

Barking, Havering and Redbridge University Hospitals NHS Trust

Inspection report

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


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

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

Ratings

Overall trust quality rating

Requires improvement 

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

Summary of findings

Combined quality and resource rating

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.

Background to the trust

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is a large provider of acute services, serving a population of over 750,000 in outer North East London. The trust operates from two sites; Queen's Hospital and King George Hospital.

There are approximately 900 beds across both sites. Queens Hospital is the trust's main acute hospital and opened as a private finance initiative (PFI) in 2006. It is the main hospital for people living in Havering, Dagenham and Brentwood. The hospital includes a hyper acute stroke unit (HASU), a large birthing centre, a renal dialysis unit and specialist neuroscience centre. The Emergency Department (ED) treats over 150,000 walk-in and ambulance emergencies each year.

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

Overall summary

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



What this trust does

The trust delivers acute health services across both sites. The trust is registered for the following registered activities:

Treatment of disease, disorder or injury

Surgical procedures

Diagnostic and screening procedures

Maternity and midwifery

Termination of pregnancy

Family planning

Assessment or medical treatment for persons detained under the 1983 Mental Health Act

Management of supply of blood and blood derived products

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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.

Between 3 September and 14 November, we inspected urgent and emergency services, critical care and end of life care services across both main sites. We also inspected outpatients and services for children and young people at King George Hospital.

We inspected urgent and emergency services to see if improvements had been made since we last inspected in January 2018 where the service was rated Requires Improvement.

The trust's critical care services had last been inspected in 2015 where it was rated Requires Improvement. We therefore inspected critical care services across both sites to see what improvements the trust had made.

Services for children and young people and outpatients at King George Hospital had not been inspected since 2015 and were rated Requires Improvement. Therefore, we inspected these services to see what improvements had been made.

End of life care services had also not been inspected since 2015. At that time, the service had been rated Good across both sites.

We carried out a well led assessment of the trust 8 to 9 October.

What we found

Overall trust

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

- We inspected three core services at Queens Hospital. The change in rating of these services did not affect the overall rating of the hospital which remained Requires Improvement. Caring remained Good and we rated safe and responsive as Requires Improvement. However, well led Improved to Good. We also rated the end of life care services at the hospital as Outstanding.
- We inspected five core services at King George Hospital. The change in rating of these services did not affect the overall rating of the hospital which remained Requires Improvement. Safe, responsive and well led remained Requires Improvement and caring remained Good. However, the effective domain improved to Good.
- Following our assessment of well-led, we rated well-led for the trust overall as Good.
- Overall, we rated the trust as Requires Improvement for safe and responsive. Effective, caring and well led were rated Good.

Summary of findings

Are services safe?

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

- Learning from serious incidents (SIs) was not always shared with staff.
- The trust lacked effective systems and processes to assess and monitor the risk of harm to patients because of delayed access to appointments or long waits for treatment.
- There was a shortage of middle grade medical staff working within urgent and emergency services. However, the trust had gone some way to mitigating this by introducing assistant nurse practitioners and advanced clinical practitioners.
- Patient records were not always stored securely. Patient records were predominantly paper and there were sometimes delays in locating them.
- The trust provided mandatory training in key skills for all staff, however compliance rates varied across core services.
- Infection prevention and control (IPC) was predominantly well managed across services, although we saw examples of inconsistent staff compliance with IPC best practice guidance in some core services.
- Most staff understood their responsibilities for duty of candour, although we found variable understanding among staff in some services.

However:

- Effective systems were in place for staff to report incidents. Incidents were thoroughly investigated.
- The trust had clearly defined and embedded systems and processes to keep people safe from abuse.
- The trust ensured enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe were on duty.
- Equipment and the premises were visibly clean and tidy,
- The trust used systems and processes to safely prescribe, administer, record and store medicines.

Are services effective?

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

- Services provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals predominantly worked well together within services to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients

However,

Summary of findings

- Outpatients could not always access pain management services when they needed them.
- Patients in the emergency department did not always receive pain in a timely way.
- The outpatients service did not effectively monitor outcomes for patients to ensure they received effective care and treatment.
- There was limited provision for children who required occupational therapy or physiotherapy services.

Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

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

- The trust was not meeting the constitutional standard for treating patients within one hour of arriving to A&E.
- The trust was not meeting the constitutional standard for patients to be admitted, transferred or discharged within four hours of arrival to A&E.
- The leadership team within urgent and emergency services recognised that there remained significant issues with flow through the department. They said that this was significantly contributed to by the lack of effective working relationships with other specialties within the trust.
- People could not always access outpatient services, including services for children and young people, when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were not consistently in line with national standards
- Within services for children and young people, there were no provisions or adjustments regarding the care of adolescents on the ward and in children being seen in other areas of the hospital.

However:

- The trust was working with others in the wider healthcare system to improve how it planned and provided its services.
- Staff made reasonable adjustments to help patients and their families access services. The trust coordinated care with other services and providers.
- The trust treated concerns and feedback it received seriously, investigated them, shared lessons learned with staff and included patients and their family in the process.

Summary of findings

Are services well-led?

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

We have summarised our findings in the section below, 'Is this organisation well led?', that considers the outcome from the well led inspection we carried out 8 to 9 October 2019

Use of resources

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

We recognise that the trust has made improvements in how it governs the use of its resources since the last inspection. However, the trust does not consistently manage its resources to allow it to meet its financial obligations on a sustainable basis and to deliver high quality care. The approach to identifying and realising efficiency opportunities is not yet embedded across the organisation.

Combined quality and resource

Our rating of the overall combined quality and use of resources stayed the same. We rated it as requires improvement.

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

Areas for improvement

We found areas for improvement including 5 breaches of legal requirements that the trust must put right. We found 61 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 service quality.

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

Action we have taken

We issued 3 requirement notices to the trust. Our action related to breaches of 5 legal requirements across 3 core services.

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

Summary of findings

What happens next

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

Outstanding practice

Trust wide

- The trust had introduced the nursing associate role to the organisation which was proving very successful. Seventy trainee nursing associates were presently employed by the trust, across several specialities which had significantly improved staffing levels across services.
- The trust had enlisted three experienced senior nurses to provide mentoring and coaching support for newly qualified nurses, allied health professionals and junior doctors. This was the first scheme of its kind in the country and received national recognition.
- The trust was further acknowledged nationally for its commitment to carbon reduction and the organisations 'sustainability team' had received two national sustainability awards.

Urgent and emergency care – Queens Hospital

- The trust had introduced Advanced Nurse Practitioner and Advanced Clinical Practitioner roles into urgent and emergency services. This programme had received national recognition and accreditation through a local university.

Urgent and emergency care – King George Hospital

- Staff demonstrated a culture of vigilance and professional curiosity to keep patients safe. They displayed good awareness of different safeguarding issues and took appropriate actions. The hospital had ED safeguarding advisors who contributed to safeguarding patients in real time, they supported and empowered staff to assess and manage risks.
- The service upskilled their staff through different initiatives, for example, they invited adult ED nurses to a weekly morning teaching session delivered by an ED paediatric consultant. Nurses and doctors had an opportunity to rotate between different departments within the hospital to gain skills and further their knowledge. The service was in the process of developing A&E academy for middle grade doctors who considered applying for a Certificate of Eligibility for Specialist Registration (CESR).
- The service organised a knitting competition to make twiddle muffs for the department to benefit patients living with dementia. It was also a fun and positive activity which gave staff opportunity to make a difference and support their patients.

Critical care – Queens Hospital

- Critical care had recently recruited two fully funded research nurses to support a research fellow in carrying out academic study and clinical improvement on the wards. This included National Institute of Health Research (NIHR) studies such as fluid management in emergency laparotomy patients, and project looking at cardiac arrests of patients in ITU. Critical Care was the first specialty in the trust to introduce these posts

Summary of findings

End of life care

- The specialist palliative care team and end of life care team had taken responsibility for several areas that related to end of life care. For instance, syringe driver access, care plan improvement, discharge processes, reduced readmissions and DNACPR completion were all monitored by the teams which had driven quality improvement in end of life care.
- The chaplaincy were extensively engaged in supporting dying patients and their loved ones, and a number of activities that promoted emotional support for patients, relatives and staff.
- The specialist palliative care team and end of life care team extensively engaged with specialist teams around the hospital to meet individual patient need. They also linked in to community teams to provide an integrated service to meet patient need.
- Care after death training included a visit to the mortuary which had improved preparation of the deceased by ward staff and communication between the wards and the mortuary.
- There was clear and effective leadership within the specialist palliative care team, bereavement team, chaplaincy and mortuary. End of life care services had been positively enhanced by the chief nurse as the executive lead for end of life care.
- There was a clear strategy for end of life care that was based on published best practice and linked to identified priorities. The end of life action plan was aligned to the end of life care strategy, which was monitored effectively.
- There were numerous initiatives, methods of learning and innovation in the palliative and end of life care services at every level of care within the hospital. Some had been recognised nationally and some had been nominated for awards from national organisations.

Outpatients – King George Hospital

- The outpatient service had a dedicated ‘patient partner’ who was also a trust volunteer. Their role was to act as the voice of the patient and represent patient views at a range of trust meetings and forums.

Areas for improvement

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

Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with 5 legal requirements. This action related to 3 services.”

Urgent and emergency care

- The trust must ensure that the paediatric ED at Queens Hospital is sufficiently staffed by suitably qualified paediatric trained staff. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18).

Critical care

Summary of findings

- The trust must ensure action points for never events are implemented in a timely manner with improved communication to staff. This includes ensuring the NatSSIP is cross referenced on the intranet in all the relevant departments for which it applies, so that all the necessary staff have access to it. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).

Outpatients

- The trust must ensure that systems and processes are established and operated effectively to enable the trust to assess, monitor and improve the quality and safety of the outpatients services being provided. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).
- The trust must ensure that systems and processes are established and operated effectively to enable the trust to assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).
- The trust must ensure it has effective systems and processes to assess and monitor the risk of harm to patients because of delayed access to appointments or long waits for treatment. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).

Action the trust SHOULD take to improve

Urgent and emergency care – Queens Hospital

- The service should improve performance identified by the emergency department survey questions relevant to the caring domain;
- The trust should work to integrate the urgent and emergency care services into the wider hospital, ensuring effective, collaborative relationships between the service and other core services to improve patient flow and access to the right treatment at the right time;
- The service should continue to mitigate against the shortage of middle grade doctors;
- The service should improve the interlink between IT systems and improve staff's access to electronic reporting systems;
- The trust should develop a unique vision and strategy for the urgent and emergency care service;
- The service must continue to work to identify bottlenecks and improve flow through, and out of the service;
- The trust should ensure that relevant learning from incidents is shared from incidents occurring across the trust.

Urgent and emergency care – King George Hospital

- The service should ensure that ED staff have sufficient training in triaging patients presenting with mental health (MH) problems and they use a specific MH tools or rating scales for that purpose.
- The service should ensure staff are reporting all incidents of restraint. These should be monitored to ensure restraint was used proportionately and safely.
- The service should carry out an audit related to instances of restraint or tranquilisation.
- The service should ensure locum doctors are compliant with all mandatory training.

Summary of findings

- The service should ensure patients allocated to Fit2Sit area are appropriately supervised to ensure their safety.
- The service should ensure appropriate supervision of the waiting area to ensure patient safety.
- Staff should regularly assess and monitor patients to see if they are in pain and administer pain relief in a timely way.
- The service should carry out regular and effective audits of pain management.
- The service should carry out regular audits of administration of single dose oral analgesia in the initial assessment/triage areas.
- The service should monitor how long patients are waiting from the moment they arrived to being streamed.
- The service should improve performance identified by the emergency department survey, specifically questions relevant to the caring domain.
- The service should improve governance arrangements with the co-located urgent care centre (UCC) provider to enable them closer monitoring of patient journey through streaming, registration and in the waiting area.

Critical care – Queens Hospital

- The trust should develop a vision and strategy for critical care wards, which includes consultation with critical care staff.
- The trust should ensure that critical care staff are meeting the trust target for completion of resuscitation training, particularly for medical staff.
- The trust should improve the consistency of screening for delirium and dementia patients on critical care wards.
- The trust should improve the appraisal rate for critical care staff, in line with the trust targets.
- The trust should examine ways to improve staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguarding
- The trust should improve staff compliance with infection prevention and control best practice guidance in relation to hand hygiene and 'bare below the elbows' protocols.
- The trust should monitor evidence of the evening ward round is formally reflected in the patient records.
- The trust should improve the staff compliance with information governance practices for the trust, and with data protection legislation.

Critical care – King George Hospital

- The hospital should continue with their strategic planning to develop a vision and strategy which meets the requirements of the local healthcare sector.
- The trust should continue taking steps to ensure the service admits, treats and discharges patients in line with national standards.
- The trust should consider making patient and relative literature available in other languages.
- The trust should ensure staff have access to difficult airway equipment on the unit.
- The trust should include a dietician and speech and language therapist as part of the critical care multidisciplinary team.

Summary of findings

- The trust should continue working to mitigate the identified risks to the service such as mixed sex breaches, capacity and medical and nurse staffing.

Services for children and young people – King George Hospital

- The trust should consider how to improve the rate of mandatory training compliance for all grades of medical staff.
- The trust should consider how to improve cleaning audits and documentation in the department, including the cleaning of toys.
- The trust should consider how to improve the completion and documentation of the Paediatric Early Warning Score (PEWS).
- The trust should consider how to improve recruitment into the children's site practitioner team to provide 24-hour cover.
- The trust should consider how to improve the pre-operative assessment processes for children in place for before the day of surgery.
- The trust should consider how to monitor and audit nursing skill mix and medical cover more effectively.
- The trust should consider how to improve documentation and the tracking of notes.
- The trust should ensure the backlog of non-urgent clinic letters waiting to be sent to children's GPs continues to be addressed.
- The trust should consider how to improve medication administration on the ward and how to expedite the preparation of take-home medications.
- The trust should ensure all staff have knowledge of the duty of candour.
- The trust should consider how to improve access to continuous professional development (CPD) for all staff and carry out the action plan drafted in response to General Medical Council survey for doctors in training (2019) survey results.
- The trust should consider how to improve provision of occupational therapy or physiotherapy services at the hospital.
- The trust should consider how to improve care of adolescents on Clover ward, as well as the experience of children being seen across other areas of the hospital.
- The trust should consider how to ensure that all children of school age are having their educational needs met.
- The trust should consider how to improve the did not attend (DNA) rate for children being seen on an outpatient basis.
- The trust should consider how to improve support for children with mental health needs.
- The trust should consider how to improve waiting times.
- The trust should consider how to ensure that divisional leaders were more visible at the hospital.
- The trust should consider how to improve systems and processes to provide assurance over the accuracy and completeness of data at a trust wide level and ensure information systems are integrated and secure.

End of life care

- The trust should maintain a record of the number of staff who have undertaken training and passed the competency process for syringe driver use.

Summary of findings

- The trust should improve access to counselling services for non-cancer patients.
- The trust should improve access to space for sensitive conversations to take place in private with patients and relatives at King George Hospital

Outpatients – King George Hospital

- The trust should ensure that patients are seen within national waiting time standards.
- The trust should ensure that appropriate records of equipment servicing and maintenance are kept and updated.
- The trust should ensure that staff follow policy and that patient records are stored securely at all times.
- The trust should ensure that learning from serious incidents is shared with staff.
- The trust should aim to reduce the number of cancelled and missed appointments by ensuring patients are appropriately informed of their appointment within a reasonable timeframe.
- The trust should ensure that all occasions where patients do not attend their appointment are recorded appropriately to ensure Did Not Attend (DNA) data provides an accurate reflection of performance.

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.

Our rating of well-led at the trust improved We rated well-led as Good because:

- Senior leaders had the experience, capacity and capability to ensure that the vision and strategy of the organisation could be delivered and risks to performance addressed.
- The trust had improved financial governance and strengthened financial leadership. The finance team had a good understanding of the importance of effective system working and management in delivering sustainable services. The trust had also undertaken external reviews of their financial governance and the trust were confident that all recommendations had been actioned.
- Despite concern that some services were operating in silo, overall there was strong collaborative working among the divisional directors. Senior engagement with the medical workforce had also overall improved since our last inspection.
- The trust had established a clear set of values to underpin the development of organisational strategies and were developing these to align to local plans in the wider health and social care economy.
- In comparison to our last inspection, we found demonstrable evidence of where the PRIDE Way methodology was positively impacting and integrating in to clinical and non-clinical services, with improved staff engagement. There was a strong focus on continuous learning and improvement at all levels of the organisation
- The trust's relationship with commissioners and stakeholders had improved and there was evidence of effective collaborative working.

Summary of findings

- Although, there remained staffing challenges across services, the trust had improved recruitment and retention among clinical staff, introducing several positive initiatives. The trust was still developing its workforce strategy at the time of our inspection.
- Staff described how the culture within the organisation had moved on since the last inspection. Some staff attributed this to a more stable senior leadership. However, there remained challenges (as referenced below).
- The board and other levels of governance within the organisation predominantly functioned effectively and interacted with each other appropriately.
- Senior leaders were more assured of the quality of risk reporting and there was greater confidence in the oversight of safety and quality within the organisation.
- There was an emergent vision of group working with the neighbouring community and mental health NHS foundation trust with whom both organisations shared a chair in common, and was widely supported by NHS England and NHS Improvement, local commissioners and stakeholders.

However:

- There had been significant incidents concerning communication with patients and information governance that were being investigated by the trust. The trust acknowledged that this may have impacted patient care and were addressing these concerns.
- Identifying and sharing learning from incidents was not always effective or consistent. The trust acknowledged that improvement with cross-divisional learning remained an area for improvement
- Although there was a clear financial recovery plan, it was evident that the two-year trajectory would not be achievable. Senior leaders and stakeholders were accepting that a longer three or more-year trajectory to deliver the changes outlined in the plan was more realistic.
- Although there existed improved lines of governance across core services we found example where cross service and divisional learning could be improved. The trust recognised it needed to improve governance processes to enable effective oversight and management of safety and performance within outpatients services.
- The outpatients service did not have a comprehensive system of assurance to ensure risks and performance issues were effectively reviewed, escalated and addressed. The trust recognised that current governance processes did not provide effective oversight of waiting time performance and was taking steps to address this.
- Despite improvements in organisational culture, and the trust's commitment to addressing concerns, staff satisfaction was mixed, and some staff groups did not always feel actively engaged or empowered.
- The trust had in place structured processes to communicate to staff and engage with people who use services and their representatives. However, there were examples of where engagement with staff needed to improve.
- The trust's Workforce Race Equality Standard (WRES) score highlighted difference in experience for BME and White staff. The trust had acted to address this; however, a significant number of BME staff spoke to us of their perception that opportunities for BME staff remained limited within the organisation and the pace of change was too slow.
- At our previous inspection, we were not assured that staff were sufficiently confident and empowered to speak up using the freedom to speak up guardian service (FTSUG). On this inspection, staff expressed to us that they were not confident in the FTSUG service's effectiveness.

Summary of findings

- The trust had agreed an improvement plan with their commissioners with the aim of reducing the number of patients on their waiting list and improving RTT performance, this was not being achieved and the trust's overall RTT performance had declined
- The trust recognised that there was a need to improve the overall IT infrastructure which would demand significant amounts of capital funding.

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 ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020

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
Queens Hospital	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Good ↑ Jan 2020	Requires improvement →← Jan 2020
King George Hospital	Requires improvement →← Jan 2020	Good ↑ Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020
Overall trust	Requires improvement →← Jan 2020	Good ↑ Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Good ↑ Jan 2020	Requires improvement →← Jan 2020

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 Queens Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020
Medical care (including older people's care)	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018
Surgery	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018
Critical care	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Maternity	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Services for children and young people	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
End of life care	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Outpatients and diagnostic imaging	Good Mar 2017	Not rated	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017
Overall*	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020

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

Ratings for King George Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Medical care (including older people's care)	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018
Surgery	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Requires improvement ↓ Jun 2018	Good ↑ Jun 2018
Critical care	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Services for children and young people	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Good ↑ Jan 2020	Requires improvement →← Jan 2020
End of life care	Good →← Jan 2020	Good ↑ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Outpatients	Requires improvement Jan 2020	Not rated	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020
Overall*	Requires improvement →← Jan 2020	Good ↑ Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020

*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.

King George Hospital

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www.bhrhospitals.nhs.uk

Key facts and figures

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

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

We carried out an unannounced inspection of Critical Care on 3, 4 and 5 September and an announced inspection of Outpatient Services on 1 and 2 October 2019. We carried out an unannounced inspection of Urgent and Emergency Care Services on 8 and 9 October 2019. We carried out an announced inspection of End of Life Care on 12 and 13 November and Services for Children and Young People on 13 and 14 November 2019.

We spoke with 63 patients and their relatives/carers, and we reviewed 88 sets of patient records.

We also spoke with 125 members of staff including doctors, nurses, managers, allied health professionals, support and administrative staff, ambulance crews, pharmacists, and midwives, in addition to interviews with clinical leads and service managers.

Summary of services at King George Hospital

Requires improvement   

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

- We inspected urgent and emergency services during this inspection to check if improvements had been made since our last inspection. The overall rating for the service was requires improvement. The rating for well-led and safe improved to good. Effective and caring remained good and responsive went down to requires improvement.
- The overall rating for critical care improved to good. The ratings for effective, responsive and well-led improved to good, whilst safe remained the same as requires improvement and caring as good.

Summary of findings

- The rating for children and young people's services stayed the same at requires improvement. The ratings for caring and well-led improved to good. The ratings for safe, effective and responsive stayed the same, as requires improvement.
- The overall rating for end of life care stayed the same. Effective improved to good, whilst the other ratings remained as good.
- We previously inspected outpatients services jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Urgent and emergency services

Good  

Key facts and figures

The emergency department (ED) at King George hospital is open 24 hours a day seven days a week. Between October 2018 and September 2019, the service saw 82,411 patients with serious and life-threatening emergencies and others with minor injuries.

The hospital did not take trauma or child patients arriving by ambulance. The department included a paediatric emergency department dealing with all walk-in emergency patients under the age of 18 years.

The urgent care centre (UCC) was run by another provider and was open 24 hours a day, seven days a week. This service was not part of the inspection. It was inspected in March 2019 and rated good. A clinician from the UCC streamed (directed) walk-in patients into the urgent and emergency services on site. The UCC did not do blood tests or X-rays and patients requiring these were referred to ED.

The department had different clinical areas with restricted access. Patients were treated depending on their needs, including a resuscitation area for patients with immediately life-threatening illnesses and injuries. This area had three bays with equipment for intensive treatment and support, including one bay where children were treated with equipment specifically for paediatric patients. There was a 16 cubicle majors area where seriously ill patients were taken. Majors included one bay which could be used as a high dependency bay facing the nursing station and three isolation rooms, two with doors and one with curtains. These bays could be adapted to accommodate patients presenting with mental health (MH) issues. Minors area had six 'see and treat' cubicles for patients with less serious needs. The department also had a six bed clinical observation ward. The ward was used for patients awaiting test results, requiring overnight observation or needing social services support for discharge. This was also used to reduce late discharges home of elderly patients. Paediatric ED had its own waiting area.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited the service over two days on 1 and 2 October 2019. We inspected all areas of the department and we observed care and treatment. We looked at 20 sets of patient records. We spoke with over 33 members of staff, including nurses, doctors, allied health professionals, security staff, managers, support staff, psychiatric liaison nurses and ambulance crews. We also spoke with 13 patients and seven relatives who were using the service at the time of our inspection. We reviewed and used information provided by the organisation in making our decisions about the service.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Urgent and emergency services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills including the highest level of life support training to relevant staff and made sure everyone completed it. As at the previous inspection, there was always a nurse with paediatric intermediate life support (PILS) training and a doctor with advanced paediatric life support (APLS).
- 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. The hospital had ED safeguarding advisors who contributed to safeguarding patients in real time. The advisors supported and empowered staff to assess and manage risks.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration. Risk assessments completed by nursing staff were regularly audited. If an audit indicated a drop in the quality additional training from a nurse specialist was arranged.
- A consultant in charge and a nurse in charge did 2 hourly 'pit stop' intentional rounds, similar to ward rounds, to review all patients and prioritise work.
- The service had enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service introduced a departmental live performance dashboard which, as well as displaying the current status of the department, predicted the performance which correlated to staffing numbers. This way the service could adjust the staffing levels based on the changing demand.
- During previous inspection the vacancy rate for nursing staff was 30%, at this inspection it reduced to 12% for adult ED and 22% for paediatric ED.

Urgent and emergency services

- In the last two inspections the service had longstanding challenges in recruiting permanent ED medical staff. At this inspection, there had been increase in the number of permanent consultants employed by the trust with 14 out of 18 consultant posts filled.
- Since the last inspection the service increased the consultant cover from 16 to 18 hours moving them closer towards a 24/7 model.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- We were not assured that locum doctors completed all mandatory training.
- We had a concern the waiting area was not sufficiently supervised by clinical staff. There was limited visibility of all patients. After we shared our concern with the trust, nursing staff was allocated to this area to monitor and assist patients.
- The department had a 'Fit2Sit' area (introduced in hospitals to stop patients lying down on trolleys if they were well enough to sit up) which was small and enclosed. A nurse allocated to that area checked patients every 15 minutes, however we had a concern this arrangement was insufficient to keep patients safe. We discussed our concerns with the trust. They immediately addressed this risk by rearranging the available space in the department and creating a new Fit2Sit area with an allocated nurse.
- As at the previous inspection, nurses were not specifically trained in mental health (MH) triage and did not use any specific MH tools or rating scales for triaging patients. At the time of the inspection, MH pathway and assessment tool was being reviewed and updated.
- We were not assured incidents of restraint were consistently reported as incident. This also meant there was insufficient monitoring of the use of restraint to ensure it was used proportionately and safely.
- The service did not carry out a formal audit related to instances of restraint or tranquilisation. This was not in line with the trust's Administration of Mental Health Act 1983 policy which required staff to quarterly audit the number of Mental Health Act incidents and breaches and themes that may arise.
- Although staff used a stamp with their name in the controlled drugs register they did not always sign their entries.

Is the service effective?

Good   

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

Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development. All new staff had a full induction tailored to their role before they started work. Staff attended structured 'keep in touch' training days four times a year.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff had access to paper and electronic patient records that they could all update. Despite using paper and digital records there were no concerns reported to us.

However,

- Staff did not always assess and monitor patients regularly to see if they were in pain and gave pain relief in a timely way. They did not carry out regular and effective audits of pain management and administration of analgesia during triage.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The data showed steady increase of the response rates to the patient friends and family test (FFT). Between April and August 2019 on average 95% of respondents said they would recommend the service to their friends and family, this was above the trust target of 85%.

However,

Urgent and emergency services

- The trust scored worse or about the same as other trusts in all of the 24 emergency department survey questions relevant to the caring domain.

Is the service responsive?

Requires improvement ● ↓

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

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard in any of the months over the 12-month period from June 2018 to May 2019 and was also worse than the England average throughout the period.
- Data provided by the trust showed that between August 2018 and August 2019 between 76% and 90% of patients were seen, treated and discharged within four hours. This was better than the other trust emergency department, however still below the national target of 95%.
- Median times from arrival to treatment at the trust ranged from 77 to 115 minutes compared to the England median times of 56 to 66 minutes.
- Patients at the trust spend an average of 217 minutes in A&E compared to the England average of 157 minutes. The longest time spend in A&E at the trust was in the winter months of January (236 minutes) and February (234 minutes). The England average time spent in A&E for January and February 2019 was 164 and 165 minutes.
- Waiting times were not displayed and although staff told us reception staff informed patients about anticipated waiting times most patients we spoke with did not know how long they would wait.
- The service could not precisely monitor how long patients were waiting from the moment they arrived to being streamed. Although new ticket machines had been ordered so that waiting times could be measured more precisely this was not in use.
- Patients arriving by an ambulance were triaged once they had been registered onto the hospital patient electronic system. Triage staff could not enter patient's details onto the system before the registration was completed. This meant there was around five minutes delay from the time a patient arrived and was being registered to being triaged.
- We observed variable efficiency the mobile rapid assessment and first treatment (RAFTing) that depended on which clinician carried it out, however this was still in the pilot stage and the service continually reviewed the process.

However,

- The service relieved pressure on other departments when they could treat patients in a day. The frail older persons advice and liaison service (FOPAL) provided comprehensive geriatric assessment for frail elderly people and sought to enable people to return home with support where possible. The team had links with all relevant community services and was able to complete a package of care within few hours of patients attending the department.
- The service introduced 2 hourly 'pit stop' intentional rounds carried out by a consultant in charge and a nurse in charge to identify and resolve 'bottle necks' and improve patient flow within the department.
- Senior nursing staff were aware of the ED escalation plan and hospital full capacity protocol. When the protocol had been used it had positive impact on reducing overcrowding within department.
- The service organised a high intensity user's forum which was a multi-agency, multi-disciplinary meeting to discuss needs of frequent attenders and redirect them to more suitable services.

Urgent and emergency services

- Staff supported patients living with dementia and learning disabilities by using patient passports. They had a dementia lead nurse and a learning disability link nurse that staff could contact for advice.
- Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The trust signed up to a mental health charity to demonstrate its commitment to improving patient experience for people with a learning disability. The trust had learning disability champions who work across the organisation. The role of the champions was to provide advice and support in the clinical setting for staff and patient. The trust's learning disability liaison nurse team supported staff to improve their skills and knowledge around the needs of people with a learning disability. Autism awareness e-learning was essential training for all hospital staff to complete.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve. At the time of the inspection, the clinical strategy was in the process of being developed.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Since the last inspection the trust strengthened governance around management of patients presenting with mental health problems.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- To improve staff retention and morale the department introduced a number of wellbeing and recognition schemes such as 'matron's star of the month' award, recognition awards, 'shout out' compliment box, and regular team meetings and daily briefings which focused on staff wellbeing.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The service introduced a 'topic of the week' learning update which happened every day during the morning briefing. Each week was dedicated to a different subject which varied between clinical to interpersonal and personal skills and knowledge.
- The service had a positive culture which focused on achievements, celebrating success and learning opportunities if something went wrong. This was evident in governance meeting minutes and different achievement awards that individuals staff and teams received.

However,

Urgent and emergency services

- The trust did not have effective governance arrangements with the urgent care centre (UCC) provider to monitor effectiveness of streaming process.
- The risk register did not reflect all the risks identified by us or shared by ED staff, some of them related to patient safety. For example, the risk register did not include paediatric waiting area which was small and could quickly get overcrowded. Also, Fit2Sit area which we identified as not fit for purpose, or the main ED waiting room which had areas where a view was obstructed, were not on the register.
- Some staff expressed concerns about the uncertainty of what was going to happen with the department. Staff were worried that minors area might be acquired by another provider which had given them some anxiety and created uncertainty.

Outstanding practice

- Staff demonstrated a culture of vigilance and professional curiosity to keep patients safe. They displayed good awareness of different safeguarding issues and took appropriate actions. The hospital had ED safeguarding advisors who contributed to safeguarding patients in real time, they supported and empowered staff to assess and manage risks.
- The service upskilled their staff through different initiatives, for example, they invited adult ED nurses to a weekly morning teaching session delivered by an ED paediatric consultant. Nurses and doctors had an opportunity to rotate between different departments within the hospital to gain skills and further their knowledge. The service was in the process of developing A&E academy for middle grade doctors who considered applying for a Certificate of Eligibility for Specialist Registration (CESR).
- The service organised a knitting competition to make twiddle muffs for the department to benefit patients living with dementia. It was also a fun and positive activity which gave staff opportunity to make a difference and support their patients.

Areas for improvement

- The service should ensure that ED staff have sufficient training in triaging patients presenting with mental health (MH) problems and they use a specific MH tools or rating scales for that purpose.
- The service should ensure staff are reporting all incidents of restraint. These should be monitored to ensure restraint was used proportionately and safely.
- The service should carry out an audit related to instances of restraint or tranquilisation.
- The service should ensure locum doctors are compliant with all mandatory training.
- The service should ensure patients allocated to Fit2Sit area are appropriately supervised to ensure their safety.
- The service should ensure appropriate supervision of the waiting area to ensure patient safety.
- Staff should regularly assess and monitor patients to see if they are in pain and administer pain relief in a timely way.
- The service should carry out regular and effective audits of pain management.
- The service should carry out regular audits of administration of single dose oral analgesia in the initial assessment/triage areas.
- The service should monitor how long patients are waiting from the moment they arrived to being streamed.

Urgent and emergency services

- The service should improve performance identified by the emergency department survey, specifically questions relevant to the caring domain.
- The service should improve governance arrangements with the co-located urgent care centre (UCC) provider to enable them closer monitoring of patient journey through streaming, registration and in the waiting area.

Critical care

Good  

Key facts and figures

The critical care service at King George Hospital consisted of an eight-bedded critical care unit (CCU) providing care at level two (high dependency) and level three (intensive care), to adults who required a higher level of care than could be provided on the wards. Level two patients were nursed 1:2 and level three were nursed 1:1. The trust had a consultant led critical care outreach team (CCOT) delivered by specialist nurses to support the needs of acute and deteriorating ward and emergency patients on both sites.

The trust provided acute and chronic pain services by multi-disciplinary teams including consultants, specialist nurses and allied health care professionals across both sites. The chronic pain team provides a range of interventional treatments, medication and delivers a pain management programme which offers patients the tools to manage pain and improve their quality of life.

Between August 2018 and August 2019 there were 632 admissions to the CCU.

At our last inspection in 2015 we found reduced staffing levels numbers with changes in patient acuity, which meant patients were not always supported on a one to one basis as per national guidance. We also found little evidence of multidisciplinary team approach and governance.

During our inspection, we spoke with 20 members of staff including clinical leads, doctors, nurses, senior managers, support staff, pharmacist and physiotherapists. We reviewed the healthcare records of four patients and spoke with three patients and relatives.

Summary of this service

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

- Although the service had challenges regarding medical and nurse staffing, the service ensured there were enough staff with the right qualifications, training and experience to keep patients safe from avoidable harm.
- The trust had clearly defined and embedded processes to keep people safe from abuse and staff demonstrated understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns.
- Staff kept detailed records of patients' care and treatment. Most of the records we reviewed were clearly written and dated, with legible signatures.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- The service demonstrated effective internal and external multidisciplinary (MDT) working to benefit patients. Staff supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Patients told us they felt listened to by health professionals and felt informed and involved in their treatment and plans of care. Staff provided emotional support to patients, families and carer.

Critical care

- The service planned care to meet the needs of local people considering patients' individual needs and preferences. For example, the trust used individualised 'hospital passports' for patients with learning difficulties to help staff understand the patient's likes and dislikes to make them more comfortable.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, valued and supported to develop their skills.
- The critical care unit had an open culture which staff described as a "small family". Patients, their families and staff could raise concerns without fear.
- Senior leaders had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The senior leadership team used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However, we also found:

- Although staff were aware of the recent never event and told us the incident and learning had been discussed, we found the communication regarding the action points was poor and the revised checklist had not been implemented fully during the time of the inspection.
- Given the trust had had similar never events historically, staff we spoke with were not aware of the National safety standards for invasive procedures (NatSSIPs) which had been in place since February 2018. We found the location of the NatSSIP on the intranet was not easy to find and had not been included in other relevant departments where it was applicable.
- Despite the unit controlling infection risk well and all the areas we checked being visibly clean with no clutter in the corridors, we found the ultrasound probe was not clean despite having a 'I am clean' sticker on it.
- Although the service had systems and processes in place to safely prescribe, store, administer and record medications, we found two intravenous fluids that were out of date.
- Despite most key services being available seven days a weekly to support timely patient care, we found the speech and language therapy team were only available via referrals. However, staff told us the team were responsive.

Is the service safe?

Requires improvement ● → ←

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

- During the inspection, we were informed of a never event that occurred on 17 July 2019 involving a retained guide wire following a central venous catheter (CVC) insertion. Although staff were aware of the incident and told us the incident had been discussed at a team huddle, we found communication regarding the action points was poor and the revised checklist had not been implemented fully during the time of the inspection.
- Given the trust had had historical never events which involved guide wires, staff we spoke with were not aware of National safety standards for invasive procedures (NatSSIPs). Although the NatSSIP had been in place since February 2018. We found the location of the NatSSIP on the intranet was not easy to find and had not been included in other relevant departments where it was applicable.

Critical care

- Despite most of the equipment we sampled were clean with a date recorded, the ultrasound machine which had a 'I am clean' sticker had blood on the probe and was sticky with the ultrasound gel.
- Senior leads acknowledged that the service was not compliant with mandatory training compliance for resuscitation level 3. The trust was organising in house training sessions with the lead resuscitation officer.

However, we also found:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The trust had clearly defined and embedded systems and processes to keep people safe from abuse and staff demonstrated understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns.
- The service controlled infection risk well and all the areas we inspected were clean, tidy, and clutter free. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines except for the two IV bags (sodium chloride) we found that had expired in August 2019.
- Although nurse staffing remained on the service's risk register, we reviewed patient allocation records and staffing during our inspection which showed the critical care unit complied with the required staffing levels.
- Staff were encouraged to report incidents and received timely feedback. Staff understood their responsibilities for duty of candour and were able to describe giving feedback in an honest and timely way when things have gone wrong.

Is the service effective?

Good  

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

- During our last inspection, apart from physiotherapists, we found little evidence of a multidisciplinary approach with access only via a referral basis. However, on this inspection we found improvements had been made with support from the critical care outreach team (CCOT), physiotherapists, a dedicated pharmacist and access to the dietetic team on site.
- 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 needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service contributed to the Intensive Care National Audit Research Centre (ICNARC), which meant that outcomes of care delivered, and patient mortality could be benchmarked against similar units nationwide. ICNARC data for April 2018 to March 2019 showed the unit performed within expected range for nine quality indicators.

Critical care

- 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.
- Different staff groups worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust had implemented a pain, agitation and delirium (PAD) protocol and audit results showed there had been a significant reduction in the incidence of pain, agitation and delirium following the implementation of the PAD protocol.
- We reviewed four sets of patient records and saw evidence of delirium screening taking place which complied with the Faculty of Intensive Care Medicine (FICM) Core Standard that all patients should be screened for delirium on admission to the unit.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However, we also found:

- Although staff told us the speech and language therapy (SALT) team were responsive, access was via referrals only. Staff also told us access to imaging services such as angiography could be challenging at weekends.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. For example, the trust used individualised 'hospital passports' for patients with learning difficulties to help staff understand the patient's likes and dislikes to make them more comfortable.
- The critical care unit was making gradual improvements to ensure the service admitted, treated and discharged patients in line with national standards.

Critical care

- The unit had two relatives' rooms for patients' family members and carers, one of which allowed relatives to stay at the hospital overnight if needed.
- The trust had suitable arrangements in place for people who needed translation and advocacy services.
- The trust's chaplaincy team provided spiritual, pastoral and religious support to patients, visitors and staff across the trust and was available for everyone.
- Patients who were able to eat and drink could choose their meals from a selection of menus which included kosher and halal choices.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However, we also found:

- There was a lack of information available in alternative languages other than English.

Is the service well-led?

Good ● ↑

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

- Staff told us they valued working for the trust and that service leaders were supportive, accessible and approachable.
- Senior leads understood and managed the priorities and issues the service faced. Staff told us they were visible and approachable in the service. They supported staff to develop their skills and take on more senior roles.
- The service had highly dedicated staff who were very positive, knowledgeable and passionate about their work. Staff described the unit as a "small family".
- There were systems in place to identify and monitor risk, issues and performance. Senior leaders and managers of the critical care service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- The service actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- Staff demonstrated awareness of the trust values (PRIDE) and told us that quality and safety was a top priority in terms of service vision and aims.

However, we also found:

- We also found that some improvements were still required. This was in relation to the timeliness of delivering action plans further to never events as identified in this report.

Critical care

- Although there was no formalised vision or strategy for the critical care service, the trust had local strategic priorities for 2019 to 2021 which had been developed in response to the North East North Central London Adult Critical Care Network (NENCL) peer review and the Getting It Right First Time (GIRFT) programme.

Outstanding practice

- As part of the trust's commitment to addressing the staffing challenges, the trust introduced research posts four months ago, which were 50% clinical (based at King George hospital) and 50% research (with the research consultant based in Queens hospital).

Areas for improvement

Areas we told the trust they MUST improve:

- The trust must ensure action points for never events are implemented in a timely manner with improved communication to staff. This includes ensuring the NatSSIP is cross referenced on the intranet in all the relevant departments for which it applies, so that all the necessary staff have access to it. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).

Areas we told the trust they SHOULD improve:

- The hospital should continue with their strategic planning to develop a vision and strategy which meets the requirements of the local healthcare sector.
- The trust should continue taking steps to ensure the service admits, treats and discharges patients in line with national standards.
- The trust should consider making patient and relative literature available in other languages.
- The trust should ensure staff have access to difficult airway equipment on the unit.
- The trust should include a dietician and speech and language therapist as part of the critical care multidisciplinary team.
- The trust should continue working to mitigate the identified risks to the service such as mixed sex breaches, capacity and medical and nurse staffing.

Services for children and young people

Requires improvement   

Key facts and figures

The trust provides general acute medical, surgical and some specialty child health services to a large number of children and young people (CYP) in the boroughs of Barking, Havering and Redbridge.

The department spans two sites, with two inpatient wards, two outpatient departments, and a day unit. It has a level one paediatric oncology shared care unit (POSCU), level 1 children's critical care unit, a team of clinical nurse specialists to support the care of children with diabetes, epilepsy and haemoglobinopathy and community nursing teams for the neonatal and children's services.

For the purpose of this inspection, we visited King George Hospital only. We visited the 12 bedded children's inpatient ward, the children's outpatient department and other areas of the hospital in which children are seen, such as theatres, imaging and the phlebotomy department.

The department had 6,080 episodes of patient care from March 2018 to February 2019. Emergency spells accounted for 78% (4767 spells) of activity, 21% (1278 spells) were day case spells, and the remaining 1% (35 spells) were elective. A total of 1,530 of these patient episodes took place at King George hospital.

We last inspected the children's service at King George Hospital in September 2016. We rated the service as requires improvement overall.

We carried out this announced inspection of the service on 13 and 14 November 2019.

During the inspection visit, the inspection team spoke with five children and their relatives using the service. We also spoke with 35 staff members; including nurses, healthcare assistants, children's site practitioners, doctors, play specialists, physiotherapists, administrative staff and managers. We reviewed six patient records in depth and another 14 for certain details.

Summary of this service

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

- The rate of mandatory training compliance for medical staff did not meet trust targets. Data provided to us following inspection demonstrated that mandatory training compliance for foundation year junior doctors within the division stood at 65%, with GP trainees also only achieving 74% compliance.
- There were some issues with infection control. The cleaning of toys in the playroom was not always completed and recorded. In addition, the monthly cleaning audit results were not provided to us, with only four months of compliance scores provided between November 2018 and August 2019. Other infection control audits did not seem to be consistently carried out.
- There were some issues with the completion of the Paediatric Early Warning Score (PEWS) and children's site practitioners could not provide 24-hour cover due to vacancies within the team.
- There was lack of pre-operative assessment processes for children in place for before the day of surgery.
- At the time of inspection, staff felt that nursing skill mix was not always ideal, with a high proportion of newly qualified nurses and healthcare assistants on some shifts.

Services for children and young people

- Although the service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm, at the time of inspection, the level of medical cover was variable. However, a business case for 10 new consultant posts and six new registrar level posts had been agreed and these posts were being recruited into.
- There were minor inconsistencies in documentation and the paper-based notes could sometimes be hard to track and locate. There was a backlog of non-urgent clinic letters waiting to be sent to children's GPs.
- Some medicines were not always given in a timely manner and delays in the preparation of take-home medicines could sometimes delay the discharge of children.
- Knowledge of duty of candour was variable amongst staff.
- Results from the General Medical Council survey for doctors in training (2019) fell below expectation, and some staff indicated that access to continuous professional development (CPD) was restricted due to the trust being in financial special measures.
- There was limited provision for children who required occupational therapy or physiotherapy services.
- There were no provisions or adjustments regarding the care of adolescents on the ward and in children being seen in other areas of the hospital.
- There was no schooling provision on Clover ward, with individual provision being made for children of school age.
- There was still limited support available for children with mental health needs.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were not consistently in line with national standards. There was lack of pre-operative assessment processes for children in place for before the day of surgery.
- Some feedback indicated that the divisional leaders were not always visible at King George hospital. Some staff felt that the hospital was forgotten or overlooked by senior staff at times.
- The service did not have effective systems and processes to provide assurance over the accuracy and completeness of data at a trust wide level. The information systems were not consistently integrated and secure.

However:

- The service usually had enough nursing staff to care for children and keep them safe. Staff understood how to protect children from abuse and managed safety well. Staff assessed risks to children and acted on them. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave children enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Most staff worked well together for the benefit of children, advised them on how to lead healthier lives, and supported them to make decisions about their care. Most key services were available seven days a week.
- Staff treated children with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children, young people and families.
- The service planned care to meet the needs of local people, took account of most children's individual needs, and made it easy for people to give feedback.

Services for children and young people

- Leaders supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. On the whole, staff felt respected, supported and valued. They were focused on the needs of children receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and the community to plan and manage services and all staff were committed to improving services.

Is the service safe?

Requires improvement ● → ←

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

- The rate of mandatory training compliance for medical staff did not meet trust targets. Data provided to us following inspection demonstrated that mandatory training compliance for foundation year junior doctors within the division stood at 65%, with GP trainees also only achieving 74% compliance.
- There were some issues with infection control. The cleaning of toys in the playroom was not always completed and recorded. In addition, the monthly cleaning audit results were not provided to us, with only four months of compliance scores provided between November 2018 and August 2019. Other infection control audits did not seem to be consistently carried out.
- There were some issues with the completion of the Paediatric Early Warning Score (PEWS) and children's site practitioners could not provide 24-hour cover due to vacancies within the team.
- There was lack of pre-operative assessment processes for children in place for before the day of surgery.
- At the time of inspection, staff felt that nursing skill mix was not always ideal, with a high proportion of newly qualified nurses and healthcare assistants on some shifts.
- Although the service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm, at the time of inspection, the level of medical cover was variable. However, a business case for 10 new consultant posts and six new registrar level posts had been agreed and these posts were being recruited into.
- There were minor inconsistencies in documentation and the paper-based notes could sometimes be hard to track and locate. There was a backlog of non-urgent clinic letters waiting to be sent to children's GPs.
- Some medicines were not always given in a timely manner and delays in the preparation of take-home medicines could sometimes delay the discharge of children.
- Knowledge of duty of candour was variable amongst staff.

However:

- Staff understood how to protect children, young people and their families 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.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Services for children and young people

- The service usually had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and gave bank and agency staff a full induction.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information.

Is the service effective?

Requires improvement ● → ←

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

- Results from the General Medical Council survey for doctors in training (2019) fell below expectation, with seven red flags in terms of scores. The trust told us they were in the process of meeting with doctors in training to understand these results, but suspected it was related to the depleted medical workforce, which left little time for reflection and teaching.
- Some staff indicated that access to continuous professional development (CPD) was restricted due to the trust being in financial special measures.
- There was limited provision for children who required occupational therapy or physiotherapy services.
- Four paediatric guidelines remained out of date at the time of our inspection.
- Pain relief could sometimes be delayed in administration where children were allocated to band three healthcare assistants, if the registered nurses were busy managing more complex children.

However:

- Staff gave children, young people and their families 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 children, young people and their families' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

Services for children and young people

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were not consistently in line with national standards.
- There were no provisions or adjustments regarding the care of adolescents on the ward and in children being seen in other areas of the hospital.
- There was no schooling provision on Clover ward, with individual provision being made for children of school age.
- The did not attend (DNA) rate for children being seen on an outpatient basis was higher than the national average.
- There was still limited support available for children with mental health needs.

However:

- The service worked with others in the wider system and local organisations to plan care. It planned and provided care in a way that met the needs of some local people and the communities served.
- The service was inclusive and took account of most children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help most children, young people and their families access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Is the service well-led?

Good ● ↑

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders were aware of the issues with the service that we found on inspection and were working to address these. They supported staff to develop their skills and take on more senior roles.

Services for children and young people

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. Leaders advocated for parity of children's services within the trust.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- At a local level, leaders had access to a range of performance measures about quality, operations and finances, and used it to improve the service.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Some staff had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation, although the workforce at the time of the inspection limited the amount of improvement initiatives that could take place.

However:

- Some feedback indicated that the divisional leaders were not always visible at King George Hospital. Some staff felt that the hospital was forgotten or overlooked by senior staff at times.
- The service did not have effective systems and processes to provide assurance over the accuracy and completeness of data at a trust wide level. The information systems were not consistently integrated and secure.

Areas for improvement

Action the trust SHOULD take to improve

- The trust should consider how to improve the rate of mandatory training compliance for all grades of medical staff.
- The trust should consider how to improve cleaning audits and documentation in the department, including the cleaning of toys.
- The trust should consider how to improve the completion and documentation of the Paediatric Early Warning Score (PEWS).
- The trust should consider how to improve recruitment into the children's site practitioner team to provide 24-hour cover.
- The trust should consider how to improve the pre-operative assessment processes for children in place for before the day of surgery.
- The trust should consider how to monitor and audit nursing skill mix and medical cover more effectively.
- The trust should consider how to improve documentation and the tracking of notes.
- The trust should ensure the backlog of non-urgent clinic letters waiting to be sent to children's GPs continues to be addressed.

Services for children and young people

- The trust should consider how to improve medication administration on the ward and how to expedite the preparation of take-home medications.
- The trust should ensure all staff have knowledge of the duty of candour.
- The trust should consider how to improve access to continuous professional development (CPD) for all staff and carry out the action plan drafted in response to General Medical Council survey for doctors in training (2019) survey results.
- The trust should consider how to improve provision of occupational therapy or physiotherapy services at the hospital.
- The trust should consider how to improve care of adolescents on Clover ward, as well as the experience of children being seen across other areas of the hospital.
- The trust should consider how to ensure that all children of school age are having their educational needs met.
- The trust should consider how to improve the did not attend (DNA) rate for children being seen on an outpatient basis.
- The trust should consider how to improve support for children with mental health needs.
- The trust should consider how to improve waiting times.
- The trust should consider how to ensure that divisional leaders were more visible at the hospital.
- The trust should consider how to improve systems and processes to provide assurance over the accuracy and completeness of data at a trust wide level and ensure information systems are integrated and secure.

End of life care

Good   

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

Macmillan specialists also support the trust and provide a palliative care team and the trust has an end of life care team (EOLC). Both teams work across both hospital sites across all settings. There are no inpatient palliative care beds.

There is a seven day a week face to face palliative care support for patients and staff and 24-hour telephone advice available from a consultant in palliative medicine. The trust use an individualised end of life care plan to tailor care in the last few days or hours of life. The trust also use the gold standards framework (GSF) to identify patients who may be in the last year of life. The GSF is in use in care of the elderly, renal, haematology, and oncology wards.

The trust reported they collect data to track progress against key strategic objectives and feedback from carers collected through the bereavement survey and complaints monitoring process. Data is feedback to frontline staff to improve care.

(Source: Routine Provider Information Request (RPIR) – Context acute tab)

End of life care was delivered on most wards at King George's Hospital, by ward staff who were supported by specialist multidisciplinary input. There is a specialist palliative care team (SPCT) and an end of life care team who provide care, advice and support in the delivery of direct patient care across the hospital.

In 2018/19 a total of 2214 patients died at both of the trust's acute hospitals (King George's and Queen's Hospital). 1723 patients who were known to the specialist palliative care team died during 2018/19. Therefore 78% of deaths at the trust were seen by the specialist palliative care team. A total of 2082 patients were referred to the specialist palliative care team over the same period; 918 non-malignant disease, 995 malignant disease, 6091 face to face visits, 2440 episodes of telephone advice and 75 patients seen in outpatients.

The specialist palliative care team was comprised of palliative consultants, clinical nurse specialists, a social worker, discharge coordinator, team administrator and an occupational therapist. There were also end of life care facilitators and an end of life care consultant. They were supported by a team of chaplains and pastoral visitors. The role of the team includes assessment and care planning for patients with complex palliative care needs, treatment, medication, symptom control and emotional and psychological support for patients and their relatives and loved ones.

We were not able to speak with patients and relatives. We did encounter patients at the end of life and some of their relatives. However, it was not possible to speak with them because some declined and some patients were not well enough to speak with. We did review the results of the bereavement survey, completed by relatives 12 weeks after the death of their loved ones, which asked them about theirs and their relative's experience of care. We also read several cards that had been sent to wards by relatives that related to end of life care. We observed care and treatment within the wards and reviewed 23 care records that included 17 Do Not Attempt Cardio-Pulmonary Resuscitation forms.

We also spoke with 22 members of staff, which included ward managers, nurses and healthcare assistants, ward doctors and specialist support staff such as occupational and physiotherapy staff. We also spoke with senior managers, porters, mortuary staff, chaplaincy, bereavement coordinators and all members of the specialist palliative care team, end of life care team and senior trust managers.

End of life care

Summary of this service

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

- At the last inspection we found information in relation to patient care and treatment was available to staff and records were adequately completed. Medicines were managed appropriately. Patients were involved in care planning and decision making and provided with adequate emotional support. There were systems in place which helped to reduce inappropriate hospital readmissions and for routine monitoring of the quality of the service. Specialist palliative care team members were competent and knowledgeable and there were good examples of the multidisciplinary team working. However, services provided at the hospital were limited, with teams being based at another hospital managed by the trust.

At this inspection we found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Risk assessments considered patients who were deteriorating and in the last days or hours of their life. All plans were reviewed to help wards to achieve improvements for patients.
- Access to syringe drivers was well managed by the specialist palliative care team. Ward staff told us that access to syringe drivers was good including out of hours access. The end of life care team organised equipment for end of life care patients returning home and demonstrated good knowledge of each borough's processes, good channels of communication and made referrals as early as possible.
- Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. The trust's electronic incident reporting system was used to break down information that related to end of life care. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence-based practice. Ongoing support was provided by the end of life care facilitators to the wards to promote its use and achieve improvements. 60% of patients who died at the trust had an individualised end of life care plan.
- Staff gave patients enough food and drink to meet their needs and monitored patients regularly and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. End of life care was part of induction and was part of the 'essential training' for all clinical staff. Care after death training was also considered important for best practice for all nurses and healthcare assistants.
- The end of life care facilitators carried out continuous review of all do not attempt cardio pulmonary resuscitation forms. We reviewed 17 DNACPR forms that were in place at the time of our visit and found them completed to a high standard.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress and understood patients' personal, cultural and religious needs.

End of life care

- The chaplaincy were extensively engaged in supporting dying patients and their loved ones, and a number of other activities that promoted emotional support for patients, relatives and staff. They had received national recognition in 2018 for their service.
- The specialist palliative care team and end of life care team attended numerous board rounds, multidisciplinary team meetings and engaged with specialist teams to meet individual patient need. They also linked in to community teams to provide an integrated service to meet patient need.
- Patients could access specialist palliative care services. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. The specialist palliative care team led on complex and fast track discharges which had reduced the length of time to get patients home.
- The SPCT were able to respond to requests for advice and support quickly, 90% were seen within 24 hours and 100% within 48 hours. 82% of people who had stated it, died in their desired place of care.
- There was clear and effective leadership within the specialist palliative care team, bereavement team, chaplaincy and mortuary. End of life care services had been positively enhanced by the chief nurse as the executive lead for end of life care. Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- There was a clear strategy for end of life care that was based on published best practice and linked to their identified priorities. The end of life action plan was aligned to the end of life care strategy. This was monitored effectively and appropriately at the end of life care committee and fed back to the divisions for action. There were effective governance processes throughout the service and with partner organisations.
- There were numerous initiatives, methods of learning and innovation in the palliative and end of life care services at every level of care within the hospital. Some had been recognised nationally and some had been nominated for awards from national organisations.

However,

- Any breakdown or temperature variation to the mortuary fridges was linked to an audible alarm but not an alert system. Out of hours, the system relied on the porters who were based next door, hearing the alarm and responding. This had been risk assessed and reported through the divisional quality report. We were told upgrading was being costed, but at the present time, there were no firm plans to change this.
- The specialist palliative care team were involved in training staff for syringe driver use and had undertaken initiatives to improve access to syringe driver training. Staff using syringe drivers were expected to have undertaken training and passed a competency process to use them. However, in practice it was not possible to identify how many trained nurses had obtained competency and there was no comprehensive list of who had received the training.
- Having one specialist palliative care team nurse to cover both of the trust's hospital sites had been identified as a challenge that had been placed on the risk register. The service was currently three weeks in to a six week pilot to allocate two specialist nurses to work at weekends. However, neither nurse had yet come to King George's Hospital. It was considered that the need for this will grow but at present the extra nurse could be better utilised at the trust's other acute site.
- The National Audit of Care at the End of Life April 2019 (outcomes from 2018/19) showed that the service scored above the national average on most points. However, the service scored less well on access to counselling services. It was recognised that counselling services for non-cancer patients was an unmet need trust wide.

End of life care

- The National Audit of Care at the End of Life April 2019 (outcomes from 2018/19) showed that the service scored above the national average on most points. However, the service scored less well on designated 'quiet spaces' available for relatives or carers. It was recognised that the hospital was short on ward space for sensitive conversations with patients and relatives to take place in private.
- The specialist palliative care team were aware that the level of need for their services would increase as recognition of when patients were dying and the need for end of life care increased. The specialist palliative care team demonstrated flexibility in utilising their resources across the trust's two acute sites. However, as it stood, end of life care at the hospital had a lower profile than its trust counterpart.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- Staff used infection control measures when transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Access to syringe drivers was managed by the specialist palliative care team. Ward staff told us that access to syringe drivers was good including out of hours access.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life. All plans were reviewed to help wards to achieve improvements for patients.
- The end of life care team organised equipment for end of life care patients returning home and demonstrated good knowledge of each borough's processes, good channels of communication and made referrals as early as possible.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. All drug charts were reviewed following patient death and despite a low criteria to fail, the current fully completed charts was more than 90%.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. The trust's electronic incident reporting system was used to break down information that related to end of life care. 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.

However,

End of life care

- Any breakdown or temperature variation to the mortuary fridges was linked to an audible alarm but not an alert system. Out of hours, the system relied on the porters who were based next door, hearing the alarm and responding. This had been risk assessed and reported through the divisional quality report. We were told upgrading was being costed, but at the present time, there were no firm plans to change this.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The individualised end of life care plan had been reviewed and updated on five occasions since 2015. Through audit and review, significant improvement had been made to the care plan which had been completed to a high standard. Their latest data showed that in July 2019, 60% of patients who died at the trust had an IEOLC plan. Ongoing support was provided by the end of life care facilitators to the wards to promote its use and achieve improvements.
- Staff gave patients enough food and drink to meet their needs and improve their health. The specialist palliative care team worked across the wards and alongside ward staff, doctors and specialist teams to meet the nutritional needs of palliative and dying patients.
- Outcomes from the 2018/19 National Audit of Care at the End of Life (NACEL) showed the hospital scored the same as or better than the national average in six of eight standards.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. The specialist palliative care team worked with the specialist pain team to meet complex pain needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. The specialist palliative care team, end of life care facilitators, chaplaincy and mortuary staff all meaningfully contributed to ensure that hospital staff were competent in carrying out their responsibilities regarding end of life care. End of life care was part of induction and was part of the 'essential training' for all clinical staff.
- Care after death training was considered important for best practice for all nurses and healthcare assistants. This was a two-part training module that included a mortuary visit for familiarity with mortuary processes and how the mortuary was managed and run. Ward staff visiting the mortuary had proved a positive way of allaying apprehensions about care after death.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. We encountered a number of collaborative working relationships between the specialist palliative care team and specialist teams around the hospital to meet specific patient needs.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

End of life care

- The end of life care facilitators carried out continuous review of all do not attempt cardio pulmonary resuscitation forms. We reviewed 17 DNACPR forms that were in place at the time of our visit and found them completed to a high standard.

However,

- The specialist palliative care team were involved in training staff for syringe driver use and had undertaken initiatives to improve access to syringe driver training. Staff using syringe drivers were expected to have undertaken training and passed a competency process to use them. However, in practice it was not possible to identify how many trained nurses had obtained competency and there was no comprehensive list of who had received the training.
- Having one specialist palliative care team nurse to cover both of the trust's hospital sites had been identified as a challenge that had been placed on the risk register and the service was currently three weeks in to a six-week pilot to allocate two specialist nurses to work at weekends. However, neither nurse had yet come to King George's Hospital. It was considered that the need for this will grow but at present the extra nurse could be better utilised at the trust's other acute site.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. There were numerous, embedded initiatives and ways that patients and relatives' emotional needs were supported.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. There was good communication with relatives and good support from the specialist palliative care team who built good relationships.
- Care after death had been promoted in the hospital and included training for nursing and healthcare assistant staff. This promoted a culture of the care and dignity of the deceased.
- The chaplaincy were engaged in a number of activities that promoted emotional support for patients, relatives and staff. They were extensively engaged in supporting dying patients and their loved ones, and several other activities that promoted emotional support for patients, relatives and staff. They had received national recognition in 2018 for their service.
- The bereavement survey results were positive, with all question responses rated in the 84-96% as either good or satisfactory. The survey results formed part of the divisional monthly metrics that were shared with divisional leads to disseminate to the appropriate staff. Action logs were attached to each question, demonstrating progress with each.

However,

- The National Audit of Care at the End of Life April 2019 (outcomes from 2018/19) showed that the service scored above the national average on most points. However, the service scored less well on access to counselling services. It was recognised that counselling services for non-cancer patients was an unmet need trust wide.

End of life care

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The specialist palliative care team and end of life care team attended numerous board rounds, multidisciplinary team meetings and engaged with specialist teams to meet individual patient need. They also linked in to community teams to provide an integrated service to meet patient need.
- Patients could access specialist palliative care services. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- The daisy symbol was used for everything to do with end of life care. It served to enable all groups of staff to show extra sensitivity and demonstrated patient focus and compassion.
- The specialist palliative care team led on complex and fast track discharges. This had reduced the length of time to get patients home. Delays to discharge were monitored and challenges worked on to improve outcomes for patients.
- The specialist palliative care team accepted referrals from any clinical area or disease site. The SPCT were able to respond to requests for advice and support quickly, 90% were seen within 24 hours and 100% within 48 hours. 82% of people who had stated it, died in their desired place of care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- The National Audit of Care at the End of Life April 2019 (outcomes from 2018/19) showed that the service scored above the national average on most points. However, the service scored less well on designated 'quiet spaces' available for relatives or carers. It was recognised that the hospital was short on ward space for sensitive conversations with patients and relatives to take place in private.

Is the service well-led?

Good   

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

- There was clear and effective leadership within the specialist palliative care team, bereavement team, chaplaincy and mortuary. End of life care services had been positively enhanced by the chief nurse as the executive lead for end of life care.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

End of life care

- There was a clear strategy for end of life care that was based on published best practice and linked to their identified priorities.
- The end of life action plan was aligned to the end of life care strategy. This was monitored effectively and appropriately at the end of life care committee and fed back to the divisions for action.
- Key metrics measuring the quality of end of life care were produced to monitor progress and implementation of the individualised end of life care plan, advance care planning, the Gold Standards Framework and feedback from the bereavement survey. This was monitored effectively and appropriately at the end of life care committee and fed back to the divisions for action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Engagement with patients, relatives and community partners was meaningful and extensive. They collaborated with partner organisations to help improve services for patients.
- There were numerous initiatives, methods of learning and innovation in the palliative and end of life care services at every level of care within the hospital. Some had been recognised nationally and some had been nominated for awards from national organisations.

However,

- The specialist palliative care team were aware that the level of need for their services would increase as recognition of when patients were dying and the need for end of life care increased. The specialist palliative care team demonstrated flexibility in utilising their resources across the trust's two acute sites. However, as it stood, end of life care at the hospital had a lower profile than its trust counterpart.

Outstanding practice

- The specialist palliative care team and end of life care team had taken responsibility for number areas that related to end of life care. For instance, syringe driver access, care plan improvement, discharge processes, reduced readmissions and DNACPR completion were all monitored by the teams which had driven quality improvement in end of life care.
- The chaplaincy were extensively engaged in supporting dying patients and their loved ones, and a number of activities that promoted emotional support for patients, relatives and staff.
- The specialist palliative care team and end of life care team linked in to community teams to provide an integrated service to meet patient need.
- Care after death training included a visit to the mortuary which had improved preparation of the deceased by ward staff and communication between the wards and the mortuary.
- There was clear and effective leadership within the specialist palliative care team, bereavement team, chaplaincy and mortuary. End of life care services had been positively enhanced by the chief nurse as the executive lead for end of life care.
- There was a clear strategy for end of life care that was based on published best practice and linked to identified priorities. The end of life action plan was aligned to the end of life care strategy, which was monitored effectively.

End of life care

- There were numerous initiatives, methods of learning and innovation in the palliative and end of life care services at every level of care within the hospital. Some had been recognised nationally and some had been nominated for awards from national organisations.

Areas for improvement

Action the trust **SHOULD** take to improve

- The trust should maintain a record of the number of staff who have undertaken training and passed the competency process for syringe driver use.
- The trust should improve access to counselling services for non-cancer patients.
- The trust should improve access to space for sensitive conversations to take place in private with patients and relatives.

Outpatients

Good 

Key facts and figures

Barking, Havering and Redbridge University NHS Trust provides outpatient services for routine, diagnostic and cancer pathways from two main sites, Queens Hospital in Romford and King George Hospital in Ilford. Other services are provided in the communities of Barking and Dagenham, Havering, Redbridge and Brentwood.

Between March 2018 and February 2019, there were 293,352 outpatient appointments held at King George Hospital.

The hospital provides a range of services and clinics for outpatients, including: general surgery, ear, nose and throat (ENT), breast surgery, cardiology, gynaecology, respiratory medicine, neurology, orthopaedics, trauma, urology, ophthalmology, endocrinology, rheumatology, gastroenterology, general medicine, pain management and dermatology.

The trust's appointments centre was based at King George Hospital and was responsible for booking first outpatients appointments for consultant-led clinics.

We last inspected the outpatients service at King George Hospital in September 2016. We inspected the service jointly with diagnostic imaging and rated it as requires improvement overall. However, we cannot compare our new ratings directly with previous ratings as this is the first time we have inspected and rated outpatients services separately.

We carried out this announced inspection of the service on 1 and 2 October 2019.

During the inspection visit, the inspection team spoke with 20 patients who were using the service and four relatives. We also spoke with 15 staff members; including nurses, healthcare assistants, administrative staff and managers. We reviewed five patient records.

Summary of this service

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

We rated it as requires improvement because:

- Staff could not monitor and assess risks to patients on waiting lists effectively. There was the risk of harm to patients because of delayed access to treatment. Patient records were not always stored securely so could potentially be viewed by unauthorised people. The service did not always manage safety incidents well as learning was not always shared with staff. The service missed opportunities to improve safety processes and prevent future incidents.
- The service did not consistently plan and provide care in a way that met the needs of local people and the communities it served. The service did not have the required capacity to meet patient demand. People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not consistently in line with national standards. Many patients had to wait a long time for appointments.
- Leaders did not have access to reliable information systems. The service lacked effective systems and processes to provide assurance over the accuracy and completeness of performance and waiting time data. Multiple serious incidents had highlighted gaps in validation and assurance processes, weaknesses in IT systems and identified risks to patient safety. This meant senior staff were not fully aware of the risks and challenges impacting on the quality and safety of the service.

Outpatients

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. They managed medicines well.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders were visible and approachable in the service. They supported staff, and each other, and worked as a strong, cohesive leadership team to encourage improvement and deliver the vision and strategy of the service. Leaders and staff actively engaged with patients, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Is the service safe?

Requires improvement ●

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

We rated it as requires improvement because:

- Learning from serious incidents (SIs) was not shared with staff. The trust had reported multiple SIs in the 12 months prior to our inspection which impacted on many patients waiting for outpatients appointments. However, most staff were unaware of these incidents. This meant opportunities to improve safety processes and prevent future incidents were missed. In addition, the delays in investigating SIs and failure to implement actions to address the root causes, had led to similar SIs reoccurring.
- The trust lacked effective systems and processes to assess and monitor the risk of harm to patients because of delayed access to appointments or long waits for treatment. In addition, due to a backlog of clinical harm reviews, the trust was unable to provide assurance that patients had not come to harm.
- Patient records were not always stored securely. This meant staff were not always following the trust policy and that patients' records could potentially be viewed by unauthorised people.

However:

- Staff knew what incidents to report and how to report them.
- Staff had the right skills and knowledge to identify and quickly respond to patients who became unwell within the department.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, easily available to all staff providing care.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Outpatients

- 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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Is the service effective?

We do not rate effective for this type of service.

We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Whilst in clinic, staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored how effectively outpatients clinics were organised and used the findings to make improvements to improve services for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Patients could not always access pain management services when they needed them.
- The service did not effectively monitor outcomes for patients to ensure they received effective care and treatment.

Is the service caring?

Good ●

Outpatients

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

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ●

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

We rated it as requires improvement because:

- The service did not consistently plan and provide care in a way that met the needs of local people and the communities it served.
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not consistently in line with national standards. Many patients had to wait a long time for appointments.
- At the time of this inspection, there were a total of 34,707 patients waiting for outpatient appointments, of which 8,068 had been waiting for over 18 weeks; including 1,146 patients who had been referred as 'urgent'. Ten patients had been waiting for over 52 weeks for treatment.

However:

- The trust was working with others in the wider healthcare system to improve how it planned and provided outpatient services.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ●

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

Outpatients

We rated it as requires improvement because:

- Whilst service leads had good knowledge of performance within their areas of responsibility, we were not assured they were fully aware of the risks and challenges impacting on the quality and safety of the service. For example, the leadership team did not have oversight of patients waiting for follow-up appointments (the 'non-RTT' patient waiting list). Not all senior staff were aware of the multiple serious incidents affecting patients within the outpatient service.
- We were not assured that the trust was always open with staff when things went wrong. Whilst most staff felt there was a culture of openness within the trust, we found that learning from serious incidents had not been shared.
- Governance processes were not standardised or well-embedded. The service lacked effective systems and processes to assess, monitor and mitigate risks to the quality and safety of services being delivered. The trust recognised it needed to improve governance processes to enable effective oversight and management of safety and performance.
- The service did not have a comprehensive system of assurance to ensure risks and performance issues were effectively reviewed, escalated and addressed. The trust recognised that current governance processes did not provide effective oversight of waiting time performance. Multiple serious incidents had highlighted gaps in validation and assurance processes and identified risks to patient safety. Whilst the trust had a plan in place to address these risks, the pace of improvement had been slow.
- The service did not have effective systems and processes to provide assurance over the accuracy and completeness of data. The trust had reported multiple serious incidents which highlighted weaknesses in IT systems and in processes designed to validate data. Therefore, senior staff could not be assured that performance data used to inform decision-making, was reliable. The trust recognised the serious risk that under-investment in IT systems could result in further serious incidents.

However:

- Leaders were visible and approachable in the service for patients and staff. They supported staff, and each other and worked as a strong, cohesive leadership team to deliver the vision and strategy of the service.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

The outpatient service had a dedicated 'patient partner' who was also a trust volunteer. Their role was to act as the voice of the patient and represent patient views at a range of trust meetings and forums.

Areas for improvement

Action the trust MUST take to improve:

Outpatients

- The trust must ensure that systems and processes are established and operated effectively to enable the trust to assess, monitor and improve the quality and safety of the outpatients services being provided. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).
- The trust must ensure that systems and processes are established and operated effectively to enable the trust to assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).
- The trust must ensure it has effective systems and processes to assess and monitor the risk of harm to patients because of delayed access to appointments or long waits for treatment. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).

Action the trust SHOULD take to improve:

- The trust should ensure that patients are seen within national waiting time standards.
- The trust should ensure that appropriate records of equipment servicing and maintenance are kept and updated.
- The trust should ensure that staff follow policy and that patient records are stored securely at all times.
- The trust should ensure that learning from serious incidents is shared with staff.
- The trust should aim to reduce the number of cancelled and missed appointments by ensuring patients are appropriately informed of their appointment within a reasonable time frame.
- The trust should ensure that all occasions where patients do not attend their appointment are recorded appropriately to ensure Did Not Attend (DNA) data provides an accurate reflection of performance.

Queen's Hospital

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Key facts and figures

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

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

We carried out an unannounced inspection of Critical Care and End of Life Care Services on 3, 4 and 5 September and an announced inspection of Urgent and Emergency Care Services on 8 and 9 October 2019.

We spoke with 35 patients and their relatives/carers, and we reviewed 46 sets of patient records.

We also spoke with 102 members of staff including doctors, nurses, managers, allied health professionals, support and administrative staff, ambulance crews, pharmacists, and midwives, in addition to interviews with clinical leads and service managers.

Summary of services at Queen's Hospital

Requires improvement   

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

- We inspected Urgent and Emergency services during this inspection to check if improvements had been made since our last inspection. The overall rating for the service was requires improvement. The rating for Well-led improved to Good. Safe, and Responsive remained Requires Improvement, whilst Effective and Caring stayed as Good.
- The overall rating for Critical Care improved. The ratings for Effective, Caring, Responsive and Well-led improved to Good, whilst Safe remained the same as Requires Improvement.
- The overall rating for End of Life Care improved to Outstanding. Responsive and Well-led improved to Outstanding, whilst Safe, Effective and Caring remained as Good.

Urgent and emergency services

Requires improvement   

Key facts and figures

Urgent and emergency care at Queens Hospital included an emergency department and a dedicated children's emergency department (children's ED). The emergency department treats people with serious and life-threatening emergencies. Adults and children with less urgent illnesses and minor injuries are treated in Majors B, another unit within the department. All services operate 24-hours a day, seven days a week. The hospital has one of the highest attendances in England.

From March 2018 to February 2019 there were 225,065 attendances at the trust's urgent and emergency care services, of which 19.2% resulted in admission.

Patients presented to the department either via ambulance via an ambulance-only entrance or were brought into the unit by staff from the on-site emergency care centre, which was managed by a separate independent provider. Reception staff book in patients inside the ambulance entrance, and patients are then moved to the RAFTing area, which has eight chairs, for patients considered "fit to sit" as well as eight trolley bays and two assessment rooms, where they were assessed for the most suitable area for treatment. The emergency department has different areas for treating patients depending on their needs. The resuscitation area has eight bays (two designated for use with children and one with equipment for trauma patients). This area has full facilities for resuscitating critically unwell patients, for example a patient with a serious injury. The Majors A' area has 26 bays including a room for patients needing isolation. There is a dedicated room suitable for the assessment of people with acute mental health issues. In addition, there is a Majors B area, for patients of lower acuity. This area is for patient who are fit to sit.

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

We inspected the service over two consecutive days in October 2019.

We looked at 10 sets of patient records. We spoke with over 30 members of staff including doctors, nurses, managers, allied health professionals, support staff and ambulance crews. We spoke with 15 patients and their relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

The first day of our inspection was the busiest in the department that year.

Summary of this service

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

- During our inspection, the waiting area in Majors B was extremely crowded. There was no protocol in place for routinely checking the wellbeing of patients in the waiting area.
- At the time of our inspection, there were concerns about the ability of staff to monitor the wellbeing of patients in the "fit to sit" area in Majors B.
- There was evidence that learning from incidents was not always effectively shared across the trust as a whole, impacting on the risk of recurrence of incidents in the department.
- There continued to be a significant shortage of middle grade medical staff. Whilst the trust had gone some way to mitigating this, it continued to be an issue.

Urgent and emergency services

- The paediatric urgent and emergency care department was frequently staffed by staff without training in paediatric care.
- Staff continued to have issues in accessing relevant patient records.
- There remained significant issues with flow in the service.
- There was no clear vision for the service.

However:

- 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.
- The service controlled infection risk well.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff monitored the effectiveness of care and treatment.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- The service planned and provided care in a way that met the needs of local people and the communities served.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Is the service safe?

Requires improvement ● → ←

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

- During our inspection, the waiting area in Majors B was extremely crowded. There was no protocol in place for routinely checking the wellbeing of patients in the waiting area. However, once this was highlighted to the hospital, a protocol was immediately introduced, and checks were carried out by a registered nurse and recorded.
- At the time of our inspection, there were concerns about the ability of staff to monitor the wellbeing of patients in the "fit to sit" area in Majors B. Whilst this was addressed immediately when raised to the leadership team, it was concerning that the situation had been allowed to escalate to that level.
- There was a Serious Incident involving a retained foreign object during the reporting period. This incident was similar to others which occurred elsewhere in the trust, suggesting a lack of effective shared learning across departments.
- There were two incidents of medicines being administered to patients without identification, placing them at significant risk of harm. This incident suggested that safety procedures were not always adhered to.
- Whilst the service had made significant efforts to address the shortage of middle grade staff, including the successful introduction of Advanced Nurse Practitioner and Advanced Clinical Practitioner roles, there remained a significant gap in the permanent staffing levels for middle grade doctors and their equivalents at the time of our inspection.

Urgent and emergency services

- The service generally had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. However, there was a shortage of paediatric trained staff, meaning that the paediatric unit was not always staffed by specialist nurses, AHPs and doctors.
- Records were a combination of paper and electronic records. There were several different IT systems used which, in some cases, made it hard for clinicians to see the full picture of a patient, this remained an issue since our last inspection

However:

- All patients entering the unit were initially assessed by a doctor of middle grade or above.
- 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. The records of all paediatric patients and patients assessed as vulnerable were reviewed daily by the safeguarding team to ensure safeguarding issues were not missed.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and generally with the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. There were, however, concerns about the sharing of learning from incidents occurring across the trust as a whole.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs.
- In spite of poor scores in the pain audit, during our inspection, we observed that staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Urgent and emergency services

- 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 development.
- Within the department, doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. However, staff told us they did not always receive support from colleagues elsewhere in the hospital, in particular in improving flow within the department.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Staff told us that they sometimes had difficulty in accessing to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The trust performed worse than the England average in the trauma audit and research network (TARN) national audits.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- The service leadership recognised that there remained significant issues with flow through the department. They said that this was significantly contributed to by the lack of effective working relationships with other specialties within the trust. They told us that the issues in the department were not seen as hospital-wide issues.
- From July 2018 to June 2019 the trust did not meet the standard for the time from arrival to treatment and performed worse than the England average. In addition, in the same period, the service performed worse than the England average for the length of time patients spent in the department.

However:

Urgent and emergency services

- The service planned and provided care in a way that met the needs of local people and the communities served. However, senior staff highlighted issues in the wider healthcare system which impacted on the ability of the service to provide effective care. In particular, in terms of the number of patients attending the unit.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- When concerns were identified during the inspection, the leadership team were proactive in addressing those concerns and putting in action plans to prevent their recurrence.
- Generally, staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service made efforts to promote equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Whilst the service subscribed to the trust's overall vision and values, there was no unique vision for the service itself.

Urgent and emergency services

Areas for improvement

We identified the following areas for improvement:

The trust must take the following actions to improve:

- The service must ensure that the paediatric ED is staffed by sufficient numbers of suitably qualified paediatric trained staff. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18).

Actions the trust should take to improve:

- The service should improve performance identified by the emergency department survey questions relevant to the caring domain;
- The trust should work to integrate the urgent and emergency care services into the wider hospital, ensuring effective, collaborative relationships between the service and other core services to improve patient flow and access to the right treatment at the right time;
- The service should continue to mitigate against the shortage of middle grade doctors;
- The service should improve the interlink between IT systems and improve staff's access to electronic reporting systems;
- Staff should regularly assess and monitor patients to see if they are in pain and administer pain relief in a timely way.
- The service should carry out regular and effective audits of pain management.
- The trust should develop a unique vision and strategy for the urgent and emergency care service;
- The service must continue to work to identify bottlenecks and improve flow through, and out of the service;
- The trust should ensure that relevant learning from incidents is shared from incidents occurring across the trust.

Critical care

Good  

Key facts and figures

Queen's Hospital has three critical care wards; a general intensive care and high dependency unit, a coronary care unit, and a neuro-intensive therapy and high dependency unit (NITU).

The service at the Hospital is designed to accommodate patients with level two (high dependency) and level three (intensive care) needs. Level two care describes patients requiring more detailed observation or intervention. This includes support for a single failing organ system or post-operative care, and those 'stepping down' from level three care. Level three care refers to patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multiple organ failure.

There are 46 critical care beds at Queens Hospital. The general intensive care unit (GICU) and high dependency unit (GHDU) together have 22 beds. There is also the 12 bedded neuro ITU (NITU) which is made up of six intensive care beds and six high dependency beds.

These wards are co-located on the ground floor of the hospital, and all beds on these wards can accommodate level 2 and level 3 patients. Since the last inspection, there are a further 10 general high dependency beds opened on Sky A on the fourth floor.

We visited all critical care wards over three days during our announced inspection on the 3 September to 5 September 2019.

We reviewed 10 patient care records and observed care being provided. We spoke with 4 relatives and carers, 6 patients and 35 members of staff including nurses, consultants, junior doctors, physiotherapists, pharmacists, dietitians, and administrative staff. We also reviewed the trust's performance data and looked at trust policies for critical care.

Summary of this service

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

- 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.
- All areas we checked were visibly clean with minimal clutter in corridors or clinical areas.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The critical care outreach team (CCOT) supported acutely unwell patients in other areas of the hospital, prior to their transfer to the critical care, and to follow up with discharged critical care patients.
- Although there were significant vacancies in nursing staffing, which could be considered a long-term risk, critical care wards were mitigating this risk as much as possible, and shifts were covered where necessary by bank staff.
- Senior medical cover was available 24 hours a day, seven days a week. Staff stated there was a positive relationship between the consultants and junior medical staff.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Critical care wards had access to specialist pharmacy input that cover both trust hospital site.

Critical care

- At the time of the last inspection there were inconsistencies in completion of drug charts and prescriptions. We reviewed medication charts in patient records and found them to be consistently completed.
- At the time of the last inspection we found there was limited use of systems to record and report safety concerns and incidents. Some staff were also unclear about the types of incident to report and were wary about raising concerns. On this inspection an incident reporting system was in place across the trust and staff knew how to report an incident and there was a positive reporting culture in place.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance
- At the time of the last inspection, critical care wards did not have dedicated input from dieticians. Critical care wards now had full-time dieticians in post in both general and neuro intensive care wards. Staff we spoke with were very positive about the input of dieticians, who could attend ward rounds for patients, and provide advice and support as needed.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service also contributed and uploaded data regularly to the Intensive Care National Audit Research Centre (ICNARC), which provides information/feedback about the quality of care to those who work in critical care to allow service benchmarking against similar critical care units nationally.
- The service actively engaged with the local critical care network to help support and improve delivery of high-quality care in the area. This included a peer review network and shared learning across London.
- At the time of the last inspection we identified that staff were not working together as an MDT. On this inspection staff stated they had good working relationship as a critical care team and across disciplines, and we observed this in effect on the wards. Staff stated they worked well together collaboratively, and this was supported by effective and approachable clinical leadership.
- Staff held daily multidisciplinary meetings to discuss patients and arrangements for their care. While on inspection we attended the morning handover and found it to be well attended by medical and nursing staff (including the CCOT), and Allied Health Professionals (AHPs).
- During the inspection we saw most staff treating patients with dignity, kindness, compassion, courtesy, and respect. Most staff explained their roles to patients (including identifying themselves to patients who were not conscious) and put patients at ease during any interactions.
- Patients spoke positively about the care they received and how they were treated on critical care wards. Patients told us staff were respectful and provided them with space to ask questions about their care.
- Critical care wards collected feedback from patients using the Friends and Family Test (FFT). Data showed that for July 2019, the average number of patients who were likely to recommend the service was above 95%.
- Most staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff stressed the importance of treating patients as individuals and this was reflected in the majority of interactions we observed.
- Patients who were approaching the end of their life or required palliative care could be supported by the trust palliative care team if necessary. The palliative care team worked collaboratively with the critical care staff to manage end of life patients. Critical care wards had developed a 24-hour care plan, with support from the palliative care team, to ensure the needs of end of life patients were well managed.
- Family members were positive about the care the patients received and stated that staff members were professional and welcoming. Family members also stated they were kept well informed of treatment plans.

Critical care

- There were information leaflets for family members for each critical care ward. These leaflets contained information on visiting times, lead staff, and hospital amenities.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- At the last inspection we identified that there were insufficient critical care beds available for the population served by the trust. Since the time of the last inspection. The opening of Sky A HDU ward on the fourth floor had increased the capacity of the critical care wards by ten beds. Staff recognised this ward had a significant impact in managing increased patient activity within this time frame, as activity had noticeably increased.
- Critical care wards had access to a multi-disciplinary team of staff able to support the individual needs of the patients.
- Support for mental health patients was provided by referral to the local mental health trust psychiatric liaison service. The trust had a contract with this service and support/advice was available 24 hours per day.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- The hospital chaplaincy was available to meet the religious needs of the local population. The service had Christian, Muslim, and Jewish chaplains, and could also provide access to other local religious groups as needed. A duty chaplain was available on site seven days a week including evenings, and the service also offered a 24/7 on-call service.
- Critical care had a clear management structure in place. Staff we spoke with stated that the divisional leadership was visible on the wards and were approachable to staff.
- Staff demonstrated awareness of the trust values and information on these values was displayed on the critical care wards.
- There was a robust corporate governance framework in place which oversaw service delivery and quality of care. This included monthly speciality governance meetings across critical care, led by speciality leads and attended by ward staff, as well as hospital wide governance meetings.
- Senior leads and managers of the critical care service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security systems.
- During the last inspection, the trust was advised that it should consider ways to engage patients in providing feedback specifically related to critical care services. On this inspection, we found improvements had been made as the service used the trust's 'I want great care' database to provide internal information on critical care services.

However, we also found:

- Critical care staff were not meeting the trust target in mandatory training modules for resuscitation level 2 and 3. Data provided by the trust between April and June 2019 showed the compliance rate for resuscitation level 3 (adult immediate life support) for medical staff in critical care was 51.7% against trust target of 90%.
- We observed inconsistent staff compliance with IPC best practice guidance in relation to hand hygiene and 'bare below the elbows' protocols. IPC audits were not identifying issues with hand hygiene compliance as we observed on inspection.

Critical care

- The newly opened general high dependency unit (Sky A) did not comply with some standards from the HBN 04-02 building regulations for critical care wards. This included no uninterruptible power supply (UPS) on the ward, bed spacing, and insufficient lighting. Sky A compliance with building regulations was now added to the divisional risk register.
- Evidence of the evening ward round was not always formally documented in the patient records. We observed ward rounds on inspection and found them to be well attended, with input from not only medical staff but other clinical disciplines
- We observed staff leaving patient case notes unattended on critical care wards, which did not comply with the information governance practices for the trust or best practice.
- At the time of inspection, a never event was identified at the other trust hospital site in critical care relating to a retained foreign object (a guide wire in a central venous catheter). This never event was similar to a number of similar incidents that had occurred between May and July of 2018. At the time of the 2018 never events, the trust put in place a number of Local Safety Standards for Invasive Procedures (LocSSIPs) to minimise the risk of the never event occurring. However, staff we spoke with on inspection were unaware of LocSSIPs or national guidance in place to minimise the risk of retained guide wires.
- Following inspection, the trust reported that the appraisal rate was 60% for critical care medical staff, significantly lower than the trust target.
- Staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguarding was variable, and some staff were not sure about when the principles of capacity would apply.
- At the time of inspection, the critical care service did not have a vision and strategy document.
- Although there was an assessment pathway for delirium and dementia, screening for dementia was inconsistently completed.
- Senior staff acknowledged that mixed sex breaches were a common occurrence on critical care wards. We saw that the service had reflected mixed sex breaches on the divisional risk register.
- The Royal College of Anaesthetists recommends that the occupancy rate for critical care wards is kept below 70%. Senior staff stated that the occupancy rate was above the 70% recommended due to continually high activity at the hospital.
- Following inspection, the trust provided information on the number of delayed discharges over four hours. Between April 2018 and March 2019. Between May and July 2019, monthly delayed discharges were between 38% and 47% on NITU and 51% and 60% on GITU.
- During the inspection we observed a few instances where staff did not identify themselves to patients or inform them about the care they were going to receive. In these cases, staff were occasionally seen to talk over the patient, even if they were awake, or not informing patients of their presence before delivering care.

Is the service safe?

Requires improvement ● → ←

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

Critical care

- Critical care staff were not meeting the trust target in mandatory training modules for resuscitation level 2 and 3. Data provided by the trust between April and June 2019 showed the compliance rate for resuscitation level 3 (adult immediate life support) for medical staff in critical care was 51.7% against trust target of 90%. The critical care leadership recognised this as an issue, and resuscitation training was included on the divisional risk register.
- We observed inconsistent staff compliance with IPC best practice guidance in relation to hand hygiene and 'bare below the elbows' protocols. IPC audits were not identifying issues with hand hygiene compliance as we observed on inspection.
- The newly opened general high dependency unit (Sky A) did not comply with some standards from the HBN 04-02 building regulations for critical care wards. This included no uninterruptible power supply (UPS) on the ward, bed spacing, and insufficient lighting. Sky A compliance with building regulations was now added to the divisional risk register.
- Evidence of the evening ward round was not always formally documented in the patient records.
- Critical care wards did not have a clinical information system, and staff recognised this as a frustration for sharing information quickly, for investigating incidents, and for audit purposes.
- We observed staff leaving patient case notes unattended on critical care wards, which did not comply with the information governance practices for the trust or best practice.
- At the time of inspection, a never event was identified at the other trust hospital site in critical care relating to a retained foreign object (a guide wire in a central venous catheter). This never event was similar to a number of similar incidents that had occurred between May and July of 2018. At the time of the 2018 never events, the trust put in place a number of Local Safety Standards for Invasive Procedures (LocSSIPs) to minimise the risk of the never event occurring. However, staff we spoke with on inspection were unaware of LocSSIPs or national guidance in place to minimise the risk of retained guide wires.

However:

- 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.
- All areas we checked were visibly clean with minimal clutter in corridors or clinical areas. The service used 'I am clean' stickers to identify equipment that had been cleaned and was ready for use. All the equipment we checked were clean and the date was recorded with an 'I am clean'.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff used the national early warning scores (NEWS) system to assess and monitor deterioration in patients, which were kept at the patient bedside.
- The critical care outreach team (CCOT) supported acutely unwell patients in other areas of the hospital, prior to their transfer to the critical care, and to follow up with discharged critical care patients.
- Although there were significant vacancies in nursing staffing, which could be considered a long-term risk, critical care wards were mitigating this risk as much as possible, and shifts were covered where necessary by bank staff.
- FICM Core Standards suggested a minimum of 50% of registered nursing staff should be in possession of a post registration award in critical care nursing on wards. Data provided by the ward leaders on the inspection showed 71% of GITU staff and 67% of NITU staff were meeting this criteria for post registration qualifications.

Critical care

- Senior medical cover was available 24 hours a day, seven days a week. Staff stated there was a positive relationship between the consultants and junior medical staff.
- Critical care wards had recently taken on several new recruits as Advanced Critical Care Practitioners (ACCPs). This role provided support for medical staff, and provided developmental opportunities for experienced healthcare staff.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Critical care wards had access to specialist pharmacy input that cover both trust hospital site.
- At the time of the last inspection there were inconsistencies in completion of drug charts and prescriptions. We reviewed medication charts in patient records and found them to be consistently completed.
- At the time of the last inspection we found there was limited use of systems to record and report safety concerns and incidents. Some staff were also unclear about the types of incident to report and were wary about raising concerns. On this inspection there was an incident reporting system in place across the trust and staff knew how to report an incident and there was a positive reporting culture in place.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

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-based practice. Managers checked to make sure staff followed guidance.
- At the time of the last inspection, critical care wards did not have dedicated input from dieticians. Critical care wards now had full-time dieticians in post in both general and neuro intensive care wards. Staff we spoke with were very positive about the input of dieticians, who could attend ward rounds for patients, and provide advice and support as needed.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service also contributed and uploaded data regularly to the Intensive Care National Audit Research Centre (ICNARC), which provides information/feedback about the quality of care to those who work in critical care to allow service benchmarking against similar critical care units nationally.
- The hospital provided the most recent ICNARC report from April 2018 to March 2019. Results showed that patient outcomes and mortality were within the expected ranges when compared to similar services. The Quality Dashboard for critical care wards at Queens Hospital showed eight of nine indicators were within normal range,
- The service actively engaged with the local critical care network to help support and improve delivery of high-quality care in the area. This included a peer review network and shared learning across London.
- Staff we spoke with were positive about the support and availability of the practice development nurses (PDN). PDN roles were split between have clinical and have practice and provided advice and support to staff on training and revalidation.

Critical care

- At the time of the last inspection we identified that staff were not working together as an MDT. On this inspection staff stated they had good working relationship as a critical care team and across disciplines, and we observed this in effect on the wards. Staff stated they worked well together collaboratively, and this was supported by effective and approachable clinical leadership.
- Staff held daily multidisciplinary meetings to discuss patients and arrangements for their care. While on inspection we attended the morning handover and found it to be well attended by medical and nursing staff (including the CCOT), and Allied Health Professionals (AHPs).

However:

- Following inspection, the trust reported that the appraisal rate was 60% for critical care medical staff, significantly lower than the trust target.
- Staff understanding of the MCA and DoLS was variable, and some staff were not sure about when the principles of capacity would apply. While staff stated if they were unsure they would ask the doctors, this meant that they may miss patients displaying signs that they had limited capacity to make decisions.

Is the service caring?

Good   

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

- During the inspection we saw most staff treating patients with dignity, kindness, compassion, courtesy, and respect. Most staff explained their roles to patients (including identifying themselves to patients who were not conscious) and put patients at ease during any interactions.
- We spoke with 6 patients in critical care during the inspection. Patients spoke positively about the care they received and how they were treated on critical care wards. Patients told us staff were respectful and provided them with space to ask questions about their care.
- Critical care wards collected feedback from patients using the Friends and Family Test (FFT). Data showed that for July 2019, the average number of patients who were likely to recommend the service was above 95%.
- We saw that patient's privacy and dignity was maintained whilst they were on the unit. Staff closed the curtains around the patient's bed space before carrying out any personal care, and most staff communicated with the patient before delivering care.
- On critical care ward we saw "you said we did" boards. These boards identified feedback that had been received from service users, and changes that the wards had made based on this information.
- Most staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff stressed the importance of treating patients as individuals and this was reflected in the majority of interactions we observed.
- Patients who were approaching the end of their life or required palliative care could be supported by the trust palliative care team if necessary. The palliative care team worked collaboratively with the critical care staff to manage end of life patients. Critical care wards had developed a 24-hour care plan, with support from the palliative care team, to ensure the needs of end of life patients were well managed.
- We spoke with four family members of patients on the critical care ward. Family members were positive about the care the patients received and stated that staff members were professional and welcoming. Family members also stated they were kept well informed of treatment plans.

Critical care

- There were information leaflets for family members for each critical care ward. These leaflets contained information on visiting times, lead staff, and hospital amenities.

However:

- During the inspection we observed a few instances where staff did not identify themselves to patients or inform them about the care they were going to receive. In these cases, staff were occasionally seen to talk over the patient, even if they were awake, or not informing patients of their presence before delivering care.

Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- At the last inspection we identified that there were insufficient critical care beds available for the population served by the trust. Since the time of the last inspection. The opening of Sky A HDU ward on the fourth floor had increased the capacity of the critical care wards by ten beds. Staff recognised this this ward had a significant impact in managing increased patient activity within this time frame, as activity had noticeably increased.
- Critical care wards had access to a multi-disciplinary team of staff able to support the individual needs of the patients.
- Support for mental health patients was provided by referral to the local mental health trust psychiatric liaison service. The trust had a contract with this service and support/advice was available 24 hours per day.
- CCOT nurses provided a follow up clinic for any patient who was discharged from critical care. Follow up clinics took place three months after discharge for any patient who was intubated for more than 48 hours, or who had been on a critical care for five days.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- There was clear signage inside the main hospital building, which meant it was straightforward for visitors to locate the critical care wards.
- Staff were aware of how to access translation if patients or families were unable to communicate in English.
- The hospital chaplaincy was available to meet the religious needs of the local population. The service had Christian, Muslim, and Jewish chaplains, and could also provide access to other local religious groups as needed. A duty chaplain was available on site seven days a week including evenings, and the service also offered a 24/7 on-call service.

However:

- Although there was an assessment pathway for delirium and dementia, screening for dementia was inconsistently completed. On some critical care wards, we found patients who had been identified as having dementia, but an assessment had not been completed.

Critical care

- The Royal College of Anaesthetists recommends that the occupancy rate for critical care wards is kept below 70%. Senior staff stated that the occupancy rate was above the 70% recommended due to continually high activity at the hospital.
- Senior staff acknowledged that mixed sex breaches were a common occurrence on critical care wards. We saw that the service had reflected mixed sex breaches on the divisional risk register, and there were actions in place to minimise the risk of occurrence and mitigate any associated risk.
- Following inspection, the trust provided information on the number of delayed discharges over four hours. Between April 2018 and March 2019. Between May and July 2019, monthly delayed discharges were between 38% and 47% on NITU and 51% and 60% on GITU.

Is the service well-led?

Good   

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Critical care had a clear management structure in place. The critical care provision was part of the anaesthetics division and was led by a divisional director of nursing, a clinical lead, and a divisional manager.
- Staff we spoke with stated that the divisional leadership was visible on the wards and were approachable to staff.
- At the time of the last inspection it was noted there were communication issues between different staff disciplines on critical care wards. On this inspection we found a much-improved relationship between doctors, nursing, and allied health professionals (AHP). Staff were very positive about their colleagues and we observed a collaborative working culture in place between the various disciplines.
- Staff demonstrated awareness of the trust values and information on these values was displayed on the critical care wards.
- There was a robust corporate governance framework in place which oversaw service delivery and quality of care. This included monthly speciality governance meetings across critical care, led by speciality leads and attended by ward staff, as well as hospital wide governance meetings.
- We saw records of the last four governance committee minutes and saw they discussed complaints, incidents, key performance indicators (KPIs), training, subcommittees compliance, and any other clinical issues and audits.
- Senior leads and managers of the critical care service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security systems.
- During the last inspection, the trust was advised that it should consider ways to engage patients in providing feedback specifically related to critical care services. On this inspection, we found improvements had been made as the service used the trust's 'I want great care' database to provide internal information on critical care services.

However:

Critical care

- At the time of inspection, the critical care service did not have a vision and strategy document. Senior staff recognised that this was not in place and stated that it had been due to uncertainty about the development of an overall clinical strategy within the hospital, which would have significant implications for critical care.
- Although senior staff and leaders were aware of issues on the risk register, the risk register and governance processes did not reflect some of the risks we identified on inspection. This included the lack of introduction of Local Safety Standards for Invasive Procedures (LocSSIPs) to minimise risk of never events occurring, inconsistent hand hygiene practice, and the inconsistent use of the delirium and dementia pathway for some patients.

Outstanding practice

- Critical care had recently recruited two fully funded research nurses to support a research fellow in carrying out academic study and clinical improvement on the wards. This included National Institute of Health Research (NIHR) studies such as fluid management in emergency laparotomy patients, and project looking at cardiac arrests of patients in ITU. Critical Care was the first specialty in the trust to introduce these posts.

Areas for improvement

We found areas for improvement in this service.

Areas we told the trust they **MUST** improve:

- The trust must ensure action points for never events are implemented in a timely manner with improved communication to staff. This includes ensuring the NatSSIP is cross referenced on the intranet in all the relevant departments for which it applies, so that all the necessary staff have access to it. (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).

Areas we told the trust they **SHOULD** improve:

- The trust should develop a vision and strategy for critical care wards, which includes consultation with critical care staff.
- The trust should ensure that critical care staff are meeting the trust target for completion of resuscitation training, particularly for medical staff.
- The trust should improve the consistency of screening for delirium and dementia patients on critical care wards.
- The trust should improve the appraisal rate for critical care staff, in line with the trust targets.
- The trust should examine ways to improve staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguarding
- The trust should improve staff compliance with IPC best practice guidance in relation to hand hygiene and 'bare below the elbows' protocols.
- The trust should monitor evidence of the evening ward round is formally reflected in the patient records.
- The trust should improve the staff compliance with information governance practices for the trust, and with data protection legislation.

End of life care

Outstanding  

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

Macmillan specialists also support the trust and provide a palliative care team and the trust has an end of life care team. Both teams work across both hospital sites across all settings. There are no inpatient palliative care beds.

There is a seven day a week face to face palliative care support for patients and staff and 24 hour telephone advice available from a consultant in palliative medicine. The trust use an individualised end of life care plan to tailor care in the last few days or hours of life. The trust also use the gold standards framework (GSF) to identify patients who may be in the last year of life. The GSF is in use in care of the elderly, renal, haematology, and oncology wards.

The trust reported they collect data to track progress against key strategic objectives and feedback from carers collected through the bereavement survey and complaints monitoring process. Data is feedback to frontline staff to improve care.

(Source: Routine Provider Information Request (RPIR) – Context acute tab)

End of life care was delivered on most wards at Queen’s Hospital, by ward staff who were supported by specialist multidisciplinary input. There is a specialist palliative care team (SPCT) and an end of life care team who provide care, advice and support in the delivery of direct patient care across the hospital.

In 2018/19 a total of 2214 patients died at both of the trust’s acute hospitals (Queen’s Hospital and King George’s Hospital). 1723 patients who were known to the specialist palliative care team died during 2018/19. Therefore 78% of deaths at the trust were seen by the specialist palliative care team. A total of 2082 patients were referred to the specialist palliative care team over the same period; 918 non-malignant disease, 995 malignant disease, 6091 face to face visits, 2440 episodes of telephone advice and 75 patients seen in outpatients.

The specialist palliative care team is comprised of a team leader, palliative consultants, clinical nurse specialists, a social worker, discharge coordinator, team administrator and an occupational therapist. There were also end of life care facilitators and an end of life care consultant. The role of the team includes assessment and care planning for patients with complex palliative care needs, treatment, medication, symptom control and emotional and psychological support for patients and their relatives and loved ones. They were supported by a team of chaplains and pastoral visitors.

We spoke with a total of 11 patients and relatives. We also spoke with 37 members of staff, which included ward managers, nurses and healthcare assistants, ward doctors and specialist support staff such as occupational and physiotherapy staff. We also spoke with senior managers, porters, mortuary staff, chaplaincy, bereavement coordinators and all members of the specialist palliative care team, end of life care team and key senior managers at the trust.

We observed care and treatment within the wards and reviewed 26 care records that included 21 Do Not Attempt Cardio-Pulmonary Resuscitation forms.

End of life care

Summary of this service

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

- At the last inspection we found that end of life services were safe and that patients were protected against the risk of inappropriate care. Staffing establishment had recently been increased to improve patient care and specialist palliative care team visibility across the hospital. Care and treatment was delivered in line with current evidence based standards, there were good examples of the multidisciplinary team working and DNACPR forms were completed accurately. Patients said staff were caring and compassionate, respectful and maintained patients' dignity. There was a fast track system which supported prompt discharge to ensure patients' wishes related to their preferred place of care were respected. There was good coordination across the hospital to ensure consistency of approach in end of life care and good systems for routine monitoring the quality of the service.
- All teams contributing to end of life care at the hospital were effective in delivering high quality services. Wards were well supported to deliver good quality end of life care to patients, which was supported by leaders, specialist teams and mortuary staff. End of life care was seen as everyone's responsibility at the hospital.
- The specialist palliative care team and end of life care team supported ward teams to deliver end of life care to patients. This included hands on support in key areas such as symptom control, medication advice, syringe driver use, nutrition and pain management.
- Specialist teams, including mortuary staff, delivered a broad programme of education and training that supported staff in key aspects of care of the dying and deceased.
- There were a number of embedded initiatives in place that had improved the quality of services in end of life care, some of which had received national recognition and awards.
- Teams including bereavement services and the chaplaincy provided committed and caring services for those who were dying or had just lost a loved one.
- Mortuary services had worked to improve the quality of care for deceased patients.
- Palliative and end of life care teams were well led, with good support from the executive team. There was a clear strategy aligned to national standards and key metrics were being effectively monitored.

However,

- It was not possible to identify how many trained nurses had obtained competency in use of syringe drivers because there was no comprehensive list of who had received the training.
- Counselling services for non cancer patients was an unmet need trust wide.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

End of life care

- Staff used infection control measures when transporting patients after death.
- Access to syringe drivers was managed by the specialist palliative care team. Nurses we spoke with stated that in the last two years syringe drivers had always been available.
- There were effective processes in place to work extensively with wards to identify deterioration and minimise the risks to patients at the end of their lives. Individualised end of life care plans had been effectively implemented. Risk assessments considered patients who were deteriorating and in the last days or hours of their life. All plans were reviewed to help wards to achieve improvements for patients.
- The end of life care team organised equipment for end of life care patients returning home and demonstrated good knowledge of each borough's processes, good channels of communication and made referrals as early as possible.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Drug charts for patients who were recognised as dying were fully completed in terms of anticipatory medication prescribing. All drug charts were reviewed following patient death and despite a low criteria to fail, the current fully completed charts was more than 90%.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. The trust's electronic incident reporting system was used to break down information that related to end of life care. 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 this service stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service was actively engaged in monitoring and improving the individualised end of life care plan which through audit and review, had been updated on five occasions since 2015. Significant improvement had been made to the care plan which had been completed to a high standard. Ongoing support was provided by the end of life care facilitators to promote its use and achieve improvements. In July 2019, 60% of patients who died at the trust had an individualised end of life care plan.
- The specialist palliative care team worked holistically across the wards and alongside ward staff, doctors and specialist teams to assess and meet the nutritional needs of palliative and dying patients. This included joint weekly complex nutritional multidisciplinary team meetings with specialist nutritional teams. The SPCT were visible and built relationships with ward teams for the benefit of patients.
- Outcomes from the 2018/19 National Audit of Care at the End of Life (NACEL) showed the hospital scored the same as or better than the national average in six of eight standards.

End of life care

- The specialist palliative care team worked with the specialist pain team, that included a combined multidisciplinary team meeting fortnightly to discuss patients with complex pain needs. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The specialist palliative care team monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. The specialist palliative care team, end of life care facilitators, chaplaincy and mortuary staff all made meaningful contributions to the continuing development of the staff's skills, competence and knowledge regarding end of life care. End of life care was part of induction and was part of the 'essential training' for all clinical staff.
- Care after death training was considered important for best practice for all nurses and healthcare assistants. This was a two-part training module that included a mortuary visit for familiarity with mortuary processes and how the mortuary was managed and run. Ward staff visiting the mortuary had proved a positive way of allaying apprehensions about care after death.
- There was effective and flexible multidisciplinary and collaborative working between teams, wards and specialist teams. This meant that end of life and palliative patients received care that was joined-up.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. We encountered a number of collaborative and effective working relationships between the specialist palliative care team and specialist teams around the hospital to meet specific patient needs. There were good relationships with different departments around the hospital including traditionally difficult to reach groups.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The end of life care facilitators carried out continuous review of all do not attempt cardio pulmonary resuscitation forms. We reviewed 21 DNACPR forms that were in place at the time of our visit and found them completed to a high standard.

However,

- The specialist palliative care team were involved in training staff for syringe driver use and had undertaken initiatives to improve access to syringe driver training. Staff using syringe drivers were expected to have undertaken training and passed a competency process to use them. However, in practice it was not possible to identify how many trained nurses had obtained competency and there was no comprehensive list of who had received the training.

Is the service caring?

Good   

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

End of life care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and relatives told us that the caring and kind attitudes of staff had made a difference to the wards being a good place to be at a difficult time.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. There were numerous, embedded initiatives and ways that patients and relatives emotional needs were supported.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. There was good communication with relatives and good support from the specialist palliative care team who built good relationships.
- Care after death had been promoted in the hospital and included training for nursing and healthcare assistant staff. This promoted a culture of the care and dignity of the deceased.
- The bereavement office staff demonstrated a caring and compassionate approach to their work which was at the centre of what they did.
- The chaplaincy were engaged in a number of activities that promoted emotional support for patients, relatives and staff. They were extensively engaged in supporting dying patients and their loved ones, and a number of other activities that promoted emotional support for patients, relatives and staff. They had received national recognition in 2018 for their service.
- The bereavement survey results were positive, with all question responses rated in the 84-96% as either good or satisfactory. The survey results formed part of the divisional monthly metrics that were shared with divisional leads to disseminate to the appropriate staff. Action logs were attached to each question, demonstrating progress with each.

However,

- The National Audit of Care at the End of Life April 2019 (outcomes from 2018/19) showed that the service scored above the national average on most points. However, the service scored less well on access to counselling services. It was recognised that counselling services for non cancer patients was an unmet need trust wide.

Is the service responsive?

Outstanding  

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

- There were a number of embedded initiatives that effectively met the needs of local people. The service worked innovatively with others in the wider community and local organisations to plan care, including hospices, nursing homes and community groups.
- The service was inclusive and took account of patients' individual needs and preferences. We encountered positive working relationships throughout the hospital that met the individual needs of patients. The specialist palliative care team and end of life care team attended numerous board rounds, multidisciplinary team meetings and engaged with specialist teams to meet individual patient need. They also linked in to community teams to provide an integrated service to meet patient need.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. The team also provided an outpatient's service that offered flexibility for easy access.

End of life care

- The enhanced supportive care team worked with proactively with patients to reduce crisis admissions for palliative care cancer patients which had received national recognition.
- The bereavement office and chaplaincy had combined to relocate to a patient and relative accessible location within the hospital to better meet patient need. The team included a registrar who was based in the hospital three days a week. This had been named The Daisy Centre and was now a one stop centre which had received national recognition.
- The daisy symbol had been designed to be used for everything to do with end of life care. This innovation was embedded in to end of life care services across the hospital, and served to enable all groups of staff to show extra sensitivity, patient focus and compassion.
- The specialist palliative care team led on complex and fast track discharges. This had reduced the length of time to get patients home. Delays to discharge were monitored and challenges worked on to improve outcomes for patients.
- The specialist palliative care team were able to respond to requests for advice and support quickly, 90% were seen within 24 hours and 100% within 48 hours. 82% of people who had stated it, died in their desired place of care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Outstanding  

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

- End of life care at the hospital was well led at every point. There was clear and effective leadership within the specialist palliative care team, bereavement team, chaplaincy and mortuary. End of life care services had been positively enhanced by the chief nurse as the executive lead for end of life care.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- There was a clear strategy for end of life care that was based on published best practice and linked to their identified priorities.
- The end of life action plan was aligned to the end of life care strategy. This was monitored effectively and appropriately at the end of life care committee and fed back to the divisions for action.
- Key metrics measuring the quality of end of life care were produced to monitor progress and implementation of the individualised end of life care plan, advance care planning, the Gold Standards Framework and feedback from the bereavement survey. This was monitored effectively and appropriately at the end of life care committee and fed back to the divisions for action.
- Morale was evidently high throughout the clinical teams delivering end of life and palliative care. This was also the case for the chaplaincy service and bereavement service. These were all seen as rewarding roles for the staff involved, which combined delivering high quality and effective services with the excitement of new projects.

End of life care

- All teams contributing to end of life care at the hospital were effective in delivering high quality services. Wards were well supported to deliver good quality end of life care to patients, which was supported by leaders, specialist teams and mortuary staff. End of life care was seen as everyone's responsibility at the hospital.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Engagement with patients, relatives and community partners was meaningful and extensive. They collaborated with partner organisations to help improve services for patients.
- There were numerous initiatives, methods of learning and innovation in the palliative and end of life care services at every level of care within the hospital. Some had been recognised nationally and some had been nominated for awards from national organisations.

Outstanding practice

- The specialist palliative care team and end of life care team had taken responsibility for number areas that related to end of life care. For instance, syringe driver access, care plan improvement, discharge processes, reduced readmissions and DNACPR completion were all monitored by the teams which had driven quality improvement in end of life care.
- The chaplaincy were extensively engaged in supporting dying patients and their loved ones, and a number of activities that promoted emotional support for patients, relatives and staff.
- The specialist palliative care team and end of life care team extensively engaged with specialist teams around the hospital to meet individual patient need. They also linked in to community teams to provide an integrated service to meet patient need.
- Care after death training included a visit to the mortuary which had improved preparation of the deceased by ward staff and communication between the wards and the mortuary.
- There was clear and effective leadership within the specialist palliative care team, bereavement team, chaplaincy and mortuary. End of life care services had been positively enhanced by the chief nurse as the executive lead for end of life care.
- There was a clear strategy for end of life care that was based on published best practice and linked to identified priorities. The end of life action plan was aligned to the end of life care strategy, which was monitored effectively.
- There were numerous initiatives, methods of learning and innovation in the palliative and end of life care services at every level of care within the hospital. Some had been recognised nationally and some had been nominated for awards from national organisations.

Areas for improvement

Action the trust SHOULD take to improve

- The trust should maintain a record of the number of staff who have undertaken training and passed the competency process for syringe driver use.
- The trust should improve access to counselling services for non-cancer patients.

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

Regulation

Treatment of disease, disorder or injury

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

Regulated activity

Regulation

Nursing care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Treatment of disease, disorder or injury

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

The inspection was led by Carolyn Jenkinson, CQC head of hospitals inspection for London. The inspection manager was Max Geraghty. An executive reviewer, Bruno Holthof, supported our inspection of well-led for the trust overall.

The team also included CQC lead core service inspectors and several specialist advisers with varied professional 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.