infection risk well. In the obstetric theatre the premises and some equipment was not kept clean or monitored regularly. However, they used control measures to prevent the spread of infection.
- The service did not always store medicines well. Medicines were stored in areas accessible to members of the public, and although fridge temperatures were checked, staff did not act on out of range temperatures. However, staff prescribed, gave, and recorded medicines well. Women received the right medication at the right dose at the right time.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep providing the right care and treatment. The unit acuity tool demonstrated the number of staff were below the recommended level for the level of care required. Consultants were not always available for rostered shifts in the maternity assessment unit.
- The service provided mandatory training in key skills to all staff and but did not always make sure everyone completed it. Not all medical staff had completed basic life support training. Data identified 74% of staff had completed the training, below the trust target of 95%.
- Documentation on cardiocograph monitoring's was inconsistent. Staff did not follow guidelines on the annotation of the recordings.

However:

Maternity

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.
- Staff kept appropriate records of women's care and treatment. Handheld and inpatient records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Some staff had training on how to recognise and report abuse and they knew how to apply it. Support was given to all staff by the safeguarding midwives.

Is the service effective?

Good 

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

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, which was up to date.
- Staff gave patients enough food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required. Enhanced recovery programme supported early hydration and improved recovery. The service made adjustments for patients' religious, cultural and other preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The appraisal figures for staff across all maternity hospitals were 92%, just below the trust target of 95%.
- A three day multi-disciplinary skills and drills training was scenario based and could be adapted to recent incidents. Between January and November 2017, 85% of midwives trust wide had attended their essential training. A rolling programme of dates was planned for the remainder of the year.
- Staff with different roles worked together as a team to benefit women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Teamwork was continuous and evident throughout the unit.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Detailed hand held and hospital records were up to date and accessible. Staff ensured women had their records at every appointment or hospital admission.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Specialist midwives for vulnerable women worked closely with staff and other agencies to provide care for women in need.

However:

- The service could not guarantee that all staff caring for women receiving enhanced care in delivery suite held a certificate to do so.
- The service did not rate aspects of the outcome measures to support benchmarking against other services.

Maternity

Is the service caring?

Good ●

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

We rated it as good because:

- Staff cared for women with compassion. Feedback from women and families confirmed that staff treated them well and with kindness. Newsletters contained compliments and patient stories throughout the unit.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff listened to women's concerns and spent time discussing care and options. They took time to interact in a respectful and considerate way. Staff discussed social and emotional demands on families throughout the pregnancy and postnatal period.
- Staff provided emotional support to patients to minimise their distress. Bereavement services and staff knowledge on supporting bereaved families ensured people received the care physical and emotional care required.

Is the service responsive?

Good ●

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

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. There were a range of clinics and high and low risk services at the unit.
- People could access the service when they needed it. Access to services was through several routes to support accessibility for all. Posters and signs encouraged women to request the services of an interpreter when required.
- The service took account of patients' individual needs. Comprehensive handheld records assessed and identified the individual needs of women.
- The service provided an extensive range of specialist clinics and specialist midwives to meet the needs of women using the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were investigated and closed within the target of 25 working days.

However:

- The service did not audit the waiting time for women to be seen by medical staff in the maternity assessment unit or antenatal clinic

Is the service well-led?

Good ●

Maternity

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

We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care and had undertaken leadership training.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from some staff, patients, and key groups representing the local community. The Leicester, Leicestershire and Rutland plan was based on the Better Births review.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Matrons were visible and active in clinical areas. Predominantly staff felt valued for the work they did.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and staff had an awareness of the risks throughout the unit.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The Maternity Services Liaison Committee was still active although women's representation was minimal.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Over the years staff had been heavily involved in research and development of training videos.

However:

- We were not assured the profile of maternity services was sufficiently high at board level.
- The Head of Midwifery was not as visible as staff would have liked, but Matrons described the senior support they received as excellent.
- Leicestershire National Maternity Voices group had not been developed.

Outstanding practice

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

Areas for improvement

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

Outpatients

Requires improvement 

Key facts and figures

University Hospitals of Leicester NHS Trust provided outpatient services at the Leicester General Hospital. There were four main outpatient clinics with other specialist services, including diabetes, delivered elsewhere in the hospital. Some outpatient services were delivered at other locations in the county, including Leicester Royal Infirmary and the Glenfield Hospital.

Following a comprehensive inspection in June 2016, the trust was required to take the following actions:

- ensure that all equipment, especially safety related equipment is regularly checked and maintained
- ensure building maintenance work is carried out in a timely manner to prevent roof leaks
- ensure that patient notes are securely stored in clinics

The trust was also requested to:

- Reduce in-clinic wait time for patients
- Ensure that clinic capacity is matched to patient demand
- Ensure that patients requiring following up appointments are seen in a timely manner.
- Ensure where there are backlogs, patients have been assessed for clinical risk and prioritised accordingly.
- Consider how to ensure leaflets and information available in outpatient clinics are translated where appropriate into languages used by the local community.
- Address the reasons for hospital cancellations of outpatient clinics
- Ensure information about how to complain is available to patients in outpatient clinic areas.
- Consider how to meet the needs of patients with a learning disability and reduce DNAs for these patients in outpatient clinics.

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

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

During the inspection visit, the inspection team:

- Visited the main outpatient departments, diabetes centre, neuro rehab and physiotherapy department. We also visited the therapies department including physiotherapy and occupational therapy. We did not inspect children's outpatient services.
- Spoke with 15 patients and their relatives
- Spoke with 41 members of staff including administration staff, managers, Matrons, nurses, healthcare assistants, therapy staff and doctors.
- Looked at 10 sets of medical records

Outpatients

Summary of this service

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

We rated it as requires improvement because:

- Outpatient services did not always manage patient records effectively. Patient records were not always available for clinics, the quality of some records was poor and we saw staff did not always write patients records in a way that met national guidelines. The inspection team were concerned about the cleanliness of clinic one due to poor audit scores and the inspection team finding dust in high level areas.
- Patients experienced long waiting times for some clinics. This was an issue we found on our last inspection. In addition, we saw the trust consistently did not meet the cancer 31 day and 62 day targets (however, performance was improving in these areas). Data from the trust showed 25,863 patients were potentially overdue requiring a follow up appointment, 7,108 had been waiting over seven months.
- Governance arrangements for outpatient services were complex. This meant multiple clinical management groups (CMG) and structures were involved delivering outpatient services. This led to inconsistencies in practice, performance and some concerns around a 'them and us' culture between staff in different CMGs. This contributed to some issues we identified in our last inspection not being addressed for example, clinic waiting times. We heard examples of staff not being supported by senior managers.
- Staff had challenges with the local environment. The lack of clinic space and design of the environment meant we saw an example of staff compromising patient dignity to conduct pre clinic observations (height, weight and blood pressure checks). In addition, we saw staff had to store clean and dirty linen in a corridor and had a lack of office or changing space.
- Leaflets, signage and information were mainly in English. This included pre-appointment letters outpatient services sent to patients. We observed non-English speaking patients having difficulty finding where there appointment was.
- While staff collected the views of patients we saw little evidence managers analysed, responded and improved services because of patient feedback. You said, we did posters on walls did not provide any information on actions take in response to patient concerns. Response rates to feedback initiatives such as message to matron were low.

However:

- We found the diabetes clinic to be an example of outstanding practice. The service was completely multidisciplinary with clinics and care plans centred around the patient. Patient could access different types of clinical and lifestyle advice from different clinicians and therapy staff. The clinic environment was bright, clean and modern which made patients feel comfortable. The service also undertook teaching other staff in the hospital and delivering clinics out in the community. The service demonstrated positive patient outcomes and based their services on National Institute for Health and Care Excellence (NICE) guidance and standards.
- Staff assessed the nutrition and hydration requirements of patients. They also assessed pain levels during procedures and examinations. Staff also said they received meaningful appraisals and spoke positively about training and development opportunities. Staff were competent in their roles and understood their roles and responsibilities regarding consent and the Mental Capacity Act 2005. We saw staff try to meet the needs of patients wherever possible including those with a learning disability or those living with dementia.

Outpatients

- Staff demonstrated knowledge about safeguarding and understood their responsibilities when protecting patients from avoidable harm and abuse. Staff demonstrated good practice regarding hand hygiene and trust audits for the period August 2017 to November 2017 showed staff scored 100%. Staff managed medicines in safe way and also had procedures to manage the treatment and care of deteriorating or seriously unwell patients. Staff were caring, compassionate and involved patients in their care and treatment.
- Outpatient services had oversight of performance and risk. Despite poor performance in some areas outpatient services could assess the risk to patients for example, staff conducted harm reviews on patients overdue for their appointments. We saw outpatient services were committed to continuous improvement including setting up an outpatient transformation programme and developing efficient patient pathways. Leaders were proud of their staff.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

- Patient records were not always available for clinics. Data from the trust showed 3.5% of records were not available for clinics.
- The quality of some patient records was poor. We observed throughout the inspection staff had to hold some records together by elastic bands, and some were torn or loose. We specifically inspected a further ten sets of poor quality (in addition to the 10 we reviewed in detail) but we observed many more.
- Staff did not know about the trust female genital mutilation (FGM) policy and did not know what FGM was.
- The inspection team were concerned regarding the poor performance of clinic one in infection control audits. We noticed dust and unclean surfaces in high-level areas in four clinic rooms. The environment was unclean in the administrative area in clinic one also. In two areas we saw departments did not have disposable curtains and neither had dates for replacements.
- Eight out of 10 patient records did not meet national guidance. We saw records were illegible, not signed by consultants, did not have the consultant general medical council (GMC) number or contact number in them.

However:

- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene. Audits showed staff scored 100% for hand hygiene between August 2017 and November 2017. We saw hand gel available in clinical areas and the majority of clinic areas and equipment were visibly clean. Staff cleaned equipment between patients.
- We checked 20 pieces of equipment. All equipment had been tested and checked. Staff had access to resuscitation equipment which had also been checked regularly.
- Staff had procedures to escalate and respond to unwell or deteriorating patients.
- We saw nursing and non-nursing staffing levels were appropriate. There were no national guidelines for the staffing of outpatient clinics but senior nurses organised rotas based on the type of specialty and requirement of the consultant.

Outpatients

- Staff managed medicines in a safe way. Medicines were locked in fridges or cupboards and staff regularly checked fridge temperatures. Staff had processes for the management of prescription pads and we observed staff offering specific advice about medicines.
- Staff had a good understanding of incidents and felt confident to report them. The majority of staff we spoke with said managers informed them of learning from incidents. Staff told us about learning which included improving patient checks and staff ensuring they had patient consent.

Is the service effective?

We do not currently rate effective in outpatients.

- Outpatient services based local medical policies on national best practice. For example, urology, rheumatology and diabetes based services on National Institute for Health and Care Excellence (NICE) guidance and standards.
- Staff assessed patient nutrition and hydration requirements. Patients had access to refreshments while waiting for clinic appointments or transport home.
- Staff could access simple pain relief if they assessed patients as being in pain whilst in clinics. During procedures and examinations, staff monitored patients for signs of pain. This included observation and asking patients questions about their pain levels.
- Outpatient services had processes in place to record patient outcomes after each clinic appointment. Managers audited patient outcome results to identify whether some patients did or did not have recorded outcomes.
- The diabetes service demonstrated positive outcomes in relation to foot amputations and spells in hospital. The outcomes demonstrated the service's ability to keep patients out of hospital and better manage their own care.
- The majority of staff had received a meaningful appraisal. Staff were positive about training and development opportunities.
- We saw good examples of multi-disciplinary working. In particular the diabetes service conducted full multi-disciplinary clinics wrapped around the patient. The diabetes service also operated in the community meaning they could exchange information with other care givers and health organisations. Staff also provided lots of information to enable patients to manage their own and health.
- Staff understood their roles and responsibilities regarding consent and decision making including the Mental Capacity Act 2005 (MCA). Staff received e-learning training on consent and the MCA. We observed staff obtaining consent before providing treatment and care.

Is the service caring?

Good ●

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

We rated it as good because:

- Outpatient services at Leicester General Hospital scored 93.8% in the NHS Friends and Family Test. This meant the majority of patients would recommend the service to others.

Outpatients

- All patients we spoke with were positive about their experience at the hospital. Patients described staff as friendly, compassionate and supportive. Staff described their passion for providing good patient care.
- Staff displayed a supportive attitude to patients and put their needs first. All staff enquired whether patients wanted a drink and were comfortable. Staff used encouragement and praised patients who had received successful treatment. We observed staff supporting patients with mobility difficulties.
- Staff provided emotional support to patients. Staff understood the impact of care and treatment on the patient and discussed the impact with patients. Staff had procedures in the event of a patient receiving bad news and used private rooms to give patients time and support in comfortable surroundings.
- We saw staff providing emotional support to a patient. Staff listened and used physical contact to reassure the patient.
- Staff involved patients in their treatment and care. We observed staff provide patients with choices about their treatment and care. Staff communicated in a way patients understood and gave patients plenty of time to ask questions. All patients said they felt involved in their treatment and care.

However:

- We saw one example of where a patient's dignity was not preserved. We saw in clinic three where staff weighed and measured patients before clinic appointments in the reception area. Staff used a curtain to try to maintain patient dignity (the patient was dressed) but the curtain did not surround the patient. This meant the patient could be seen and heard when walking past this area.

Is the service responsive?

Requires improvement

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

We rated it as requires improvement because:

- Despite improving performance the trust consistently performed worse than the England average for the percentage of patients waiting less than 31 days (before receiving their first definitive treatment following a diagnosis). The trust consistently failed to meet the operational standard set at 85% for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment.
- At our last inspection, patients told us in some cases they were waiting two or three hours for appointments. During our inspection, we saw some wait times could still be lengthy. We saw on notice boards waiting times for some clinics were 45 or 50 minutes. We saw from audits some clinics had delays of 60 minutes.
- Data from the trust showed in December 2017 showed total number of patients overdue; potentially requiring a follow up appointment was 25,863. The number of people overdue seven months or more was 7,108. The trust had improved these figures from March 2017 and had risk assessed patients. However, this was still a significant number of patients potentially overdue for appointments.
- Staff experienced challenges with the physical environment. Clinics in some areas had a lack of storage space and in some clinics staff had insufficient office space or changing areas. The level of demand meant staff experienced shortages in clinic space.

Outpatients

- Leaflets, signage and information were mainly in English. This included pre-appointment letters outpatient services sent to patients. We observed non-English speaking patients having difficulty finding where their appointment was.

However:

- The did not attend (DNA) rate for outpatient services was consistently better than the England average. Staff had procedures in the event of patients not turning up for appointments. Services use a text reminder service to help improve performance.
- Between February 2017 and August 2017 the trust saw improvements in referral to treatment times (non-admitted pathways). The trust were performing similar to the England average. The trust's performance for referral to treatment (incomplete pathways) showed fluctuating performance around the national standard (92%) however, was consistently above the England average. The trust consistently met the 93% operational standard for people being seen within two weeks of an urgent GP referral.
- Staff prioritised patients with learning disabilities and patients living with dementia. This helped to reduce anxiety for the patient. We saw staff use private rooms for patients to preserve dignity and reduce anxiety.
- Staff said managers shared learning from complaints and concerns through briefings and team meetings. Patients felt comfortable about raising concerns and knew how to complain.

Is the service well-led?

Requires improvement

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

We rated it as requires improvement because:

- We saw examples of where leadership and communication was not effective. The communication was from senior leaders regarding drinks in clinical areas. Staff did not feel supported in delivering the message especially as it caused tension amongst different staff groups.
- Staff talked about a 'them and us' culture. Staff found it difficult to challenge other members of staff because they belonged to different clinical management groups (CMGs) and had different accountabilities. Staff were unsure what some of their responsibilities were because of this for example responsibility for the quality of health records.
- Governance arrangements for outpatient services were complex. Having different CMGs delivering different elements of outpatient services also led to some inconsistencies of approach, operational management and performance.
- The management and quality of health records had been on the trust risk register since 2013. We saw continuing poor performance about the management of records and the quality of them. Managers and staff both said there had been little support from senior managers and some senior managers said there had been little investment in health records. There had also been little improvement on clinic waiting times for patients.
- We did not see evidence of meaningful patient engagement in outpatient clinics. Response rates were low for the friends and family test and message to matron cards. We did not see any evidence and staff could not tell us about changes made because of patient feedback.

However:

Outpatients

- Outpatient services were embarking on a period of change. Managers had just implemented an outpatient transformation programme which would focus on standardisation and hopefully impact on performance. The majority of staff we spoke with knew about the programme and key elements of the proposed strategy.
- The majority of staff felt supported, valued and respected especially within their own staff groups. We saw examples of positive team working and observed a staff culture focussed on providing good patient care.
- Despite continued poor performance and finding similar issues to our last inspection for example patient waiting lists and cancer targets, we saw the trust had improved its oversight, assurance and management of performance. As a result we saw improvement in overall trust performance between April 2017 and September 2017.
- We saw a culture of continuous improvement and innovation from outpatient services. One of the most notable examples was the development of software and an electronic system to improve patient referral pathways.

Outstanding practice

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

Areas for improvement

We found 11 areas for improvement in this service. See the areas for improvement section above

Diagnostic imaging

Requires improvement 

Key facts and figures

The trust has diagnostic imaging services across three hospital sites as well as some services within the community hospitals. Across all sites the trust performed around 40,000 examinations a month across all modalities. (Source: Diagnostic Imaging Dataset).

Within Leicester General Hospital there are a range of diagnostic imaging modalities including magnetic resonance imaging (MRI), computed tomography (CT) Ultrasound, and Plain Film (X-ray).

The diagnostic imaging department supports outpatient clinics as well as inpatients and GP referrals and provides imaging for the diagnosis of a number of conditions.

In a previous comprehensive inspection, carried out in 2016 outpatients and diagnostic imaging were inspected under one core service. The inspection report stated areas where these departments must be improved included:

- The trust must ensure that all equipment, especially safety related equipment is regularly checked and maintained.
- The trust must ensure building maintenance work is carried out in a timely manner to prevent roof leaks
- The trust must ensure patient notes are securely stored in clinics.
- The trust must ensure action is taken to comply with single sex accommodation guidance in diagnostic imaging changing areas and provide sufficient gowns to ensure patient dignity.

Before the visit we reviewed information that we held about the service and following our visit information we requested from the trust.

During the inspection visit, the team:

- Visited MRI, ultrasound, x-ray and CT.
- spoke with seven patients and two relatives
- Spoke with 23 members of staff.
- Observed the examination of patients
- Reviewed medical records.

Summary of this service

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

We rated it as requires improvement because:

- We were not assured that radiation equipment within the department was consistently performance checked.
- The medical physics department was unable to provide sufficient scientific support to the imaging departments in a number of areas such as monitoring of the specialist radiology equipment, monitoring staff radiation doses, and providing guidance on the various specialists' regulations surrounding the use of imaging equipment.

Diagnostic imaging

- Staff had completed mandatory safeguarding training; however we found some staff had limited awareness of how to apply this in practice. This posed a risk to patients.
- Patient doses were not kept 'as low as reasonably practicable', as required under the ionising radiation (medical exposures) regulations 2000.
- Diagnostic reference levels had not been established in some areas. Staff were unable to locate them.
- Effective governance systems were not in place. We found a number of concerns during our inspection which had not been addressed such as patients receiving doses slightly higher than intended, inconsistent recording of dose values a lack of understanding of the reference levels by clinical staff. In addition there was insufficient QA of equipment and some of the local rules were out of date.
- We were not assured that all risks had been identified. For example risks we identified during our inspection were not cited by the leaders and there had been a lack of oversight of QA process for x-ray equipment.
- There was little evidence of cross site working particularly in the x-ray departments. Practice varied greatly between Leicester Royal Infirmary and Leicester General Hospital in these areas.

However;

- There was a good reporting culture within the imaging departments. Radiation incidents were well managed and thoroughly investigated.
- We saw excellent working relationships between the staffing groups within the imaging and medical physics departments.
- All patients we spoke to spoke positively about the care they had received in the department and told us they had received reassurance and support whilst using the service
- Image report turnaround times were good despite the numerous IT issues the trust had experienced. The imaging department had reduced its reporting backlog from over 12,000 waiting over eight weeks for a report to less than 2,000 in five months.

Is the service safe?

Requires improvement ●

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

We rated it as requires improvement because:

- We were not assured that radiation equipment within the department was consistently performance checked.
- Patient doses were not kept 'as low as reasonably practicable', as required under the ionising radiation (medical exposures) regulations 2000
- The medical physics department was unable to provide sufficient scientific support to the imaging departments in a number of areas such as monitoring of the specialist radiology equipment, monitoring staff radiation doses, and providing guidance on the various specialists' regulations surrounding the use of imaging equipment.
- Checks of the resuscitation trolleys were inconsistent this meant there was no assurance that equipment was ready for use in an emergencies.

Diagnostic imaging

- Staff had completed mandatory safeguarding training; however we found some staff had limited awareness of how to apply this in practice. This posed a risk to patients.

However:

- There was a good reporting culture within the imaging departments. Radiation incidents were well managed and thoroughly investigated.
- Medicines were managed appropriately within the service.
- There was a rolling programme to replace x-ray equipment.

Is the service effective?

We do not currently rate effective in diagnostic imaging

- There was a programme of clinical and operational audits and monthly discrepancy meetings which had led to some improvements and learning.
- The trust participated in national and local benchmarking initiatives and had close working relationships with neighbouring acute trusts.
- We saw excellent working relationships between the staffing groups within the imaging and medical physics departments.
- Assistant practitioners were utilised in the x-ray department and well integrated into the department.

However:

- There was a lack of robust dose audit cycles in order for Diagnostic reference levels to be established in all areas. Staff were unable to locate them
- Diagnostic reference levels had not been established in some areas. Staff were unable to locate them.
- There was a lack of awareness and understanding of dose levels and staff were not always using exposure charts. This issue had been identified as a risk by the trust, but we could not see that there was sufficient action being taken to rectify and mitigate this.

Is the service caring?

Good 

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

We rated it as good because:

- All patients we spoke to spoke positively about the care they had received in the department and told us they had received reassurance and support whilst using the service.
- Staff showed an encouraging, sensitive and supportive attitude to people who used the services and we saw they responded in a compassionate and appropriate way when people experienced distress.

However;

Diagnostic imaging

- Patient's privacy and dignity was not always maintained as there was limited confidentiality around the reception desk.

Is the service responsive?

Good ●

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

We rated it as good because:

- Services were delivered in a way and a time that was convenient and not disruptive to patients' lives. We saw protected slot for cancer wait referrals. We saw how extra clinics were organised to meet capacity and demand.
- Image report turnaround times were good despite the numerous IT issues the trust had experienced. The imaging department had reduced its reporting backlog from over 12,000 waiting over eight weeks for a report to less than 2,000 in five months.
- The trust had taken significant positive steps to increase reporting following their exit from the radiology consortium

Is the service well-led?

Requires improvement ●

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

We rated it as requires improvement because:

- Effective governance systems were not in place. We found a number of concerns during our inspection which had not been addressed such as patients receiving doses slightly higher than intended, inconsistent recording of dose values a lack of understanding of the reference levels by clinical staff. In addition there was insufficient QA of equipment and some of the local rules were out of date.
- We were not assured that all risks had been identified. For example risks we identified during our inspection were not sighted by the leaders and there had been a lack of oversight of QA process for x-ray equipment.
- There was little evidence of cross site working particularly in the x-ray departments. Practice varied greatly between Leicester Royal Infirmary and Leicester General Hospital in these areas.
- Radiation protection was not embedded in the department's operations. We found lack of staff in the medical physics department and lack of dedicated time from the imaging department to ensure the ionising radiation regulations were adhered to.

However:

- All staff spoke highly of the clinical lead and their passion for the service was felt by all.
- The local managers were described as approachable by staff members.
- Staff described an open culture where they could raise concerns without fear of reprisal and seek advice from colleagues.

Diagnostic imaging

- Staff shortages within the imaging department were well managed and role development of non-medical staff meant they felt respected and valued due to this.

Outstanding practice

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

Areas for improvement

We found 13 areas for improvement in this service. See the areas for improvement section above.

Leicester Royal Infirmary

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Leicester
Leicestershire
LE1 5WW
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Key facts and figures

Leicester Royal Infirmary (LRI) is one of three main hospitals forming University of Leicester NHS Trust. The trust provides acute hospital services to the local population of Leicester, Leicestershire and Rutland.

LRI is the trust's largest hospital. It is close to Leicester City Centre. It has 982 beds and offers a range of inpatient and outpatient services including Leicestershire's only accident and emergency department and is the base for the children's hospital. LRI provides urgent and emergency care, medical care, surgery, critical care, maternity, end of life care, outpatients and diagnostic imaging services for children, young people and adults.

We inspected urgent and emergency care, medical care, maternity, outpatients and diagnostic imaging services at this visit.

Summary of services at Leicester Royal Infirmary

Requires improvement ● → ←

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

A summary of this hospital appears in the overall summary above.

Urgent and emergency services

Requires improvement   

Key facts and figures

University Hospitals of Leicester NHS Trust provides urgent and emergency care services at Leicester Royal Infirmary. It is one of the busiest emergency departments in the country and serves the population of Leicester, Leicestershire and Rutland totalling approximately 1 million people from diverse cultures. In 2016/17, the trust had 237,280 attendances at its Urgent and Emergency Care services. It is not a trauma centre but works closely with the local major trauma centre.

The department provides an integrated front door approach for all patients whether as an acute emergency through ambulance, self-referrals or by NHS 111. Separate facilities are provided for adults and children and are located next to the Balmoral Building.

The adult area comprises of a 12 bedded emergency room (ER), a 32 individual majors bay, four of which have been designed for those with mental health needs or living with a dementia. In addition there is an 11 bedded ambulance assessment area with separate entrance and eight triage rooms. There is room for 13 ambulances to attend the department at any one time.

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

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

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

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

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

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

A specialist emergency eye department is provided at the hospital. It operates from 8:30am – 4:30pm Monday to Friday and 8:30am -12:30pm Saturday, Sunday and Bank Holidays. At all other times patients requiring emergency eye treatment are required to attend either adult or paediatric ED. Ophthalmic support can be accessed if required and the majors are is equipped with a special ophthalmic room.

At the last inspection we rated safe, effective, caring and well-led as requires improvement and responsive as inadequate so we re-inspected all five key questions.

Urgent and emergency services

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

Before the visit we reviewed information that we held about the service and following our visit information we requested from the trust.

During the inspection visit, the team:

- Visited adult and paediatric (children's) emergency departments, children's short stay unit (CSSU), emergency decision unit (EDU), GP admissions unit (GPAU) and the emergency eye department.
- Spoke with 19 patients and 11 relatives.
- Observed staff giving care to both adults and children
- Reviewed 16 patient care records in both paper and electronic format.
- Spoke with 43 members of staff from a variety of grades. This included consultants, middle grade and junior grade doctors, senior managers, matrons, nurses, health care assistants and administrative staff.

Summary of this service

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

- The department had not achieved the trust target of 95% for staff mandatory training. Not all staff had received the appropriate levels of safeguarding training for both adults and children and appraisal rates for staff had not achieved the 95% trust target.
- Patients with mental health issues were not always fully assessed in the emergency department and a service level agreement with the local mental health trust was not in place for Mental Health Act Administration functions.
- Patient group directives for medicines were not always up to date and a list of staff who used them was unavailable.
- The emergency department had not achieved the Department of Health's 95% performance target from October 2016 to September 2017 and there were sometimes delays for emergency medical staff being able to refer patients to specialty services in a timely manner.

However:

- There were effective streaming and triage processes in place. Adults and children were assessed at point of entry to the emergency department by a visual acuity nurse and sent to the most appropriate area for their need. The trust's median time to initial assessment had shown a trend in improvement from April 2017 (median nine minutes) through to August 2017 (four minutes) where the trust performed better than the England average of seven minutes. During our inspection patients were mostly seen and assessed within 15 minutes.
- Identification and treatment for patients with sepsis had improved since our last inspection. A clearly identified sepsis nurse was on duty 24 hours a day to ensure treatment for patients was not delayed.
- Care and treatment was provided in line with national guidance and pain levels were assessed with medication provided appropriately.
- Cleanliness of all areas had improved and staff observed infection control measures. Sepsis identification and treatment in the emergency department had improved. A sepsis nurse was available 24 hours a day to ensure treatment for patients was not delayed.

Urgent and emergency services

- There was a strong culture of patient focussed care with staff providing compassionate care and emotional support ensuring patients privacy and dignity was protected. Where possible staff involved patients and relatives in decisions about their care and treatment.
- Patient transfer delays between ambulances and the emergency department had improved.
- Leaders were visible and supportive and had the knowledge, skills and experience to provide a well-led service.

Is the service safe?

Requires improvement ● → ←

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

- Mandatory training rates for all levels of staff across the fourteen elements had not always attained the trust's own performance of 95%. Data provided by the trust on 3 November 2017 indicated that only allied healthcare professionals had achieved 100% in eight of the elements. Other staff grades had achieved between 50% and 98% for all the elements.
- Not all staff had completed appropriate levels of safeguarding training for their role. Completion of safeguarding awareness training at Level 1 varied between 70% and 83% for all grades of staff. In addition, clinical staff who worked with children had not all completed level 3 safeguarding children training in accordance with national guidance. Appraisal rates for staff had not achieved the trust target of 95%.
- Staff did not always complete a full mental health assessment for all patients presenting with a mental health problems.
- There was a risk that staff could be working to out of date patient group directives (PGDs). PGDs are a legal mechanism that allow certain health care professionals, for example nurses, to supply and/or administer medicines to certain patients without a prescription. These may include medicines such as simple pain killers. PGD's were not always up to date and a list of staff using them not always available.

However;

- Cleanliness of the areas within the emergency department had improved. Infection control processes were in place with staff observing the 'bare below the elbows' policy and good hand washing techniques. All areas appeared visibly clean and were stocked with equipment appropriate to their use.
- There were effective streaming and triage processes in place. Adults and children were assessed at point of entry to the emergency department by a visual acuity nurse and sent to the most appropriate area for their need. The trust's median time to initial assessment had shown a trend in improvement from April 2017 (median nine minutes) through to August 2017 (four minutes) where the trust performed better than the England average of seven minutes. During our inspection patients were mostly seen and assessed within 15 minutes.
- Specific rooms had been provided in the emergency department for people at risk of self-harm.
- Identification and treatment for patients with sepsis had improved since our last inspection. A clearly identified sepsis nurse was on duty 24 hours a day to ensure treatment for patients was not delayed.
- Patients were placed on the most appropriate relevant care pathway and which followed best practice guidance. Elderly frail patients were referred on a specific pathway which enabled them to have a comprehensive assessment of their needs.

Urgent and emergency services

- Staff used an electronic system to report incidents and understood what an incident was. Actions required as a result of an incident were clearly identified. These were shared with commissioners of the service.

Is the service effective?

Good  

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

- The units within the emergency department provided care and treatment based on national guidance. This included National Institute for Health and Care Excellence (NICE) and the Royal College of Emergency Medicine (RCEM). Auditing of specific pathways had resulted in changes for better patient care.
- Food and drinks were provided in all the units within the emergency department including those with special dietary needs. Water fountains and hot and cold drink machines were also available.
- Pain levels were assessed using different methods dependent upon age and cognitive ability. Staff reacted promptly giving pain relief where necessary. Pain levels were checked hourly during a patient's stay.
- The trust performed better or comparable with the England average for three of the Royal College of Emergency Medicine audits in 2016/2017. These were moderate and acute severe asthma, consultant sign off and severe sepsis and septic shock. Audit results were shared with action plans created to drive improvement.
- There was a comprehensive plan for national and local audits. Results of local and national audits were shared.
- Staff received a comprehensive induction. Medical and nursing staff on-going role specific training (above and beyond mandatory training) was structured and well organised.
- The department had quick access to some specialist services within the trust for example stroke, heart attack and gastrointestinal bleeds.
- Staff understood the Mental Capacity Act and how vulnerable people could be protected who were not able to make their own decisions by following the Royal College of Emergency Medicine guidance.

However:

- Appraisal rates for staff in urgent and emergency care services across staff grades had not attained the trust's target of 95%.
- While some specialties worked well with the emergency department, delays occurred when referring patients to others.

Is the service caring?

Good  

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

- Privacy and dignity for patients had greatly improved. Patients were cared for in single cubicles or rooms at all times and were not nursed in corridors. Staff at reception waited to obtain more private or sensitive information about patients until they were taken into a single room.

Urgent and emergency services

- Since November 2016 the trust's performance in the friends and family had been consistently better than England average. There was an overall trend in improvement for the trust for example 83.7% in November 2016 through to 95.4% in July 2017.
- Staff cared for patients with compassion across all of urgent and emergency services treating them with respect. Feedback from patients confirmed this.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care.

Is the service responsive?

Requires improvement ● ↑

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

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the A&E. The trust failed to meet this standard across the whole of the 12 month period from October 2016 to September 2017. The trust performed worst in December 2016 and May 2017, where 76% of patients were admitted, transferred or discharged within four hours. This was lower than the 95% and the England average which sits between 84% and 92%.
- Referrals to specialty teams within the trust were sometimes delayed. We observed emergency medicine doctors attempting to refer a patient to the surgical team but were unable to do so as senior members of the surgical team were not available.
- Patient pathways were not fully implemented for smooth patient flow through the emergency department. Cardiac and respiratory patients were routinely transferred to Glenfield Hospital for speciality beds even when non speciality beds were available at Leicester Royal Infirmary. On occasions this led to significant delays if no beds were available at Glenfield. For example one patient had to wait for eight hours and 45 minutes before being transferred.
- Family members were sometimes used for interpreting services for relatives even though an interpreting service was available. This is not considered good practice.
- Complaint leaflets were not easily accessible for patients and relatives to use. Staff in some areas of urgency and emergency care had to print a copy of the leaflet when required.

However:

- During our last inspection there had been long delays in the transfer of patients from ambulances to the emergency department. During this inspection this had improved.
- From September 2016 to August 2017, the monthly median percentage of patients leaving the trust's urgent and emergency care services before being seen was better than the England average.
- The service had been redesigned and expanded to improve capacity, facilities and services for local people. Contingency plans were seen to be responsive in dealing with local pressures.
- Patients with specific individual needs were identified and suitable adjustments made. Patients over 65 years of age and younger patients of comparable age were assessed for frailty and referred to the emergency frailty unit where necessary.

Urgent and emergency services

- Specialist learning disability nurses were accessible for patients the service and sensory equipment was available to alleviate stress and anxiety for patients with specific needs such as autism, learning disabilities and dementia.
- The children's ED had developed service planning to meet the needs of children. Play team had access to specialist books and videos produced specifically for children in hospital to tell them a story about what they were going to experience to alleviate their fears. For example there was a story about a child having a computerised tomography scan (CT scan). In the children's short stay unit (CSSU) a mobile sensory unit was available for children who required it; we saw this in use during the inspection.
- Regular meetings were held each day by senior staff to discuss flow of patients through the emergency department. The meetings focussed particularly on patients needing to be admitted but not able to leave the department because of the lack of beds.
- The service treated concerns and complaints seriously. Senior staff investigated them, learned lessons and aimed to improve the service as a result.

Is the service well-led?

Good  

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

- The service had met all of the requirements made in the last inspection report. We saw a number of improvements since our last inspection for example the improvement of ambulance handover delays. The new environment afforded patients privacy and dignity. There had also been improvements in audit results (national and local).
- Leadership in urgent and emergency care demonstrated staff had the experience, knowledge and skills to provide high quality care. Leaders were realistic about and understood the challenges the emergency department faced in order to achieve improved performance rates.
- Senior clinical staff were approachable and visible in the service.
- There was a clear strategy for the emergency department which included implementing integrated emergency care systems by way of an "emergency floor". Leaders were well focused on and driving this strategy.
- There had been a clear improvement in the culture of the department. All staff felt supported and there was a strong culture of patient focussed care.
- There was a system in place for identifying risks with controls in place to reduce each risk. They were reviewed regularly and updated appropriately.
- There had been clear improvements in the management of sepsis.
- National and local audit results had improved and these were used to drive improvement.
- Information was managed appropriately and patient's paper records were stored safely. If not required they were scanned and disposed of securely.
- Staff felt engaged and empowered to suggest new ways of working within the service and was committed to improving it from continuous learning.
- The trust engaged well with patients, staff and the public to plan and manage emergency department services.

However:

Urgent and emergency services

- Audits on mental health notes had not been undertaken in the emergency department, therefore managers were unaware of the work that needed to be undertaken to improve their quality and promote safe care for patients.
- The trust was not complying with its own policy to provide an in-patient bed within 30 minutes for those patients requiring one in the emergency department

Outstanding practice

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

Areas for improvement

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

Medical care (including older people's care)

Requires improvement   

Key facts and figures

University Hospitals of Leicester NHS Trust provides medical care (including older people's services) across three hospital sites; Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital.

The trust had 123,333 medical admissions from July 2016 to June 2017. Emergency admissions accounted for 50,953 admissions (40.6%), 3,535 (2.8%) were elective and the remaining 70,845 (56.5%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 29,263
- General medicine: 17,224
- Cardiology: 16,217

Medical care (including older people's services) at the Leicester Royal Infirmary is provided by two clinical management groups (CMG); CHUGGS (Cancer, Haematology, Urology, Gastroenterology and Surgery) and Acute Medicine / ED Specialist Medicine.

At Leicester Royal Infirmary, there are 537 beds across 24 wards providing care and treatment for ten specialities:

- Care of the Elderly
- Clinical Oncology
- Diabetology
- Gastroenterology
- General Medicine Assessment Unit and Acute Care Bay Beds
- Haematology
- Infectious Diseases
- Neurology
- Rheumatology
- Dermatology

The Care Quality Commission carried out an unannounced and focused inspection on Wards R42 and R43 on 18 July 2017 and a comprehensive announced inspection from 20 to 23 June 2016.

At the last inspection(s), we rated four key questions (safe, effective, responsive and well-led) for the service as requires improvement so we re-inspected all five key questions.

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

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

Medical care (including older people's care)

During this inspection we visited Wards R15 and R16 (the General Medicine Assessment Unit including the Acute Care Bay Beds), Ward R21, Ward R23, Ward R24, Wards R25 and R26 (the Stroke Unit), Ward R31, Ward R33 (the Acute Frailty Unit), Ward R37, Ward R38, Ward R40, Ward R41, Ward R42, Ward R43 and the Discharge Lounge.

As part of our inspection we used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of people who could not speak with us. We also:

- Spoke with 38 patients who were using the service and 11 relatives
- Spoke with 62 staff members; including service leads, ward managers, matrons, doctors and nurses
- Reviewed 26 medical care records relating to physical health
- Reviewed 12 nursing care records relating to patient risk assessments and care plans, 10 patient records relating to observations and 23 medicine administration records.

Summary of this service

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

- The service did not always give or store medicines well. Patients did not always receive the right medication at the right dose at the right time; staff were not always following prescription instructions for the administration of insulin and medicines, requiring refrigerated storage, were not always stored within the recommended temperature range.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people protected from avoidable harm and abuse and to provide the right care and treatment. Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Patient records were not always updated appropriately. Staff did not always manage information well to support all its activities, we saw, on a number of occasions, where patient identifiable data was not secure.
- Equipment was not always clean or well maintained and non-consumables checked appropriately to avoid storage of 'out of date' items.
- Information technology (IT) systems in use were not always reliable leading to delays in accessing test results and ward managers not having oversight of mandatory training requirements within their areas.

However:

- Patients were treated with kindness, dignity, respect and compassion, and were given emotional support when needed.
- Patients received personalised care that was responsive to their needs with staff taking account of the particular needs and choices of different patients. Services were planned and provided in a way that met the needs of local people and people could access the service when they needed it.

Is the service safe?

Requires improvement   

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

Medical care (including older people's care)

- The service did not always give or store medicines well. Patients did not always receive the right medication at the right dose at the right time; staff were not always following prescription instructions for the administration of insulin. On Ward(s) R42 and R43 medicines, requiring refrigerated storage, were not always stored within the recommended temperature range.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not always control infection risk well. Staff did not always keep equipment clean and staff did not always complete the infection prevention screening assessment in line with trust policy.
- Equipment, including single-use consumables, was not always appropriately maintained or in date.
- Staff did not always keep appropriate records of patients' care and treatment, records were not always up-to-date. Records were however, clear and available to all staff providing care.

However:

- There had been a significant improvement in the screening for sepsis. For the reporting period August 2016 to August 2017, compliance with sepsis screening on the 'specialist medicine' wards had significantly improved from 20% (August 2016) to 86% (August 2017). For the same reporting period significant improvements were also noted in 'emergency medicine' with results showing 45% (August 2016) to 90% (August 2017).
- There had been improvements assessing and monitoring the deteriorating patient. An electronic track and trigger system (E-obs) enabled nursing staff to ensure that EWS scores were correctly calculated, frequency of observations correctly set and the correct escalation response requested. Through a 'mobile clinical workflow platform' clinicians, including the nurse in charge, had 'real time' knowledge of the deteriorating patient.
- The service provided mandatory training in key skills to all staff and overall compliance levels were only just below the trust target of 95%.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- We saw the service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. We saw a number of action plans that had support improvements in patient outcomes. Stroke services consistently achieved the standard that 80% of patients should spend 90% of their time on a stroke unit. In 2017, stroke services progressed from level D to level B in the Sentinel Stroke National Audit Programme (SSNAP).

Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and monitor the effectiveness of the service. Overall appraisal compliance levels were only just below the trust target of 95%.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Deprivation of liberty safeguards (DoLS) were not always accurately completed or, legal authorisation obtained within the required timeframe.
- Staff did not routinely refer to the psychological and emotional needs of patients, or their relatives / carers when communicating within the multidisciplinary team

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment
- Staff provided emotional support to patients to minimise their distress. Meaningful activity coordinators offered support for ward staff to help the well-being of patients living with dementia, or were distressed and agitated, and their care givers, during their stay in hospital.

Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people. The hospital provided patient focused services where patients could attend and be treated without the need for an overnight stay in hospital.
- People could access the service when they needed it. Referral to treatment performance for medicine was only slightly higher than the overall England average and by speciality, the trust performed better than or similar to the England average for four out of the seven specialties (for admitted patients).
- The service took account of patients' individual needs. Specialist nurses were available to support for example, patients who had a learning disability and care pathways were used to ensure care was tailored to the needs of individual patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The trust took on average 22.5 working days to investigate and close complaints in line with their complaints policy this was better than their target of 25 working days.

Medical care (including older people's care)

Is the service well-led?

Requires improvement ● → ←

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

- The systems for identifying risks were not always operated effectively or in a timely manner. Despite action plans to address concerns at our previous inspection we saw staff were not always administering insulin as prescribed. Actions taken to address this had not been sufficient to ensure improvements were made and further audits had not been carried out.
- Local leaders were sighted on staffing issues, however we saw patient care was directly impacted on due to low staffing levels. Actions taken to address this had not been sufficient to address staffing levels.
- Arrangements for confidentiality of patient identifiable data were not always robust.
- Information technology (IT) systems in use were not always reliable. Staff raised concerns regarding the new electronic learning overview system and the results system.

However:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff. Staff were able to articulate the trust vision and values and we observed staff 'living' the values during their day to day work.
- Managers across the trust promoted a positive culture that supported and valued staff. Ward sisters, matrons and heads of nursing were highly visible and provided a good level of support.
- The service planned for emergencies and staff understood their roles if one should happen

Outstanding practice

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

Areas for improvement

We found 22 areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Good 

Key facts and figures

Maternity services provided by University Hospitals of Leicester NHS Trust (UHL) are located on three hospital sites, the Leicester Royal Infirmary (LRI) Leicester General Hospital (LGH) and St Mary's Birthing Centre (SMBC) in Melton Mowbray. However, services on all hospital sites are run by one women's and children's clinical management team. The trust regards the hospitals as one service and reports upon as one, with some of the staff working across multiple sites. For this reason, there is some duplication of information within the three reports.

The services available to women include home birth, a midwifery led unit (MLU), a consultant-led delivery suite, a wide range of antenatal clinics including ultrasound scanning and fetal medicine, a midwifery assessment unit and triage (MAU), two mixed antenatal and postnatal inpatient wards (wards five and six). Specialist midwives are available to support the women and midwives.

Leicester Royal Infirmary provides consultant-led and midwife-led care for high and low risk women. The delivery suite has ten delivery rooms, two bereavement suites, two theatres and a four-bedded induction bay. The delivery suite also has a two-bedded enhanced care bay for women who need higher levels of care and observation than those provided on the general maternity ward. The midwife led birth centre is located within the delivery suite and has six rooms, two of which have pools for labouring or delivery.

The trust employs community midwives, who provide care for women and their babies both during the antenatal and postnatal period and provide a home birth service with the dedicated home birth team. From August 2016 to October 2017, the service reported 96 (1.6%) babies were born at home. The community midwives are aligned to the local GP practices and children's centres.

The Trust has 149 maternity beds across three sites.

LGH - Labour Ward/Delivery Suite (19 beds)

LGH - Ward G30 33 (beds)

LRI - Delivery Suite - Ward RLWM (24 beds)

LRI - Ward 1 (13 beds)

LRI - Ward 5 (26 beds)

LRI - Ward Ward 6 (26 beds)

St Marys Birthing Centre (8 beds)

The Care Quality Commission carried out an unannounced inspection of Leicester Royal Infirmary from 28 November to 30 November 2017. During the inspection we visited clinical areas in the service including the delivery suite, theatres and recovery, birth centre, wards five and six, maternity assessment unit, antenatal clinic, and the fetal health unit.

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

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

During the inspection visit, the inspection team:

Maternity

- spoke with 11 women and 2 relatives,
- Sixty members of staff, including, midwives, nurses, matrons, consultants, junior doctors, senior managers and support staff.
- Observed care and treatment,
- Reviewed 21 patient care records
- Reviewed 28 medicine prescription charts.

At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five key questions.

Summary of this service

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

We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.
- The service controlled infection risk well. Predominantly, staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, which was up to date.
- Staff of different kinds worked together as a team to benefit women. Doctors, midwives nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Women could access the service when they needed it. Access to and availability of the service was in line with guidance.
- The service took account of women's individual needs. A wide variety of specialist midwives enabled care to be tailored too individual needs.
- The homebirth and midwife led birth centre ensured women had choice in the birth they required.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Communication throughout the unit was described by staff as good.

However:

Maternity

- The service did not always use safety monitoring results. Senior staff collected safety information, but sharing with staff, women and visitors was limited. The information collected was not rated for comparison to national data. However, the service used elements of the information to improve the service.
- The service had suitable premises; however, not all equipment was serviced or looked after well. Equipment did not have tracking numbers on or evidence of recent servicing.
- The service did not always store medicines well. Medicines were stored in areas accessible to members of the public, and fridge temperatures were not always checked. However, they prescribed, gave, and recorded medicines well. Women received the right medication at the right dose at the right time.
- The service did not always have enough staff. Medical and midwifery staffing figures were below the nationally recommended levels.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

- The service did not always use safety monitoring results. Senior staff collected safety information, but sharing with staff, women and visitors was limited. The information collected was not rated for comparison to national data. However, the service used elements of the information to improve the service.
- The service had suitable premises; however, not all equipment was serviced or looked after well. Many pieces of equipment did not have tracking numbers on or evidence of recent servicing.
- The service did not always store medicines well; Medicines were stored in areas accessible to members of the public. This meant they could be tampered with without staff knowledge. However, they prescribed, gave, and recorded medicines well. Women received the right medication at the right dose at the right time.
- Fridge temperatures were not monitored consistently.
- The service did not always have enough staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Medical staff, nursing and midwifery staffing figures were below the nationally recommended levels.
- The service provided mandatory training in key skills to all staff and but did not always make sure everyone completed it. Not all medical staff had completed basic life support training. Data identified 74% of staff had completed the training, below the trust target of 95%.
- Safeguarding level three training figures did not meet trust target of 95%. Trust wide, 77% of medical staff and 86% of midwives had completed the training.
- The annotation and completion of records on cardiotocograph (CTG) monitoring's was not in accordance with trust guidance.

However:

Maternity

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.
- The service controlled infection risk well. Predominantly, staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept appropriate records of women's care and treatment. Handheld and inpatient records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Some staff had training on how to recognise and report abuse and they knew how to apply it. Support was given to all staff by the safeguarding midwives.
- The service planned for emergencies and staff understood their roles when one happened. Staff team work during emergencies was efficient and well-rehearsed

Is the service effective?

Good 

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

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, which was up to date.
- Staff gave patients enough food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required. Enhanced recovery programme supported early hydration and improved recovery. The service made adjustments for patients' religious, cultural and other preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The appraisal figures for staff across all maternity hospitals were 92%, just below the trust target of 95%.
- A three day multi-disciplinary skills and drills training was scenario based and could be adapted to recent incidents. Between January and November 2017, 85% of midwives trust wide had attended their essential training. A rolling programme of dates was planned for the remainder of the year.
- Staff with different roles worked together as a team to benefit women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Teamwork was continuous and evident throughout the unit.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Detailed hand held and hospital records were up to date and accessible. Staff ensured women had their records at every appointment or hospital admission.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Specialist midwives for vulnerable women worked closely with staff and other agencies to provide care for women in need.

Maternity

However:

- The service could not guarantee that all staff caring for women receiving enhanced care in delivery suite held a certificate to do so.

Is the service caring?

Good ●

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

We rated it as good because:

- Staff cared for women with compassion. Feedback from women and families confirmed that staff treated them well and with kindness. Cards and letters throughout the unit highlighted women's appreciation of the service.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff listened to women's concerns and spent time discussing care and options. They took time to interact in a respectful and considerate way. Staff discussed social and emotional demands on families throughout the pregnancy and postnatal period.
- Staff provided emotional support to patients to minimise their distress. Bereavement services and staff knowledge on supporting bereaved families ensured people received the care physical and emotional care required.
- Staff were proud of how they dealt with difficult circumstances, and responded in a compassionate way when people experienced physical pain or emotional distress

Is the service responsive?

Good ●

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

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. There were a range of clinics and high and low risk services at the unit.
- People could access the service when they needed it. Access to services was by several routes to support accessibility for all. Posters and signs encouraged women to request the services of an interpreter when required.
- The service took account of patients' individual needs. Comprehensive handheld records assessed and identified the individual needs of women.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were investigated and closed within the target of 25 working days.

However;

- The service did not audit the waiting time for women to be seen by medical staff in the maternity assessment unit or antenatal clinic.

Maternity

Is the service well-led?

Good ●

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

We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from some staff, patients, and key groups representing the local community. The Leicester, Leicestershire and Rutland plan was based on the Better Births review.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Matrons were visible and active in clinical areas. Predominantly staff felt valued for the work they did.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and staff had an awareness of the risks throughout the unit.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The Maternity Services Liaison Committee was still active although women's representation was minimal.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Over the years staff had been heavily involved in research and development of training videos.

However:

- We were not assured the profile of maternity services was sufficiently high at board level.
- The Head of Midwifery was not as visible as staff would have liked, but matrons described the senior support they received as excellent.
- Leicestershire National Maternity Voices group had not been developed.

Outstanding practice

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

Areas for improvement

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

Outpatients

Requires improvement 

Key facts and figures

University Hospitals of Leicester NHS Trust provide outpatient services at the Leicester Royal Infirmary. There were four main outpatient clinics with other specialist services delivered elsewhere in the hospital. Some outpatient services were delivered at other locations in the county, including Leicester General Hospital and the Glenfield Hospital.

Following a comprehensive inspection in June 2016, the trust were required to take the following actions:

- ensure that all equipment, especially safety related equipment is regularly checked and maintained;
- ensure that patient notes are securely stored in clinics

The trust were also requested to:

- Reduce in-clinic wait time for patients
- Ensure that clinic capacity is matched to patient demand
- Ensure that patients requiring following up appointments are seen in a timely manner.
- Address the reasons for hospital cancellations of outpatient clinics

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

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

During the inspection visit, the inspection team:

- Visited the main outpatients department, ophthalmology, ear nose and throat, dermatology, trauma and orthopaedics, rheumatology, oncology, gynaecology and the deep vein thrombosis and transient ischaemia clinic.
- Visited the therapies department including physiotherapy and occupational therapy. We did not inspect children's outpatient services.
- Spoke with 30 patients', 10 relatives,
- Spoke with 27 members of staff including administration staff, managers, Matrons, nurses, healthcare assistants, therapy staff and doctors.
- Looked at 15 sets of medical records.

Summary of this service

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

We rated it as requires improvement because:

Outpatients

- Staff did not always manage medicines in a safe way. Medicines were locked in fridges or cupboards and staff regularly checked fridge temperatures however they were not always monitoring the high, low and actual temperatures as they were using old documentation. Staff were unsure of the management of prescription pads and each clinic had a different recording procedure.
- Patients experienced long waiting times for some clinics. This was an issue we found on our last inspection. In addition, we saw the trust consistently did not meet the cancer 31 day and 62 day targets (however, performance was improving in these areas). Data from the trust showed 25,863 patients were potentially overdue requiring a follow up appointment, 7,108 had been waiting over seven months.
- Governance arrangements for outpatient services were complex. This meant multiple clinical management groups (CMG) and structures were involved delivering outpatient services. This led to inconsistencies in practice, performance and some concerns around a 'them and us' culture between staff in different CMGs. This contributed to some issues we identified in our last inspection not being addressed for example, clinic waiting times. We heard examples of staff not being supported by senior managers.
- While staff collected the views of patients we saw little evidence managers analysed, responded and improved services because of patient feedback. You said, we did posters on walls did not provide any information on actions take in response to patient concerns. Response rates to feedback initiatives such as message to matron were low
- Outpatient services did not always manage patient records effectively. Patient records were not always available for clinics, the quality of some records was poor and we saw staff did not always write patients records in a way that met national guidelines.
- Staff had challenges with the local environment. The lack of clinic space and design of the environment meant we saw an example of staff compromising patient confidentiality to conduct certain procedures. In addition, we saw staff had to store and transport clean and dirty linen in a corridor and had a lack of office or changing space.
- Leaflets, signage and information were mainly in English. This included pre-appointment letters outpatient services sent to patients. We observed non-English speaking patients having difficulty finding where there appointment was.

However:

- We found the oncology clinic to be an example of good practice. The service provided multidisciplinary clinics centred around the patient. Patient could access different types of clinical and lifestyle advice from different clinicians and therapy staff. The team based their services on National Institute for Health and Care Excellence (NICE) guidance and standards.
- Staff assessed the nutrition and hydration requirements of patients. Staff also said they received meaningful appraisals and spoke positively about training and development opportunities. Staff were competent in their roles and understood their roles and responsibilities regarding consent and the Mental Capacity Act 2005. We saw staff try to meet the needs of patients wherever possible including those with a learning disability or those living with dementia.
- Staff demonstrated knowledge about safeguarding and understood their responsibilities when protecting patients from avoidable harm and abuse. Staff demonstrated good practice regarding hand hygiene and trust audits for the period August 2017 to November 2017 showed staff scored 100%. Staff had procedures to manage the treatment and care of deteriorating or seriously unwell patients. Staff were caring, compassionate and involved patients in their care and treatment.

Outpatients

- Outpatient services had oversight of performance and risk. Despite poor performance in some areas outpatient services could assess the risk to patients for example, staff conducted harm reviews on patients overdue for their appointments. We saw outpatient services were committed to continuous improvement including setting up an outpatient transformation programme and developing efficient patient pathways. Leaders were proud of their staff.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

- Patient records were not always available for clinics. Data from the trust showed 3.5% of records were not available for clinics.
- Staff did not always manage medicines in a safe way. Medicines were locked in fridges or cupboards and staff regularly checked fridge temperatures. However, they were not always monitoring the high low and actual temperatures as they were using old documentation. Staff were unsure of the management of prescription pads and each clinic had a different recording procedure.
- Eight out of 10 patient records did not meet national guidance. We saw records were illegible, not signed by consultants, did not have the consultant general medical council (GMC) number or contact number in them.
- The quality of some patient records was poor. We observed throughout the inspection staff had to hold some records together by elastic bands, and some were torn or loose. We specifically inspected a further ten sets of poor quality (in addition to the 10 we reviewed in detail) but we observed many more.
- The inspection team were concerned regarding the environment in the dermatology clinic. Surgical procedures were carried out in a room with no air exchange and where staff and patients changed. There was also a lack of patient confidentiality due to the treatment areas being separated only by curtains. In a number of areas we saw departments did not have disposable curtains or dates for replacements.
- Learning from a previous never event appeared not to have been embedded in the dermatology clinic. As a second similar event had taken place prior to this inspection.

However:

- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the majority of clinic areas and equipment were visibly clean. Staff cleaned equipment in between patients.
- Staff had procedures to escalate and respond to unwell or deteriorating patients.
- We saw nursing and non-nursing staffing levels were appropriate. There were no national guidelines for the staffing of outpatient clinics but senior nurses organised rotas based on the type of specialty and requirement of the consultant.
- Staff had a good understanding of incidents and felt confident to report them.

Outpatients

Is the service effective?

We currently do not rate effective in outpatients.

- Outpatient services based local medical policies on national best practice. For example, ophthalmology, rheumatology and dermatology based services on National Institute for Health and Care Excellence (NICE) guidance and standards.
- Staff assessed patient nutrition and hydration requirements. Patients had access to refreshments while waiting for clinic appointments or transport home.
- Staff could access simple pain relief if they assessed patients as being in pain whilst in clinics. During procedures and examinations, staff monitored patients for signs of pain. This included observation and asking patients questions about their pain levels.
- Outpatient services had processes in place to record patient outcomes after each clinic appointment. Managers audited patient outcome results to identify whether some patients did or did not have recorded outcomes.
- The majority of staff had received a meaningful appraisal. Staff were positive about training and development opportunities.
- We saw good examples of multi-disciplinary working. In particular the oncology service conducted full multi-disciplinary clinics. Staff also provided lots of information to enable patients to manage their own and health.
- Staff understood their roles and responsibilities regarding consent and decision making including the Mental Capacity Act 2005 (MCA). Staff received e-learning training on consent and the MCA. We observed staff obtaining consent before providing treatment and care.

Is the service caring?

Good ●

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

We rated it as good because:

- All patients we spoke with were positive about their experience at the hospital. Patients described staff as friendly, compassionate and supportive. Staff described their passion for providing good patient care.
- Staff displayed a supportive attitude to patients and put their needs first. All staff enquired whether patients wanted a drink and were comfortable. We observed staff supporting patients with mobility difficulties.
- Staff provided emotional support to patients. Staff understood the impact of care and treatment on the patient and discussed the impact with patients. Staff had procedures in the event of a patient receiving bad news and used private rooms to give patients time and support in comfortable surroundings.
- We saw staff providing emotional support to a patient. Staff listened and used physical contact to reassure the patient.
- Staff involved patients in their treatment and care. We observed staff provide patients with choices about their treatment and care. Staff communicated in a way patients understood and gave patients plenty of time to ask questions. All patients said they felt involved in their treatment and care.

Outpatients

Is the service responsive?

Requires improvement ●

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

We rated it as requires improvement because:

- Despite improving performance the trust consistently performed worse than the England average for the percentage of patients waiting less than 31 days (before receiving their first definitive treatment following a diagnosis). The trust consistently failed to meet the operational standard set at 85% for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment.
- Data from the trust showed in December 2017 the total number of patients overdue, potentially requiring a follow up appointment was 25,863. The number of people overdue seven months or more was 7,108. The trust had improved these figures from March 2017 and had risk assessed patients. However, this was still a notable number of patients potentially overdue for appointments.
- Staff experienced challenges with the physical environment. Clinics in some areas had a lack of storage space and in some clinics staff had insufficient office space or changing areas. The level of demand meant staff experienced shortages in clinic space.
- Leaflets, signage and information were mainly in English. This included pre-appointment letters outpatient services sent to patients. We observed non-English speaking patients having difficulty finding where their appointment was.
- Staff told us it was easy to book an interpreter if they knew in advance that a patient did not speak English. However, staff in four clinics told us they usually used relatives for translation purposes particularly if the clinic required the patient to stay all day. This was not considered good practice as family members are not usually trained interpreters and increased the risk of information being filtered, deliberately or because the family member cannot interpret accurately

However:

- The did not attend (DNA) rate for outpatient services was consistently better than the England average. Staff had procedures in the event of patients not turning up for appointments. Services had started using a text reminder service to help improve performance.
- Between February 2017 and August 2017 the trust saw improvements in referral to treatment times (non-admitted pathways). The trusts were performing similar to the England average. The trusts performance for referral to treatment (incomplete pathways) showed fluctuating performance around the national standard (92%) however was consistently above the England average. The trust consistently met the 93% operational standard for people being seen within two weeks of an urgent GP referral.
- Staff prioritised patients with learning disabilities and patients living with dementia. This helped to reduce anxiety for the patient. We saw staff use private rooms for patients to preserve dignity and reduce anxiety.
- Staff said managers shared learning from complaints and concerns through briefings and team meetings. Patients felt comfortable about raising concerns and knew how to complain.

Outpatients

Is the service well-led?

Requires improvement

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

We rated it as requires improvement because:

- Some staff talked about a ‘them and us’ culture. Staff found it difficult to challenge other members of staff because they belonged to different clinical management groups (CMGs) and had different accountabilities. Staff were unsure what some of their responsibilities were because of this for example responsibility for the quality of health records.
- Governance arrangements for outpatient services were complex. Having different CMGs delivering different elements of outpatient services also led to some inconsistencies of approach, operational management and performance.
- The management and quality of health records had been on the trust risk register since 2013. We saw continuing poor performance about the management of records and the quality of them. Managers and staff both said there had been little support from senior managers and some senior managers said there had been little investment in health records.
- We did not see evidence of meaningful patient engagement in outpatient clinics. Response rates were low for the friends and family test and message to matron cards. We did not see any evidence and staff could not tell us about changes made because of patient feedback.

However:

- Outpatient services were embarking on a period of change. Managers had just implemented an outpatient transformation programme which would focus on standardisation and hopefully impact on performance. The majority of staff we spoke with knew about the programme and key elements of the proposed strategy.
- The majority of staff felt supported, valued and respected especially within their own staff groups. We saw examples of positive team working and observed a staff culture focussed on providing good patient care.
- Despite continued poor performance and finding similar issues to our last inspection for example patient waiting lists and cancer targets, we saw the trust had improved its oversight, assurance and management of performance. As a result we saw improvement in overall trust performance between April 2017 and September 2017.
- We saw a culture of continuous improvement and innovation from outpatient services. One of the most notable examples was the development of software and an electronic system to improve patient referral pathways.

Outstanding practice

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

Areas for improvement

We found 10 areas for improvement in this service. See the areas for improvement section above

Diagnostic imaging

Requires improvement 

Key facts and figures

The trust has diagnostic imaging services across three hospital sites as well as some services within the community hospitals. Across all sites, around 40,000 examinations a month are carried out.

Within Leicester Royal Infirmary (LRI), there are a range of diagnostic imaging modalities including magnetic resonance imaging (MRI), computed tomography (CT), ultrasound, nuclear medicine and plain film (X-ray).

As part of the new build emergency department (ED) at LRI four new plain film rooms and two CT scanners were installed in April 2017.

The diagnostic imaging department supports outpatient clinics as well as inpatients, the emergency department and GP referrals and provides imaging for the diagnosis and treatment of a number of conditions.

Following a comprehensive inspection in 2016, the trust was required to complete the following actions in Outpatients & Diagnostic Imaging:

- The trust must ensure that all equipment, especially safety related equipment is regularly checked and maintained.

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

Before the visit we reviewed information that we held about the service and following our visit information we requested from the trust. During the inspection visit, the team:

- Visited MRI, ultrasound, ED x-ray and CT, Windsor x-ray and CT and nuclear medicine.
- Spoke with 13 patients, two relatives
- Spoke with 36 members of staff.
- Observed the examination of patients
- Reviewed medical records.

Summary of this service

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

We rated it as requires improvement because:

- Quality assurance and scientific support for staff was not given sufficient priority. Equipment was not consistently checked and there was a lack of dedicated time from the imaging department to ensure the ionising radiation regulations were adhered to.
- The governance processes in relation to policy, guidelines and dosing levels was not robust. Patient doses were not kept 'as low as reasonably practicable', as required under the ionising radiation (medical exposures) regulations 2000.
- There was a lack of awareness and understanding of dose levels and staff were not always using exposure charts.

Diagnostic imaging

- We found staff were sometime accessing paper files which were not always the most recent documentation, and lacked awareness of how to access information on the most current procedures.
- Staff were not consistently checking resuscitation trolleys as per trust policy across the majority of the imaging departments. We found some trolleys had out of date, missing or inappropriate stock stored in them.
- There were no sufficient mechanisms in place regarding the handover and handback of equipment prior to and following manufacturer visits

However:

- All patients we spoke to spoke positively about the care they had received in the department and told us they had received reassurance and support whilst using the service. Staff showed an encouraging, sensitive and supportive attitude to people who used the services and we saw they responded in a compassionate and appropriate way when people experienced distress.
- The imaging services within the new emergency department were more convenient and were a more positive patient experience.
- Imaging backlogs were being reduced despite significant IT issues.

Is the service safe?

Requires improvement ●

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

We rated it as requires improvement because:

- We were not assured that radiation equipment within the department was consistently performance checked.
- The medical physics department was unable to provide sufficient scientific support to the support to the imaging departments in a number of areas such as monitoring of the specialist radiology equipment, monitoring staff radiation doses, and providing guidance on the various specialists' regulations surrounding the use of imaging equipment.
- Patient doses were not kept 'as low as reasonably practicable', as required under the ionising radiation (medical exposures) regulations 2000.
- A control panel for the protection of staff against ionising radiation was seen to be damaged in the emergency department. This had not been escalated to the site superintendent or medical physics despite the damage being noted by clinical staff for several months.
- A patient was observed undergoing an x-ray examination, following which the radiographer noted a fractured ankle, yet the patient walked back to the emergency department.
- Checks of the resuscitation trolleys were inconsistent. We found equipment missing from some trolleys and other trolleys had multiple recorded checks missing.
- Complete medical records were not always available. Inpatients did not always have their medical notes transported with them and referrals to the service did not always include full patient details.

However:

Diagnostic imaging

- There was a good reporting culture within the imaging departments. Radiation incidents were well managed and thoroughly investigated.
- Medicines were managed appropriately within the service.

Is the service effective?

We do not currently rate effective in Diagnostic Imaging.

- There was a programme of clinical and operational audits and monthly discrepancy meetings which had led to some improvements and learning.
- The trust participated in national and local benchmarking initiatives and had close working relationships with neighbouring acute trusts.
- Radiologists conducted monthly audit meetings. The imaging department had an audit schedule. Some examples of audits completed in 2017 included the completion and appropriateness of request forms and service delivery for certain pathways within imaging. There was also a variety of clinical and operational audits which were still ongoing which again covered service delivery, and patient outcomes.
- We saw excellent working relationships between the staff groups within the imaging and medical physics departments.
- Staff told us there was good joint working and colleagues were always approachable and recognised each other's expertise.
- The imaging department had good role development for reporting radiographers. There were 11 reporting radiographers for x-ray images

However:

- Diagnostic reference levels had not been established in some areas. Staff were unable to locate them.
- There was a lack of awareness and understanding of dose levels and staff were not always using exposure charts. This issue had been identified as a risk by the trust, but we could not see that there was sufficient action being taken to rectify and mitigate this.
- Staff were not following best practise in relation to techniques and exposures, and we observed staff using techniques that were not appropriate for the age/type of equipment.

Is the service caring?

Good 

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

We rated it as good because:

- All patients we spoke to spoke positively about the care they had received in the department and told us they had received reassurance and support whilst using the service.
- Staff showed an encouraging, sensitive and supportive attitude to people who used the services and we saw they responded in a compassionate and appropriate way when people experienced distress.

Diagnostic imaging

However:

- Relatives did not always feel supported and involved in examinations
- Chaperoning in ultrasound did not follow trust policy. We did not see evidence that patients were aware they could request a chaperone for their examinations.

Is the service responsive?

Good ●

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

We rated it as good because:

- Services were delivered in a way and a time that was convenient and not disruptive to patients' lives. We saw protected slot for cancer wait referrals. We saw how extra clinics were organised to meet capacity and demand.
- Individual patient needs were mostly accommodated we saw how patients with diabetes were accommodated with an earlier or later appointment slots.
- Image report turnaround times were good despite the numerous IT issues the trust had experienced. The imaging department had reduced its reporting backlog from over 12,000 waiting over eight weeks for a report to less than 2,000 in five months.
- The trust had taken significant positive steps to increase reporting following their exit from the radiology consortium
- Complaint numbers were low.

However:

- The ultrasound waiting area was not responsive to patient's needs. There was no changing rooms available for wheelchair users and some changing rooms were very dark so did not accommodate visually impaired patients.

Is the service well-led?

Requires improvement ●

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

We rated it as requires improvement because:

- Effective governance systems were not in place. We found a number of concerns during our inspection which had not been addressed such as patients receiving doses slightly higher than intended, inconsistent recording of dose values a lack of understanding of the reference levels by clinical staff. In addition there was insufficient QA of equipment and some of the local rules were out of date.
- The governance processes in relation to management of policy and procedures documents was not robust. We found staff were sometime accessing paper files which were not always the most recent documentation, and lacked awareness of how to access information on the most current procedures.

Diagnostic imaging

- We were not assured that all risks had been identified. For example risks we identified during our inspection were not sighted by the leaders and there had been a lack of oversight of QA process for x-ray equipment.
- Some senior leaders in the imaging department were unable to give inspectors an oversight of departmental risks and felt operational meetings were not productive.
- Staff working in the imaging departments did not have good awareness of major incident planning.
- There was little evidence of cross site working particularly in the x-ray departments. Practise varied greatly between Leicester Royal Infirmary and Leicester General Hospital in these areas.
- Radiation protection was not embedded in the department's operations. We found lack of staff in the medical physics department and lack of dedicated time from the imaging department to ensure the ionising radiation regulations were adhered to.

However:

- The imaging department's strategy was in line with trust wide projects. These included a reorganisation and development of their seven-day services.
- Reporting backlogs and IT system instability had been closely monitored and risks had been mitigated as best possible. The problems had been escalated appropriately and a multi-disciplinary approach of staff was involved around the decision to withdraw from the consortium.
- Staff shortages within the imaging department were well managed and role development of non-medical staff meant they felt respected and valued due to this.

Outstanding practice

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

Areas for improvement

We found 15 areas for improvement in this service. See the areas for improvement section above.

St Mary's Birth Centre

Thorpe Road
Melton Mowbray
Leicestershire
LE13 1SJ
Tel: 03003031573
www.leicestershospitals.nhs.uk

Key facts and figures

University Hospitals of Leicester NHS Trust (UHL) provides maternity services to women in Leicester, Leicestershire and Rutland. Services are located on three hospital sites, the Leicester Royal Infirmary (LRI) Leicester General Hospital (LGH) and St Mary's Birthing Centre (SMBC) in Melton Mowbray, with support from community midwifery teams.

St Mary's is a standalone Birth Centre. The services available to women at St Mary's Birth Centre include community midwives, home birth, a midwifery led unit (MLU), and a post-natal inpatient ward. From December 2016 to November 2017, there were 122 births at St Mary's Birth Centre

The unit provides midwife-led care for low risk women. The unit has two birth rooms with pools for labouring or delivery and eight beds on the post-natal ward. The trust provided two obstetric units within the Leicester area for women who did not fit the criteria to access the birth centre.

Summary of services at St Mary's Birth Centre

Good ● → ←

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

A summary of this hospital appears in the overall summary above.

Maternity

Good   

Key facts and figures

University Hospitals of Leicester NHS Trust (UHL) provides maternity services to women in Leicester, Leicestershire and Rutland. Services are located on three hospital sites, the Leicester Royal Infirmary (LRI) Leicester General Hospital (LGH) and St Mary's Birthing Centre in Melton Mowbray, with support from community midwifery teams. However, one women's and children's clinical management team runs services across all hospital sites. The trust regards the hospitals as one service and reports upon as one, with some of the staff working across multiple sites. For this reason, there is some duplication of information within the three reports.

The services available to women at St Mary's Birth Centre include community midwives, home birth, a midwifery led unit (MLU), and a post-natal inpatient ward. A wide range of antenatal clinics including ultrasound scanning and fetal medicine are available at the two main obstetric units at LRI and LGH which also provide a midwifery assessment unit and triage (MAU), two mixed antenatal and postnatal inpatient wards (wards five and six). Specialist midwives are available to support the women and midwives.

The unit provides midwife-led care for low risk women. The unit has two birth rooms with pools for labouring or delivery and eight beds on the post-natal ward.

The trust employs community midwives, who provide care for women and their babies both during the antenatal and postnatal period and provide a home birth service with the dedicated home birth team. From August 2016 to October 2017, the service reported 96 (1.6%) babies were born at home. The community midwives are aligned to the local GP practices and children's centres.

The Care Quality Commission carried out an unannounced inspection of St Mary's Birth Centre on 4 December 2017. During the inspection we visited clinical areas in the centre including the birth rooms and the postnatal inpatient ward.

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

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

During the inspection visit the inspection team:

- Spoke with three women
- Spoke with six members of staff including midwives, managers and support staff.
- Observed care and treatment,
- Reviewed five patient care records and
- Reviewed four medicine prescription charts.

Summary of this service

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

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.

Maternity

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, which was up to date.
- Staff gave patients enough food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required. The service made adjustments for patients' religious, cultural and other preferences.
- Staff understood and respected the personal, cultural, social and religious needs of people and considered these when caring and supporting for women and families.
- Staff cared for women and babies with compassion. Feedback from women confirmed that staff treated them well and with kindness, with almost all women providing positive feedback in Friends and Family test scores.
- Services provided at St Mary's Birth Centre reflected the needs of the population served and they ensured flexibility, choice and continuity of care.
- St Mary's Birth Centre provided extended postnatal care to all women, regardless of whether their babies had been born there. This was of particular benefit to women with complex needs, for example those with physical disabilities or mental health conditions.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt valued and proud of the work they did.
- The service had effective governance systems and identified risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and managers had a good understanding of the risks within the centre.

However:

- The service had suitable premises; however, not all equipment had evidence of recent servicing.
- Staff felt they were not kept well-informed about the decision making processes for St Mary's Birth Centre and did not feel that local women had been sufficiently engaged in the process. Although the Maternity Services Liaison Committee was still active women's representation was minimal. The Leicestershire National Maternity Voices group had not been developed.
- We were not assured the profile of maternity services was sufficiently high at board level.

Is the service safe?

Good   

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

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.

Maternity

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept appropriate records of women's care and treatment. Handheld and inpatient records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Support was given to all staff by the safeguarding midwives.

However:

- The service had suitable premises; however, not all equipment had evidence of recent servicing.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance, which was up to date.
- The service benchmarked and audited themselves against other services to monitor their effectiveness as a midwifery led unit. Robust audits plans were in place.
- Staff gave patients enough food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required. The service made adjustments for patients' religious, cultural and other preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The appraisal figures for staff across all maternity hospitals were 92%, just below the trust target of 95%.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Detailed hand held and hospital records were up to date and accessible. Staff ensured women's medical records were available from 36 weeks gestation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Specialist midwives for vulnerable women worked closely with staff and other agencies to provide care for women in need.

Is the service caring?

Good   

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

- Staff understood and respected the personal, cultural, social and religious needs of people and considered these when caring and supporting for women and families.
- Staff cared for women and babies with compassion. Feedback from women confirmed that staff treated them well and with kindness, with almost all women providing positive feedback in Friends and Family test scores.

Maternity

- Staff provided emotional support and information to women and those close to them, and understood the impact that women's care and treatment will have on their wellbeing.

Is the service responsive?

Good ● → ←

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

- Services provided at St Mary's Birth Centre reflected the needs of the population served and they ensured flexibility, choice and continuity of care.
- St Mary's Birth Centre provided extended postnatal care to all women, regardless of whether their babies had been born there. This was of particular benefit to women with complex needs, for example those with physical disabilities or mental health conditions.
- A dedicated home birth team was created in September 2017, with the aim of increasing the home birth rate across the trust and was able to provide greater continuity of care within the woman's own home.
- Women were able to access breastfeeding advice and support 24 hours a day.

St Mary's Birth Centre had a very low level of complaints.

Is the service well-led?

Good ● → ←

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There was a clear vision and strategy for the service which was aligned to the trust's five year strategy and local priorities.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt valued and proud of the work they did.
- The service had effective governance systems and identified risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and managers had a good understanding of the risks within the centre.

However:

- Staff felt they were not kept well-informed about the decision making processes for St Mary's Birth Centre and did not feel that local women had been sufficiently engaged in the process. Although the Maternity Services Liaison Committee was still active women's representation was minimal. The Leicestershire National Maternity Voices group had not been developed.
- We were not assured the profile of maternity services was sufficiently high at board level.

Maternity

Outstanding practice

We found four areas of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Our inspection team

Simon Brown, Inspection Manager led this inspection. Carolyn Jenkinson, Head of Hospital Inspection and two executive reviewers supported our inspection of well-led for the trust overall.

The combined team (core service and well led) included 16 [further] inspectors, one Inspection Manager, two executive reviewers, 19 specialist advisers, and two experts by experience.

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