### South London Healthcare NHS Trust
#### Queen Elizabeth Hospital

<table>
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<th>Region:</th>
<th>London</th>
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<tr>
<td>Location address:</td>
<td>Stadium Rd, Greenwich, London SE18 4QH</td>
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| Type of service: | Acute Hospital registered for the following regulated activities:  
|                  | Diagnostic and screening procedures  
|                  | Maternity and midwifery services  
|                  | Surgical procedures  
|                  | Termination of pregnancy  
|                  | Treatment of disease, disorder and injury. |
| Date the review was completed: | December 2010 |
| Overview of the service: | Queen Elizabeth Hospital is situated by Woolwich Common in SE London. The current building was opened in 2001. It is part of the South London Healthcare NHS Trust which consists of Queen Elizabeth Hospital, Queen |
Mary Hospital in Sidcup, Beckenham Beacon Centre and the Princess Royal Hospital in Farnborough. There are also outpatient departments situated on smaller sites elsewhere. The hospital is an acute hospital with a 24 hour accident and emergency department. Facilities include over 520 beds, seven main theatres and two day surgery theatres, together with imaging and laboratory facilities. The hospital serves mainly a local population.
What we found overall

We found that Queen Elizabeth Hospital was not meeting one or more essential standards. Improvements are needed.

This review was a planned review of compliance meaning we examined all 16 outcomes related to safety of patients and quality of care. Queen Elizabeth Hospital is part of South London Healthcare Trust (SLHT). This report deals specifically with the Queen Elizabeth Hospital site but there are also reports for Queen Mary Hospital in Sidcup, the Princess Royal Hospital in Farnborough and the outpatient services provided by SLHT at Beckenham Hospital.

We visited hospital wards and spoke to clinical and non-clinical staff across all disciplines and all grades. We also spoke with people who use services and their visitors.
Our team of inspectors visited all areas of the hospital apart from maternity. The maternity services will be subject to a separate review at a later date.

Overall people who use services were happy with the care they received at Queen Elizabeth Hospital. We saw staff who were professional and caring towards their patients. Staff we saw providing care and staff we spoke to were all committed to providing care of the highest quality. However, some staff told us they did not have enough suitable equipment to do their jobs well. Evidence from the trust would indicate that this is not the case but the perception among staff is that there are equipment shortages. Staff also told us they were concerned about changes that maybe taking place in the trust and that this has had an effect on staff morale.

Although this is a report about the Queen Elizabeth Hospital much
of the evidence sent to us covered the whole trust.

The summary below describes why we carried out the review, what we found and any action required.

**Why we carried out this review**

We carried out this review as part of our routine schedule of planned reviews.

**How we carried out this review**

We reviewed all the information we hold about this provider which comes from a wide variety of sources, including Local Involvement Networks, surveyed people who use services, carried out a visit on 23rd, 24th and 27th September 2010, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider’s records, and looked at records of people who use services.

**What people told us**

People who use services at Queen Elizabeth Hospital told us they were happy with the care they received. Most of them praised nursing staff who they said were caring and kind. However, they also said they didn’t think there were always enough staff on duty. Staff told us that they liked working at the hospital although some said they are worried about changes to the trust overall and how this will affect them.

**What we found about the standards we reviewed and how well Queen Elizabeth Hospital was meeting them**

**Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall, we found that improvements are needed for this essential standard.
Outcome 5: Food and drink should meet people’s individual dietary needs.
- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services
- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 7: People should be protected from abuse and staff should respect their human rights
- Overall, we found that improvements are needed for this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection
- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way
- Overall, we found that improvements are needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare
- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment
- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job
- Overall, we found that improvements are needed for this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
- Overall, we found that improvements are needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills
- Overall, we found that Queen Elizabeth Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.
Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care
  - Overall, we found that improvements are needed for this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly
  - Overall, we found that Queen Elizabeth Hospital was meeting this essential standard.

Outcome 21: People’s personal records, including medical records, should be accurate and kept safe and confidential
  - Overall, we found that improvements are needed for this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.
What we found
for each essential standard of quality
and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*. 

Outcome 1:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us
People we spoke to who use services were happy with the care they received. They said staff were friendly, professional and cheerful. Some patients we spoke to said they felt there were not enough staff, particularly at night time. People who use services said they were involved in decision making about their care although they did not always feel this was necessary. We observed curtains being drawn around bed areas when members of staff wanted to speak with patients. When we were on wards we saw staff speaking with patients quietly and in a respectful manner. We also saw staff joking and laughing with patients and often care seemed to be relaxed. The staff appeared committed to providing a high standard of care.

We visited the children's ward where parents reported being involved in decisions about their child's care. Parents also reported being involved in discussions about changes in the menu for the children's ward. Observing the ward round, parents were present and involved in discussions relating to the care of their child.

Patients we spoke to in the discharge lounge reported waiting for long periods of
time for transport which was tiring.

Other evidence
We also looked at the Adult Inpatient Survey 2009 which was carried out by CQC. Three items tended towards worse than expected: the proportion of people who stated that the nurses talked in front of them as if they were not there; the proportion who stated that they did not find someone on the hospital staff to talk to about their worries and fears and the proportion who stated that before their operation / procedure, a staff member did not answer their questions about the operation / procedure clearly. However, in the same survey the proportion of respondents who stated they were not given any information about their treatment or condition was better than expected ie they were given information about their treatment or condition whilst in hospital.

In the Adult Outpatient Survey of 2009, two items rated as tending towards worse than expected: the proportion of respondents who stated that they were not given enough privacy when being examined or treated and the proportion who stated that a member of staff said one thing and another definitely said something quite different. However although respondents felt they were not given enough privacy they did report being treated with dignity and respect whilst in the outpatients department. They also reported that doctors explained the reasons for treatment in a way they could understand.

Staff appeared committed to providing a high standard of care.

The hospital has a ‘buggy service’ in operation to transport patients/ visitors to departments. The staff who operate the service were very helpful and were observed giving directions to visitors to the hospital.

Site maps are available for visitors/ patients, although they aren't always up to date due to the relocation of departments. An example of this is the discharge lounge which is no longer at the site indicated on the site map. The discharge lounge was visited and we observed a lack of privacy with people waiting for transport calling across to nursing staff when they had questions about transport or medication. Nursing staff then called back rather than crossing the room to speak with the patient in privacy. Staff working in the discharge lounge reported that often they have to wait for hours for medication for people to take home to be delivered and this can result in medication not being available when it is due to be taken by the patient.

Positive comment from NHS Choices (Oct 09): the staff and doctors were kind caring and courteous and very hard working. The ward was cleaned several times daily. 61% of people who rated Queen Elizabeth Hospital on the NHS Choices website would recommend the hospital to others.

We considered a report submitted by the Local Involvement Network (LINk) for Bromley. A representative from the LINk had attended Trust Board meetings as an observer with speaking rights and had then reported back to the LINk after each board meeting. Suggestions made by the LINk have resulted in significant changes being made to the Patient Experience Strategy document that the Trust has drafted.

The Patient Environment Action Team 2010 PEAT scored the hospital as 'good' for the Privacy and Dignity standard in 2010.
Finally we considered information the Trust had used to assure themselves they are meeting this outcome. The Trust submitted a Provider Compliance Assessment (PCA) which identifies a number of policies and documents as evidence used to assessment their compliance with this outcome; the trust's assessment was 'yellow' (green being compliant and red being non compliant). The PCA outlines action plans where they are continuing to work towards maintaing compliance with this outcome of respecting and involving people who use services.

**Our judgement**
Following our review of all the evidence we have received and from our visit to the hospital we believe Queen Elizabeth Hospital to be compliant in respecting and involving people who use services.
Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Parents of children in the children's ward told us they were always asked to give consent for treatment and investigations. They told us that they were present for all aspects of care and were able to read all documentation about their child.

We spoke to people who use services on a number of wards. All confirmed that they are consulted with about their care and treatment. Some people who use services said they did not want to be involved in decisions about their care but wanted what ever was right to be done.

Other evidence
When South London Healthcare Trust (SLHT) applied for registration with CQC they declared they were not compliant with this outcome. They have since submitted evidence to show how they will become compliant. This includes their new 'consent to treatment policy' and a clinical audit programme which identifies that this area will be examined by the trust during this year.
We examined two sets of records and saw that consent forms had been signed by patients.

The trust has provided a PCA (Provider Compliance Assessment) for this outcome which identifies the policies and procedures the trust has used to assess its compliance with this outcome. The trust has assessed itself as 'green' with parts 2a,b,c and d and 'yellow' with e, g and h.

Our judgement

Following our review of the evidence received from the trust and from our visit to the hospital, we have identified this outcome as a minor concern which is subject to improvement action. The trust has provided us with information that a new consent framework has been implemented and told us that its 2010/11 consent audit began in September 2010 and will be reported to its clinical governance committee in January 2011 in order to provide up to date assurance regarding consent practice. The results of this audit are not yet available. We have asked the trust to send us the completed audit and report and to tell us how it plans to ensure maintained compliance with this essential standard.
Outcome 4:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<td><strong>There are moderate concerns</strong> with outcome 4: Care and welfare of people who use services</td>
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Our findings

**What people who use the service experienced and told us**

We visited five wards, including a children’s ward. On the children’s ward parents confirmed they were included in the admission process, giving details of their child and a history of their illness. They said that they were present at each ward round and were encouraged to ask questions. One set of parents said that when their child was admitted she was very unwell and nurses had responded to the call bell very quickly. As the patient's condition improved the parents felt the nurses did not respond as quickly. Parents said they felt positive about the care they had received.

On one of the adult wards a patient who had been in Queen Elizabeth Hospital for seven weeks said that the staff were all ‘marvellous’ and the nurses were very professional. He had no complaints about his care.

However, some parents reported they had not seen their child’s care plan. Other parents were anxious about the discharge of their child. They had had a negative experience with the communication with the hospital staff prior to their child’s admission and were anxious to know that the good care they have received in the hospital would continue in the community. ‘It is better being an in-patient that out-patient’. ‘People don’t call you back’, ‘... They kept saying the doctor will call back and kept asking for my number but didn’t call back’. The parents of one child said that when they first came into hospital, their child was having prolonged and very
bad fits. Now the fits were frequent but not as severe the nurses had stopped recording the fits. The parents had started to record them themselves. In one ward round the doctors had asked if their daughter had fitted. The nursing staff said she hadn’t, but the parents had recorded 15 fits.

We visited the discharge lounge. The patients in the discharge lounge did not understand why they had to be there so long. One lady wondered why she couldn’t have stayed in her bed where she was more comfortable.

The discharge lounge receives a cross section of patients. On the day we visited there was one gentleman who had dementia and needed supervision. The nursing staff did position him near the nursing station; however the discharge lounge was often left with one staff member as the other staff were collecting patients or medication. This made it difficult for the staff to provide care for other patients as they had to closely observe this gentleman.

**Other evidence**

We looked at comments received by the NHS Choices website. There were two positive comments relating to care and welfare of people who use services. Both of these were dated December 2009.

We saw that risk assessments are routinely undertaken in relation to pressure ulcers, malnutrition, the use of side rails and falls. Care pathways are in use for specific groups of patients. For example the Liverpool Care Pathway for the end of life is used for adult patients. Staff reported having received training in this area.

We spoke to staff about how they report when things go wrong. All staff we spoke to said they know there are forms to complete. Information from the hospital (see below) states that there is one system across all three hospitals that make up SLHT but not all staff we spoke to appeared to know this. Some of the staff we spoke to said they did not always complete forms when things go wrong. When asked why they said that they were busy looking after patients and completing the forms wasn't always a priority. Staff we spoke to said they generally would not report incidents such as unavailability of equipment as they said they were not confident that completing a form would make any difference.

CQC receives information from the Cancer Waits Database. In reports received in 2010 three items were rated as 'much better than expected': the proportion of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer; the proportion of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer and the proportion of patients receiving their first definitive treatment for cancer within two months (62 days) of urgent referral from the national screening service. One item was rated 'better than expected': the proportion of patients receiving subsequent surgery treatment within one month (31 days) of a decision to treat and one item rated 'tending towards better than expected': the proportion of patients receiving subsequent drug treatment within one month (31 days) of a decision to treat.

The NHS Information Centre collects data from the hospital and compares it with other hospitals. This is then shared with CQC. Where patients had planned surgery at Queen Elizabeth Hospital it was likely that the operation would not be postponed.
because of beds not being available. In many of the areas measured the hospital performed better or much better than expected.

However, the hospital performed poorly in some indicators such as the 2009 Adult Inpatient Survey (CQC) where the proportion of people who stated they never got help after using their call button was tending towards 'worse than expected'. Where CQC collects information from hospitals about Department of Health targets, one target was rated as 'tending towards worse than expected': Waiting times for rapid access chest pain clinic. This measures the proportion of patients with recent onset chest pain which is thought to be angina who are seen in a rapid access chest pain clinic within 14 days of referral.

In June 2010 CQC asked the Chief Executive of SLHT to demonstrate how hospital staff report serious incidents and learn from them. Evidence has been submitted to CQC to demonstrate that work has been undertaken to ensure staff report serious incidents and that where possible learning from serious incidents is shared across the hospital. A trust wide system for reporting concerns has been introduced but it appears that many of the staff we spoke to were not aware of it.

The trust provided a PCA (Provider Compliance Assessment) for this outcome which identifies policies, procedures and external information the trust has used to assess its compliance with this outcome. The trust has assessed itself as 'green' for most parts of this outcome with parts 4a,b,d and e considered as 'yellow'. We have reviewed the evidence provided where the trust had identified issues that needed to be addressed in order to achieve compliance.

**Our judgement**

Following our review of evidence submitted and our visit to the hospital we have moderate concerns about Queen Elizabeth Hospital with respect to the care and welfare of people who use services. We are concerned that some staff may not be aware of how to report incidents on the new electronic system as staff training has not been completed at the time of our review. This means that staff may not learn from incidents that have occurred in the hospital which may have an impact on the safety of patients. Evidence provided gives lists the number of incidents in Quarter 1 by directorate / department for each location, but does not otherwise contain outcomes evidence about the incident reporting judgement. Implementation of an electronic risk management reporting system was introduced trust-wide in August 2010. The trust has trained 350 staff and 283 staff have to date registered for training on the new reporting system. Quarter 2 figures do show an increase in staff reporting incidents.

The trust performance reports states that the trust (trust Key Performance Indicator (KPI) Hospital Falls rate per 1,000 bed days) is red rated (action required) every month from November 2009 to September 2010. The trust has an action plan in place to reduce the harm to patients by 50 percent by December 2011. We have asked the hospital to provide us with a report to show us how they will address these concerns and provide an update on the progress achieved to date.
Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
• Are supported to have adequate nutrition and hydration.

What we found

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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>Protected mealtimes are in place across the trust. This means that at lunch time there should be no activity on the wards other than serving and eating lunch. Protected meal times generally last for two hours to allow patients to have a rest after lunch. Wards generally followed the principles of using red trays to identify those patients that required additional assistance or support. Although staff do provide assistance, it was noted that meals were usually placed in front of the patients first, then nursing staff would serve more meals before going back to help those patients with red trays.</td>
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<td>One mum said that when she first came into hospital, she was resident by herself (both parents now stay). As her baby was so young and sick, she did not want to be away from her at all. She had asked about food on the ward and was told by the staff serving the food that she couldn’t have any as she wasn’t a breastfeeding mum. She said it was explained to her that only breastfeeding resident mums could have food due to NHS budgets. She said she was too anxious to leave her baby so had to wait for family to come in before she could eat. It was better now as both parents were staying at the hospital.</td>
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<td>One patient said that the food was good and he could always get extra ‘bits’ if he was hungry. He said that the staff knew he enjoyed his food and would always give him snacks. He also felt he had enough drinks throughout the day. However another patient we spoke to said the food seemed a bit ‘old’ and was not as good as when</td>
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he had been in the hospital previously.

Other evidence
In the Care Quality Commission Care Standard Assessment for 2009 Queen Elizabeth Hospital declared themselves to be compliant in nutrition standards. However in the CQC 2009 Inpatient survey the trust had scored significantly worse than other trusts in both quality and choice of food. The Patient Environment Action Team assessment for 2010 scored the hospital as 'much better than expected' for menu, choice, availability, quality, quantity (portions), temperature, presentation, service and drinks. However, the hospital has introduced a Patient Experience Tracker (PET) which has identified the need to improve the quality, choice of food offered and assistance given at mealtimes.

On the children's ward there is a dining room with appropriately sized tables and chairs. There is a serving hatch from which meals are served. The menu is a rolling two week menu with three options for children each meal. The menu is reviewed on a six-monthly basis in collaboration with a children's user group. Parents were seen choosing food for their children. When we spoke to ward staff on the children's ward they confirmed that parents are involved in choosing food for their child each day and are on the ward at meal times to feed their child. In their absence a nurse will help the patients. We were told that although there are set meal times, snack boxes can be accessed for children 'out of hours'.

In the ward, the nursing staff make and store the milk feeds for babies. Although a dad we spoke to felt it was 'one less thing to worry about', a mum said it was frustrating that sometimes they had to wait for feeds if there weren't any ready.

In the discharge lounge we saw a drinks trolley for patients to have hot drinks whilst they waited. There was a limited number of bed tables available in the discharge lounge. We were told that if patients are in the discharge lounge at lunchtime they are offered a hot lunch.

On one ward a medical consultant came to the ward at lunch time to review patients but was asked to leave and come back later, which he did. However, nurses were seen carrying out a drug round on the same ward at the same time.

Staff confirmed that all patients undergo an assessment to identify if they are malnourished, on admission to the hospital. These are updated regularly and it was confirmed that relatives are encouraged to help patients to eat if necessary.

We visited three wards to observe breakfast being served. Patient choice consists of cereal and toast, fruit juice, tea or coffee. Toast is made on the ward with all slices toasted and then served. For patients at the end of the ward the toast will be cold by the time they receive it. Patients who were still asleep were left. Staff serving breakfast were asked how patients requiring assistance with eating were identified. They said that after a couple of days they would know who required help. Red trays (indicating that a patient would require assistance) were available on the trolley but staff serving breakfast did not appear to know that the significance of the colour coding. No patients were seen receiving help.
On two of the wards breakfast had not been served by 8:15 and it did not appear as though it was soon to be served.
The trust confirmed there is now a detailed food and nutrition action plan that has been agreed by the Corporate Food and Nutrition Steering Committee. This includes priorities around nutrition and good health; standardised and accessible Trust-wide guidance concerning nutrition; nutritional screening; training; and compliance with national and contract standards. A review of Catering Services Trust wide will also be undertaken looking at portion size, presentation, menu choice including children’s menu, improved choice at breakfast, quality, temperature and early morning beverage.

Our judgement
Following our review of evidence submitted and our visit to the hospital we find the provider compliant with respect to meeting the nutritional needs of patients at Queen Elizabeth Hospital.
Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:
• Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

There are minor concerns with outcome 6: Cooperating with other providers.

Our findings

What people who use the service experienced and told us
One patient we spoke to said that support had been arranged for him for when he got home and that this had been arranged by the physiotherapists.

Other evidence
We have been informed that there are delays in letters from medical consultants being sent to general practitioners. We have asked the hospital for evidence that this is not the case but they have not provided us with any evidence of this. Other evidence we have looked at includes examining the amount of time people wait in the Accident and Emergency department. Staff nurses told us that there are social workers based in the hospital and are available outside of normal office hours. With children’s services many children already have an allocated social worker when they come into hospital.

Staff told us that sometimes it can be difficult to get patients home because the hospital serves three different boroughs all of whom have different arrangements for arranging discharges. Staff said that some consultant medical staff within the same specialism had different criteria for determining when a patient was ready for discharge and this could delay people getting home in a timely manner.
The trust has provided the PCA (Provider Compliance Assessment) for this outcome and the trust has assessed itself as 'green' and therefore compliant. The PCA refers to policies and procedures in place and external information used in order to assess compliance. We have reviewed the evidence provided and the information gained from our review.

**Our judgement**

Following our review of the evidence we have received and from our visit to the hospital we have minor concerns with respect to cooperating with other providers. The hospital has not demonstrated that they know they send copies of letters to other professionals involved in their patients' care, such as general practitioners. We have asked the hospital to provide us with a report to demonstrate how they will address these concerns.
## Outcome 7: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

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<td><strong>There are moderate concerns</strong> with outcome 7: Safeguarding people who use services from abuse</td>
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<th>Our findings</th>
<th>Evidence</th>
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<td>Evidence</td>
<td>In the 2009 Survey of Adult Inpatients (CQC), 1 area rated 'tending towards worse than expected': The proportion of respondents who stated that they felt threatened during their stay in hospital by other patients or visitors. The hospital declared non-compliance with this outcome when they applied for registration with CQC in April 2010. However, they have put in place mandatory training for all staff in child safeguarding. They have also been subject to a review by Ofsted in 2010 and CQC specifically into safeguarding of children in Greenwich where it was noted there has been a 'huge drive' towards improving safeguarding training. The report stated that the hospital needed to ensure that all locum medical staff had undergone safeguarding training. The hospital has provided evidence to show that 96% of staff have received level 1 training in child safeguarding.</td>
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At registration in April 2010, the trust declared itself not compliant with regulation 11 (Outcome 7) for all sites as it did not consider that it had sufficient evidence regarding safeguarding children training for staff at the different levels required. It stated that it aimed to be compliant by September 2010.

Following our visit we requested and considered further information from the trust in relation to Outcome 7. The trust’s PCA referred to a range of policies and procedures in relation to Safeguarding Adults and Safeguarding Children and to
procedures for escalating safeguarding concerns. Safeguarding information and posters are available for staff. The policies and procedures reference legislation, NHS Litigation Authority standards and best practice advice from NHS Employers (‘Safer Recruitment’, republished in July 2010) outlining the legal and mandatory checks required for the appointment and on-going employment of all individuals in the NHS across England.

The trust has named safeguarding leads. A safeguarding children committee and a safeguarding adults committee (agendas, papers and minutes available) are in place and safeguarding children and safeguarding adults reports are submitted to the trust’s Governance Committee. Databases of safeguarding activity/alerts and the results of safeguarding audits are also available. A safeguarding risk register is maintained.

The trust has a statutory and mandatory training policy and the PCA stated that there is a safeguarding training strategy in place, and a range of safeguarding training programmes. The PCA stated that attendance rates at safeguarding training are available to provide assurance to the trust that it’s staff have been trained and refreshed in relevant safeguarding training (which is also incorporated in induction training).

On our visit we did not identify any issues relating to childrens safeguarding. Having identified an issue in relation to staff training at Level 2 and 3 for safeguarding children training early in 2010, the trust has now achieved good levels of staff uptake by October 2010: training figures validated by the trust state that 97% of staff have undertaken Level 1 (induction) training; Level 2 (mandatory) – 84%; Level 3 – 80%.

When we visited the children’s ward the door to the ward was locked and accessed only via a buzzer and telecom system. A ward receptionist was located at the entrance to the ward and she asked who we were. Staff at the nurse’s station asked to see identification. Staff on the children’s ward confirmed there is a child protection nurses who has an office on the ward. However, elsewhere in the hospital we were able to walk around with no one asking us for identification. We were ‘buzzed’ into wards without any one asking who we were or why we were in the hospital. Staff we spoke to knew who to refer to if they had concerns about safeguarding. Where we saw staff interacting with patients they were respectful and kind.

The trust’s Safeguarding Adults Policy including Guidance on Deprivation of Liberty and Restraints, issued August 2010, says that safeguarding adults training is mandatory and all new staff must attend a basic awareness session at their induction training and receive an annual update. A Safeguarding adults report (July 2010) shows the target is for 70% of the workforce to be trained in safeguarding adults, but as of July 2010 the actual figure achieved and/or recorded was 21%. A plan was in place to address this, including implementing an e-learning programme and distributing adult safeguarding information to all staff and requiring them to sign to confirm that they had read and understood the guide (meeting requirements for basic level one training). The trust also planned to put in place a training strategy to clearly identify the different levels of training relevant for staff, including training on the Mental Capacity Act, use of IMCA’s, Deprivation Of Liberty Safeguards and Dementia Care. No further data was made available relating to the current position in relation to the percentages of all staff or clinical staff with up to date training in protection of vulnerable adults/safeguarding policies and procedures or in
conducting mental capacity assessments.

**Our judgement**

Following our review of the evidence we have received and from our visit to the hospital we have moderate concerns at Queen Elizabeth Hospital in respect to safeguarding people who use services from abuse. We have concerns that trust information showed that in July 2010 21% of staff across all locations had up to date adult safeguarding training; no recent training data for adult safeguarding or mental capacity assessment training was made available.

We have concerns about the number of doors left unlocked and doors with no locks which could result in patients and/or visitors accessing areas and/or equipment which might compromise safety and wellbeing.

We have asked the trust to send us a report telling us what action it is going to take to achieve compliance with this essential standard.
Outcome 8: Cleanliness and infection control

What the outcome says
Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control.

Our findings

What people who use the service experienced and told us

One patient reported she would ask a nurse to clean her hands if she thought the nurse hadn't done so.

Other evidence
We received a comment from the NHS Choices website (Oct 09): 'The ward was cleaned several times daily'.
The children's ward was quiet during the course of the visit with 20 empty beds. It was generally clean in the patient areas. Hand gel was available inside the ward. We could see that gloves and aprons were available. The hospital has a system in place for the cleaning and labelling of clean commodes.

The wards were cluttered in the patient bays but generally clean. Hand gel was available at bed sides but had been moved from outside of the wards due to health and safety reasons. There were signs on the walls explaining the reasons for this. Clinical hand wash basins were easy to get to. There were signs in place for isolation rooms and an isolation policy for staff to follow. Staff confirmed that infection control is included in the annual mandatory training.

On the children's ward the sluice room (dirty utility room) was cluttered with items
stored on the floor making cleaning difficult. There was evidence of large amounts of
dust behind these storage items. There were two washing machines in the sluice
room that were no longer in use. We saw clutter in other wards although they did
appear to be clean. We saw that many commodes appeared to be stained and
discoloured but staff said this was due to the cleaning products used.

On one lunch time we saw a member of staff leave an isolation room to get lunch for
a patient without changing her gloves and apron. However, we saw staff change
their gloves and aprons between patients.
Queen Elizabeth Hospital (in line with the rest of the trust) has a 'bare below the
elbow policy'. It appears that this policy is adhered to.
With respect to patients acquiring Methlicillin Resistant Staphylococcus Aureus
(MRSA) in the hospital the hospital was rated as 'Tending towards better than
expected'. The hospital is meeting targets for numbers of cases of Clostridium
difficle. In June 2010 the hospital became aware they had cases of seratia
marcescens (a rare bacterium) in the neonatal unit but they acted quickly to
eradicate it and no babies have been left with any long term complications as a
result of the infection.

In the 2009 Survey of Adult Inpatients, two items were rated 'worse than expected:
The proportion who stated they did not see any posters or leaflets on the ward
asking patients and visitors to wash their hands or to use hand-wash gels and the
proportion who stated that in their opinion, the toilets and bathrooms were not very
clean or not at all clean. One item rated as 'tending towards worse than expected',
that was the proportion of respondents to the adult inpatient survey who stated there
were no hand-wash gels available for patients and visitors to use. But the 2010
PEAT scores for toilet and bathroom cleanliness, waste handling and specific
cleanliness were all 'tending towards better than expected'.

Our judgement
Following our review of all the evidence we have received and from our visit to the
hospital we believe Queen Elizabeth Hospital to be compliant in cleanliness and
infection control.
Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

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| **What people who use the service experienced and told us**
Patients told us that they received sufficient information about their medicines when they are discharged. We saw patients being handed their discharge medicines in the discharge lounge, and saw that they were given clear information on the use of their medicines, and were also provided with a medicines advice-line telephone number if they have any queries on their medicines after discharge. Some patients said they did not have enough information on new medicines prescribed during their stay in hospital. |
| Other evidence
In the CQC 2009 Adult Inpatient Survey, one item was rated 'worse than expected': this was the proportion of respondents who stated that a member of staff did not explain the purpose of the medicines they were to take at home in a way they could understand. The hospital have worked towards addressing this and all patients observed being discharged with medication were given information about that medication. However, many patients we spoke to said they did not understand why they were taking new medication in hospital. During our visit to Queen Elizabeth Hospital to look at this outcome for patients, we visited two wards and the discharge lounge, interviewing nurses and patients. We |
also visited the pharmacy department and talked to pharmacy staff available on the day. Nursing staff told us that they value the presence of pharmacists on the wards. We saw good evidence of pharmacist review and intervention e.g. one patient’s prescription chart had been reviewed 12 times in 18 days. The prescription charts that we saw were well endorsed by the pharmacists with supplementary guidance on administering medicines. We found that there was generally good communication between staff and patients and between the pharmacists and the ward staff. Patient incidents involving medicines are monitored by a risk management group, led by the pharmacy department. Incidents are investigated, and the outcomes communicated within the hospital to improve patient safety.

The Chief Pharmacist told us that a patient involvement group has been set up to look at improving discharge times for medicines and information given on medicines. On one ward which does not have a pharmacy visit, there were a number of issues with medicines and records. There is a box on each prescription chart to record whether or not the patient has any allergies. This must be completed before medicines are prescribed to avoid any risk to patient safety. This was completed on all prescription charts inspected on wards with a pharmacy visit. On the ward without a pharmacy visit, inspection of the patient’s notes revealed that this patient was allergic to penicillin however this was not indicated on the prescription chart. This patient’s medication history, taken as part of the surgical pre-assessment, had not been completed accurately, and medication necessary for the procedure had not been prescribed.

On both wards visited, we were told that there were delays in receiving medicines to be supplied on discharge. We found that patients do sometimes wait a long time for their discharge medicines if their discharge letters were not written the day before the patient is due for discharge. In the medicine policy and discharge policy there is a requirement for prescriptions for discharge medicines to be written at least 24 hours prior to discharge, but this is not happening. On inspection of logs in the pharmacy department which track the time discharge requests are received and dispensed, discharge medicines are dispensed within two hours and usually sooner. The delay appears to be getting the discharge request from the ward to the pharmacy.

The pharmacy staff told us that there is a policy for the self-administration of medicines by patients within the hospital. The policy says that staff should indicated the level of self-administration, level 1 or 2, on the prescription chart, but this was not being done. One patient was self-administering a medicine however staff were signing routinely for giving this medicine so from the records it was not clear that this patient was self-administering, and the local guidance on completing records was not being followed. The medicine had also been left out on the patient’s bedside table instead of being stored in the locker provided.

There were gaps on most of the prescription charts reviewed, where staff have not signed for giving some doses of medicines. On one ward, out of eight charts reviewed, only one was completed fully. The nurse in charge told us that it was not possible to reconcile medicines to check whether a dose had been given, as quantities of medicine supplied are not routinely recorded on prescription charts. Due to the volume of work, these gaps are not always investigated, therefore we could not be certain that these doses had been given. The South London
Healthcare Trust (SLHT) medicines policy says that any medicines prescribed but not administered should be entered on the “drug not administered” section of the prescription chart along with the reasons for omission.

On one ward we saw medicines left out in pots on patient’s bedside tables. In two cases, noted between 10.30am and 11am, medicines due at 8am had not been taken. In one case, the patient said she was in pain, but had not taken her painkillers as she needs to have them with water but said staff were too busy to get her water. Staff have signed the chart in the wrong box, indicating they had been given at 2pm. In another case, staff have signed the chart at 8am to say medicines have been taken however the patient was unable to take some of the medicines, a painkiller, as she was not able to swallow tablets.

Medicines are not always stored securely. Some medicines are kept by patients and these are not always stored securely. On one ward, one patient’s medicines which were brought in from home were being kept in their bedside cabinet, and had not been recorded on their prescription chart. On another ward, an inhaler was being kept on the patient’s bedside table instead of the locked medicines cupboard available. Some clinical room doors are kept propped open and the room unattended, with doors to medicines cupboards contained prescription-only medicines unlocked, which is a security risk as the storage room is off a corridor accessible to staff, patients and the public. The SLHT medicines policy says that medicines must be locked up when not attended.

Our judgement
Following our review of evidence and submitted and our visit to the hospital we have moderate concerns about Queen Elizabeth Hospital with respect to management of medicines. These include concerns regarding prescription, administration and storage of medicines. We have asked the trust to send us a report telling us what action it is going to take to achieve compliance with this essential standard.
Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
• Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises.

Our findings

Evidence
Queen Elizabeth Hospital opened on its current site in 2001 as the result of a Private Finance Initiative build. The building has wide corridors and is light and airy. Wards are divided into bays which at times appeared cluttered. There are signposts throughout the hospital and maps attached to the walls although these are not accurate due to wards being moved.

The children's ward was securely locked and only accessible via a buzzer system. Staff entering the ward were asked to show identification. Other wards in the hospital were not locked and CQC staff were not asked to show identification. All staff we saw wore hospital identification badges.

Many doors were wedged open including doors with code locks on them. We noticed that in the discharge lounge there were no facilities for patients to store their belongings and we saw patients taking their belongings with them to the toilet.

In reaching a judgement about this essential standard, we took into consideration that the 2010 PEAT scored the hospital as 'much better than expected' for lighting, car parking, sleeping accommodation, and provision of outdoor recreational. They scored 'tending towards better than expected' for maintenance, décor, tidiness, furnishings and floors.

There were no areas where information from other agencies gave CQC cause for concern. However a recent incidence of a patient developing legionella had caused the hospital to closely scrutinise their procedures for dealing with a legionella outbreak.
Following our visit, we requested and reviewed the Provider Compliance Assessment for this outcome.

**Our judgement**
Following our review of all the evidence we have received and from our visit to the hospital we believe Queen Elizabeth Hospital to be compliant in safety and the suitability of the premises.
Outcome 11:
Safety, availability and suitability of equipment

What the outcome says
This is what people should expect.

People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns with outcome 11: Safety, availability and suitability of equipment.

Our findings

What people who use the service experienced and told us
Patients said that they were able to get clean bed linen daily and that it appeared that equipment needed by nursing staff was available.

Other evidence
In July 2010 in response to concerning information received by CQC about a shortage of equipment at the trust CQC asked the trust for a report demonstrating that there was sufficient equipment made available to staff. The trust responded by explaining the processes in place for requesting and ordering equipment and for ensuring that suppliers of equipment are paid in a timely manner in order to ensure that equipment critical to patient safety is available. The trust also made available reports which demonstrated that some staff did report equipment shortages as untoward incidents. The trust has introduced a new system for ordering equipment and a director with a clinical background now works with the procurement team to ensure that high priority items are ordered. The procurement team place orders weekly. We visited a number of wards and the operating theatres and spoke to staff and patients. We spoke to staff of all grades and all disciplines including non-clinical
staff. Some staff told us that equipment was not always readily available or replaced. On one ward we noticed that staff were washing and re-using single use medicine pots; they told us that the ward received a limited number of medicine pots per week and that if they did not re-use them they would not have enough to last the week. We were told that when non-clinical equipment is needed for the wards such as bins or water jugs it can take weeks for an order to arrive. On every ward we visited and in theatres we were told it is common for staff to borrow equipment from other wards. One member of staff described how they ‘barter’ equipment; for example if one department needed intravenous infusion sets but had a surplus of dressing packs and another needed dressing packs but had a surplus of intravenous infusion sets they may barter to ensure they all have adequate equipment.

Staff also described how infusion pumps are sometimes in short supply. One member of staff told how she was unable to set up an insulin infusion on a patient because there were no pumps available and so the patient had had to have 2-4 hourly insulin injections rather than a continuous infusion. This was described as a regular occurrence. Another member of staff reported that it is common for a ward to not have a cardiac monitor for a patient and so to have to borrow from another ward or occasionally to have to transfer a patient to a monitored bed on another ward.

The perception of staff that we spoke to is that availability of equipment has become more of a problem since the merger of three acute hospitals to form SLHT. Staff we spoke to report that equipment is now not replaced, limited in terms of numbers or standardised. Staff said that where equipment has been standardised or withdrawn, decisions have been poorly communicated and they did not know if decisions have always involved clinical staff. Examples were given of equipment requiring replacement because it was no longer appropriate but not being replaced and so surgery was postponed and of the standardisation of orthopaedic packs taking place without staff knowing there was involvement from clinicians. Staff we spoke to said they do not always report equipment shortages as they did not think it would result in more equipment being available.

We spoke to staff who are responsible for ordering equipment and supplies for the hospital. A new system is being introduced across the trust whereby equipment will be re-ordered once it has been used but they felt it would take some time to become embedded in the hospital and currently staff are identifying what stock levels should be in place on wards and in departments. Some wards have a lot of stock that has not been used and this needs to be used up before more can be ordered. However, we were also told that the procurement department actively telephone wards to ask if ward staff can manage with smaller orders of equipment.

Following our visit, we asked the trust for further information relating to Outcome 11. The trust submitted a PCA which references the contracts the trust has in place with its external contractors in relation to managed equipment contracts (at QEH and PRUH) and equipment maintenance contracts (at all three locations). A variety of policies are in place including a single use policy, moving and handling policy, health and safety policy, serious untoward incident policy, being open policy and an electronic system for incident reporting. Testing, servicing and maintenance is undertaken in order to monitor the quality, safety and suitability of equipment. There is a system for circulation of MHRA device bulleting and a policy in relation to the CAS (central alerting system).
The PCA states that a system of pre-purchase questionnaires, a capital equipment replacement schedule and estates and facilities assurance framework are in place. The trust also submitted evidence that asset registers are in place at its main hospital locations; different systems of registers are in place at each of the trust locations.
A raw data asset register for QEH submitted by the trust notes planned and actual replacement dates; notes where some equipment has been serviced or updated or condemned and the age of equipment. Under the 'notes' section some items are noted as stolen, missing, old or not in good condition but in general the condition of each asset has not been assessed and the register does not appear to confirm whether replacements actually took place.

Our judgement
Following our review of information given to us by the trust and from our visit to the hospital, overall, we found that Queen Elizabeth Hospital is meeting this essential standard, although we have some minor concerns in relation to how the trust assures itself that it is aware of the equipment needs of wards and departments at the hospital and that asset registers do not seem to have been updated recently. We have asked the trust to send CQC a report about how it is going to maintain compliance with this essential standard.
Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
• Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

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| **What people who use the service experienced and told us**
| When we visited the wards at Queen Elizabeth Hospital we saw staff who were kind and respectful delivering care to patients. Patients we spoke to spoke highly of the caring attitude of staff. All staff we spoke to were helpful and professional. However some staff were concerned about the lack of development opportunities. (See comments for outcome 14.) |
| **Other evidence**
| The CQC NHS Staff Survey of 2009 found that for the question 'staff believing trust provides equal opportunities for career progression or promotion' the trust scored in worst 20%. Evidence submitted by the trust states that 'a high number of staff do not have CRB checks'. |
| In the Report to Governance Committee we read that high numbers of staff at the trust do not have a current criminal record bureau (CRB) check. The trust Recruitment Policy, Criminal Records Bureau Policy and Procedure (issued July 2010) and Pre and Post Employment Check Procedures set out that all staff with access to patients during the course of their normal duties require a CRB; including bank staff, volunteers, contractors and agency staff. Enhanced CRBs are required by all staff with unsupervised physical access to young people and vulnerable adults (this includes all medical staff, nurses, HCAs, therapists, midwives and all staff working in paediatric areas). Staff with patient access must be monitored to ensure |
they have a valid up to date CRB, and should be re-checked on a three yearly basis, this includes Bank staff. New starters are not able to work unsupervised until satisfactory disclosures are received and for posts working with children it is illegal to appoint a prospective employee until an enhanced CRB clearance has been received.

A CRB checks report dated 20 September 2010 sets out the trust’s position in relation to CRB checks and reports the results of the trust’s recent retrospective CRB audit which found that across the trust as a whole, the total number of employed staff who require either an enhanced or standard check was 5,376. The audit findings were that:
- Of these, the number without any CRB check recorded on the trust's electronic staff records system was 1,363 staff (approximately 25% of all the eligible staff)
- In line with trust policy, a risk assessment had been carried out on staff without a CRB check recorded (this concludes that 20 out of 103 consultants had a recorded CRB check; 1 of 14 paediatric ward nurses; 1 of 72 therapists; 6 of 94 midwives; 0 of 16 maternity HCAs). In all, the trust identified 771 higher risk area staff had no recorded CRB check.
- The number of staff with checks conducted more than 3 years ago was 1,160 staff (approximately 20% of all the eligible staff)

The trust has provided a PCA (Provider Compliance Report) which outlines the policies, procedures and reports the trust has used to assess its compliance with this outcome. The trust has used external information such as NHS staff survey and given itself 'yellow status (green is compliant and red non compliant). The information from the trust relating to CRB checking is dealt with in Outcome 7. The trust has achieved 52% completion of appraisals for staff employed from April-September 2010 with a trajectory of achieving 85% by December 2010. The trust has several initiatives place covering leadership and talent programme for managerial staff although uptake has not been confirmed. The trust also has staff award ceremonies for innovation and patient experience. (See comments for outcome 14.)

Our judgement
Following our review of the evidence we have received and from our visit to the hospital we have moderate concerns at Queen Elizabeth Hospital in respect to safeguarding people who use services from abuse. We have concerns that a high number of trust staff do not have a valid CRB check or an up to date CRB check as is required by the trust CRB Policy; in a recent CRB audit the trust identified that 25% of all staff eligible to be CRB checked had no check recorded on the electronic staff records system, of these 771 of the staff worked in higher risk areas requiring an enhanced CRB; in addition 20% of staff eligible had CRBs over three years old. We have also asked the trust to provide us with a report demonstrating uptake by staff of initiatives and opportunities available to all staff groups and how staff are aware of opportunities within the trust for career progression and development. We have asked the trust to send us a report telling us what action it is going to take to achieve compliance with this essential standard.
Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

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**What people who use the service experienced and told us**
Staff and parents on the children’s ward said they felt there were enough staff on duty. When we visited the ward was quiet with many empty beds and plenty of staff.

**Other evidence**
The Information Centre for Health and Social Care has reported that the three month vacancy rate for midwives is ‘worse than expected’. The trust has reported a 13% vacancy rate among clinical staff and acknowledges that uncertainty around the implementation of the plans to reconfigure services will have had an impact on staff deciding to stay at the hospital.
On medical wards the staff we spoke to felt there were usually enough staff on duty although if there was a large number of ill patients that may not seem like the case. One patient said she thought the ward was sometimes short staffed at night with two nurses on duty. She said it was difficult because it was often busy at night as the patients who were confused seemed to become more confused and needed more care. Staff nurses reported that it can be difficult to get extra staff if patients are confused or very ill. There is a bank system within the hospital but if there are no bank staff available the procedure for getting agency staff is lengthy and it can be too late by the time an agency nurse is found.

Staff nurses and doctors we spoke to said a lot of staff are leaving because of
uncertainty about the future configuration of services. One of the doctors we spoke to said that there are less junior doctors on duty at night time and that in the accident and emergency department there are many locum staff. Doctors said they were hopeful that if the A&E department at Queen Mary Hospital closes temporarily there will be more permanent staff at Queen Elizabeth Hospital.

We were told by staff at a trauma meeting we attended, that one junior doctor will be on call at the hospital all night for two specialities. A registrar will be available off site but on call and a consultant will also be on-call but off site. We were told that sometimes consultants will come in when they are on-call because the department is busy rather than because they are called in for complex cases.

A wider review of other clinical commitments including theatre, outpatient and on call cover was also completed to ensure that the day’s clinical commitments were covered with appropriate skill mix. Doctors said they feel like they are performing a 'juggling act' as there is no slack in the system in particular at a registrar and F2 (second year doctor) level to deliver cover. An example of this was given:

A registrar had been on call on the previous night (and had largely been in attendance throughout their on-call) and was due to start a clinical shift with the possibility of further on-call cover over the weekend due to sickness. In theory a doctor should have a rest day following a night on-call but we were told in practice this is not happening.

Medical staff we spoke to said they felt under pressure and goodwill ensures cover is provided. We were told that the doctor providing anaesthetic cover to theatres may also informally hold the crash bleep.

Senior medical staff within the orthopaedic directorate reported they are informally trying to support the absence of junior medical staff on the ward through the review of patients under the care of other orthopaedic consultants once ward rounds have been completed.

Some staff told us they would like to see senior members of staff on the wards so they could 'see what it's really like'. However, Executive Team members told us they regularly do ward walk-arounds and hold 'surgeries' in the hospital. (See comments for outcome 14.)

The trust has provided PCA (Provider Compliance Reports) which outlines the policies and external information the trust has used to assess its compliance with this outcome. The trust has provided information relating to the nursing vacancies across the trust which identifies several ward areas with a 'red' risk status due to the vacancy being in excess of 20 percent. A recent report issued by the Audit Commission confirms the nursing staffing levels at Queen Elizabeth Hospital as 1.4 WTE per bed, the national average being 1.3 WTE per bed with a higher use of agency nursing at 11 percent. There is disparity across the sites on temporary staff expenditure varying from 18 percent at the Princess Royal site to 28 percent at Queen Elizabeth site. The trust has identified an uplift in staffing of approximately 19 WTE is required at Queen Elizabeth Hospital in a review they have conducted. The sickness levels across the trust are thought to be within the national average. With regard to medical staff the trust have provided a breakdown of medical agency
usage across each site.
(See comments for outcome 14.)

Our judgement
Following our review of all the evidence we have received and from our visit to the hospital we have moderate concerns with respect to Queen Elizabeth Hospital being compliant in relation to staffing. We are concerned that there may not be adequate members of clinical staff on duty at night time and that junior doctors are working excessive hours. We have asked the trust to send us a report telling us what action it is going to take to achieve compliance with this essential standard.
Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

What we found

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Other evidence
In the CQC 2009 NHS Staff Survey, there were three key findings where the trust scored better than average for acute trust: the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver; the percentage of staff using flexible working options and the percentage of staff who had suffered a work-related injury in last 12 months. However, in the same survey there were 15 areas where the trust scored among the worse 20% of trusts in England and nine where the trust scored below the average for similar acute trusts.

We spoke to staff working both on the wards and in administration offices. All staff we spoke to said they liked working at Queen Elizabeth Hospital but all staff we spoke to also said morale at the hospital is low.

Staff confirmed that they attend mandatory training every year. This covers basic life support, moving and handling and fire evacuation. With respect to other training some staff said they can go on further training and some said they can't. On one ward we were told that a specialist course had been designed by the ward which has been accredited by the local university. Staff said the course is due to start soon. Other staff said that there was no funding for additional training and staff can no longer get assistance for higher education.

We spoke to staff nurses who said they had received appraisals over a year ago but
this year’s appraisals have been delayed because of changes to the paperwork. Staff on the wards said they felt that ward sisters are supportive and communicate as much as they can with their staff. However the clinical staff (nurses, doctors, physiotherapists, pharmacists) we spoke to all said they felt decisions made about the future of the trust (and so Queen Elizabeth Hospital) were made by senior management who were invisible.

Staff we spoke to said they were unlikely to raise concerns with senior managers as they did not think they would be listened to and acted upon. Some staff also said they would be worried about the consequences of raising concerns.

Staff on one ward said morale is low because of uncertainty about the future of the hospital and because of the potential changes to the ward. Staff on the ward had been told the ward was to be split into two wards with the staff being divided between them. Staff we spoke to said there wasn’t a consultation process about the changes taking place and they felt they weren’t involved or valued. ‘I don’t feel staff have had support from higher up’. ‘They (the trust management) do not speak to the people who do the job’. ‘It is frightening as we don’t know what is happening’. ‘We feel let down, not so much about what is happening but how’.

We spoke to administrative staff who said they enjoy working at the trust but morale was very poor at present. There is a consultation process ongoing at the trust with respect to administrative posts and many staff have had to reapply for their jobs. At the time of our visit staff did not know if they had been successful. One member of staff said she feels that the senior management want to 'cut down on staff and achieve lower grading'. Many staff reported that as they are over 65 years they have been told they have to leave in December 2010.

We also spoke to senior members of the management team including the Chair, Chief Executive and Director of Nursing. They said they all visit the wards regularly both for walkarounds and for staff to have the opportunity to speak with them.

The Trust has provided the PCA (Provider Compliance Assessment) for this outcome which outlines the policies and external information the trust has used to assess its compliance with this outcome. The trust has assessed itself as 'red' for part 14d and 'yellow' for the 14a and b with no assessment for the remaining part of this outcome. Following the results of the last staff survey the trust has provided an action plan to address the issues identified some such as appraisal rates across the trust is ongoing; the trust at the time of this review had achieved 52 percent with a trajectory of achieving 85 percent by December 2010. The trust to improve morale operates awards for innovation. There is whistle blowing policy in place for staff to raise concerns.

Our judgement
Following our review of all the evidence we have received and from our visit to the hospital we have minor concerns with respect to Queen Elizabeth Hospital offering support to staff. Ongoing uncertainty about the future configuration of the trust and the outcome of job consultation has caused morale at the hospital to fall. We have asked the hospital to provide us with a report to demonstrate how they will address these concerns and the progress made with the action plan they have submitted.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

Evidence

In the 2009 NHS Staff Survey, there were two key findings in which the trust was rated in best 20% of acute trusts: the percentage of staff witnessing potentially harmful errors, near misses or incidents in last month and the percentage of staff reporting errors, near misses or incidents witnessed in the last month. Staff we spoke to were aware that incidents should be reported. We were told that reports could be filed using paper or online forms. Staff said they received feedback on reports they had filed. All staff we spoke to also said that individual wards carry out audits of particular areas of care for instance hand washing. These audits are fed back at team meetings.

We were told by members of the senior management team that there is now a trust wide online reporting process for incident reporting. The implementation of this was commenced in August 2010. The trust had been rated as one of the worst trusts at implementing Department of Health Central Alert System notifications but the trust has demonstrated that this did not apply to Queen Elizabeth Hospital.

The Trust is a demonstration site for a Healthcare Quality Improvement Partnership (HQIP) and Health Foundation programme aimed at implementing quality
improvements arising from clinical audit. HQIP facilitated the development of the Trust and Divisional clinical audit programmes for 2010/11.

The trust has a new electronic incident reporting system in place and submitted evidence that it has a plan in place to conduct audits and monitor effectiveness in a wide range of areas including: health records, consent, mortality, pressure ulcers, patient falls, nursing quality, environmental cleanliness and hygiene. The trust’s has provided a PCA (Provider Compliance Assessment) which outlines the policies and guidelines that are in place on how to use the new incident reporting process and three separate incident reporting forms are available to staff on the trust intranet: one for patient safety incidents (to be used for reporting all incidents which involve a patient, except where a patient has a fall); a patient falls incident form (to be used for all incidents where a patient suffers a fall, slip, trip, or collision) and a non-patient incident form (for reporting all incidents not involving a patient - staff, visitors and contractors). The trust has stated that to date 350 staff have been trained and a further 283 have registered to undertake the training, the trust has assessed itself as ‘green’ and therefore compliant with this outcome. The trust response also states that the timeliness of SUI investigations has improved and the volume of SUIs has reduced. The trust has a policy in place on the management of SUIs which covers the feedback mechanism within directorates although there was no indication of how themes are identified or how learning from the incidents is shared across the trust.

**Our judgement**

Following our review of all the evidence we have received and from our visit to the hospital we have moderate concerns with respect to Queen Elizabeth Hospital in relation to assessing and monitoring the quality of service provision in relation to incident reporting and the learning lessons and implementing safer care as a result of monitoring such incidents. We have asked the trust to provide us with a report to update the patient safety plan and to demonstrate how they will address these concerns.

We are concerned that themes occurring in untoward incidents do not appear to be identified and that learning from incidents is not shared across the trust. This means that staff may not learn from incidents that have occurred in the hospital which may have an impact on the safety of patients. We have asked the trust to provide us with a report to show us how they will address these concerns.
Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints.

Our findings

What people who use the service experienced and told us
Patients we spoke to said they would complain if they felt they needed to. Not all were aware of the complaints procedures but patients we spoke to said they had no need to complain about the care they were receiving. On all wards we visited and along corridors there are posters and leaflets informing people who use services how they can make a complaint.

Other evidence
We visited the Patient Advice and Liaison Service (PALs). This service is designed to support people who use services who may wish to complain about care they have received. The PALs office is located behind the main reception in the hospital. It is clearly signed. There isn’t a door and we were told that this is to prevent any barriers to using the room. The room however is noisy and conversations can be overheard. We were told that the location of the office had been chosen to maximise access to the service.

Staff working in the office said that the majority of complaints or issues dealt with are resolved without escalation to the complaints process. Most patient/relative complaints relate to cancelled operations, communication or appointments. In the
CQC 2009 Adult Inpatient Survey, in the question relating to patients who saw posters or leaflets telling them how they could make a complaint the hospital was rated as 'tending towards better than expected'.

Our judgement
Following our site visit and all available evidence we are satisfied that Queen Elizabeth hospital has demonstrated compliance in this outcome.
Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with outcome 21: Records.

Our findings

Evidence
In 2010 the Audit Commission looked at clinical coding (when a hospital records and codes what procedures have been undertaken on each patient) and reported that the 'trust's performance is good compared to the overall performance of trusts in 2008/09'. However the report noted that Queen Elizabeth Hospital was understaffed and relies on agency coders, which limits the progress that can be made towards improving coding processes as the focus is on completing the coding rather than making improvements going forward. The report also noted that clinical engagement at Queen Elizabeth has made limited progress this year due to changes in senior staff.

The CQC wrote to the trust in August 2010 requesting further information regarding a mortality alert for urinary tract infections. A clinical review was carried out and although the review concluded that no significant deficiencies were identified in the care of patients reviewed, it did identify that 41% (21) of the patients records required re-coding and that in 82.8% (24) of the 29 cases the cause of death was not urinary tract infection. During our visit we did not replicate the work already undertaken in relation to coding but focussed on reviewing whether patient confidential data was held safely, securely and accessibly, and on whether patient health records were maintained in an accurate manner and were fit for purpose. Patients' notes are generally kept in trolleys in the ward. We saw many sets of notes
lying on top of notes trolley’s in ward corridors and lying on the nurse’s station. Staff said that many people have access to patient records but not everyone puts them back in trolleys. On one ward we were told that the notes trolley is designed to be locked but no one knows where the keys are.

Ward administrators said they spend a lot of time ‘chasing’ notes as notes are not always returned to the ward with patients.

On the children’s ward we were told that some of the children with long term conditions have a ‘passport’ so that notes remain on the ward but if an ex-patient is admitted, they can wait 4-5 hours before the notes arrive on the ward.

We examined two sets of records on one ward and found all sections were completed with entries dated and signed by staff. On the children’s ward parents told us that notes were updated at least daily by staff and they were often included in this update. However, one parent reported that when her child was initially admitted to the hospital she was very unwell and was having frequent seizures. The nurses looking after her child recorded all the seizures for the first few days but as the child’s condition improved the nurses did not record all the seizures and so the parent was doing it.

Following our visit we requested further information from the trust in relation to Outcome 21. The trust submitted a PCA which referenced a range of policies and procedures in place to ensure patient records and medical records are kept and maintained for each person who uses the service and are updated as soon as practical. The policies and procedures take into account relevant national guidance. The PCA references a number of internal and external audits undertaken in order to ensure that these policies are followed in practice, monitored and reviewed, for example the NHS CfH Information Governance Toolkit version 8.0 (2010/2011) (Quality Account – Information Quality and Records Management 2009/2010), internal Health Records Audits 2009/2010, Clinical Coding Audits 2009/2010 and KPIs such as HES data quality, coding completeness and SUS data.

The trust has a training programme in place for staff relating to Outcome 21, and provided evidence of staff attendances at training such as information governance and data quality. Refresher training for all front of desk staff to help ensure correct recording of patient demographic information has been completed by staff at Queen Elizabeth Hospital.

The trust has an action plan specific to the PbR data assurance framework. As of September 2010:

The trust completed a review of the coding department structure and levels of staffing in the coding departments, including a benchmarking exercise against other London acute hospitals in November 2009. This was to enable coding to be undertaken by required deadlines and to also undertake wider tasks such as validation of coding with clinicians. Nine extra posts in the coding departments (trustwide) were created by the restructure. A Head of Clinical Coding was appointed in April 2010. However, due to the trust’s financial situation the band 7 Coding Manager post at Queen Elizabeth was frozen in May 2010 and had not been appointed as of September 2010.

Personal development and training was identified and delivered to all coders and Band 5 Experienced Coders have now all have undertaken a refresher training
Our judgement
Following our review of all the evidence we have received and from our visit to the hospital we have moderate concerns with respect to Queen Elizabeth Hospital in relation how the trust ensures that people’s personal records are accurate, fit for purpose, held securely and remain confidential. We are concerned that patient records were found in unattended areas in the hospital and that records we reviewed displayed inconsistencies, gaps and inaccuracies. The trust has provided us with information which demonstrates that it has action plans in place to improve information and records management and we have asked for an updated report in relation to its progress in these plans in order to achieve compliance with this essential standard.

Improvement actions

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
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<tbody>
<tr>
<td>Treatment of disease, disorder and injury</td>
<td>18</td>
<td>Outcome 2: Consent to care and treatment</td>
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<tr>
<td>Diagnostic and screening procedures</td>
<td></td>
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<tr>
<td>Surgical procedures</td>
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</tr>
<tr>
<td>Treatment of disease, disorder and injury</td>
<td>16</td>
<td>Outcome 11: Safety, availability and suitability</td>
</tr>
</tbody>
</table>

**Why we have concerns:**
Following our review of the evidence we have received and from our visit to the hospital we have identified this a minor concern which is subject to improvement action. Although the trust has stated they will carry out an audit to ensure they are complaint in this they do not appear to have done so and so we have asked the trust to send us the completed audit when it has been carried out.
<table>
<thead>
<tr>
<th>Diagnostic and screening procedures</th>
<th>Surgical procedures.</th>
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</thead>
<tbody>
<tr>
<td><strong>Why we have concerns:</strong></td>
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<tr>
<td>Following our review of information given to us by the trust and from our visit to the hospital, overall, we found that Queen Elizabeth Hospital is meeting this essential standard, although we have some minor concerns in relation to how the trust assures itself that it is aware of the equipment needs of wards and departments at the hospital and that asset registers do not seem to have been updated recently. We have asked the trust to send CQC a report about how it is going to maintain compliance with this essential standard.</td>
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</tr>
</tbody>
</table>

| Treatment of disease, disorder and injury. | 24 |
| Diagnostic and screening. | Outcome 6: Cooperating with other providers |
| Surgical procedures | |
| **How the regulation is not being met:** | |
| Following our review of the evidence we have received and from our visit to the hospital we have minor concerns with respect to cooperating with other providers. The trust has not demonstrated that it knows that it sends copies of letters to other professionals involved in their patients’ care, such as general practitioners and that communication with other professionals involved in patient care and discharge are reliable. We have asked the trust to provide us with a report to show us how it will address these concerns. |

| Treatment of disease, disorder and injury | 23 |
| Diagnostic and screening procedures | Outcome 14: Supporting workers |
| Surgical procedures | |
| **How the regulation is not being met:** | |
| Following our review of all the evidence we have received and from our visit to the hospital we have minor concerns with respect to Queen Elizabeth Hospital offering support to staff. Ongoing uncertainty about the future configuration of the trust and the outcome of job consultation has caused morale at the hospital to fall. We have asked the hospital to provide us with a report to demonstrate how they will address these concerns and the progress made with the action plan they have submitted. |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.
This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent within 7 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease, disorder and injury</td>
<td>9</td>
<td>Outcome 4: Care and welfare of people who use services.</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td></td>
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<tr>
<td>Surgical procedures</td>
<td></td>
<td>How the regulation is not being met: Following our review of evidence submitted and our visit to the hospital we have moderate concerns about Queen Elizabeth Hospital with respect to the care and welfare of people who use services. We are concerned that staff may not report incidents. This means that staff may not learn from incidents that have occurred in the hospital which may have an impact on the safety of patients. We have asked the hospital to provide us with a report to show us how they will address these concerns.</td>
</tr>
<tr>
<td>Treatment of disease, disorder and injury</td>
<td>11</td>
<td>Outcome 7: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td>Diagnostics and screening procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical procedures</td>
<td></td>
<td>How the regulation is not being met: Following our review of the evidence we have received and from our visit to the hospital we have moderate concerns at Queen Elizabeth Hospital in respect to safeguarding people who use services from abuse. We have concerns that a high number of trust staff do not have a valid CRB check or an up to date CRB check as is required by the trust’s CRB Policy; in a recent CRB audit the trust identified that 25% of all staff eligible to be CRB checked had no check recorded on the electronic staff records system, of these 771 of the staff worked in higher risk areas requiring an enhanced CRB; in addition 20% of staff eligible had CRBs over three years old. We also have concerns that some staff told us they had not had training in adult safeguarding or in conducting mental capacity assessments, and that some seemed unclear on how to report concerns relating to vulnerable adults; the information given to us by the trust after our visit showed that in July 2010</td>
</tr>
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</table>
only 21% of staff across all locations had up to date adult safeguarding training; no recent training data for adult safeguarding or mental capacity assessment training was made available.

We have concerns about the number of doors left unlocked and doors with no locks, or locks which did not work, which could result in patients and/or visitors accessing areas and/or equipment which might compromise safety and wellbeing.

We have asked the trust to send us a report telling us what action it is going to take to achieve compliance with this essential standard.

<table>
<thead>
<tr>
<th>Treatment of disease, disorder and injury</th>
<th>13</th>
<th>Outcome 9: Management of medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td></td>
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<tr>
<td>Following our review of evidence and submitted and our visit to the hospital we have moderate concerns about Queen Elizabeth Hospital with respect to management of medicines. These include concerns regarding prescription, administration and storage of medicines. We have asked the hospital to provide us with an action plan to show us how they will address these concerns.</td>
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| Treatment of disease, disorder and injury | 21 | Outcome 12: Requirements relating to workers |
| Diagnostic and screening procedures |    |                                   |
| Surgical procedures |    |                                   |
| **How the regulation is not being met:** |    |                                   |
| Following our review of all the evidence we have received and from our visit to the hospital we have moderate concerns with respect to Queen Elizabeth Hospital being compliant in the requirements relating to workers. We have asked the hospital to provide us with a report to demonstrate how they will ensure that all staff, who require them, have CRB checks (This is covered in Outcome 7). We have also asked the trust to provide us with a report demonstrating uptake by staff of initiatives and opportunities available to all staff groups and how staff are aware of opportunities within the trust for career progression and development. |    |                                   |

<table>
<thead>
<tr>
<th>Treatment of disease, disorder and injury</th>
<th>22</th>
<th>Outcome 13: Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease, disorder and injury</td>
<td>10</td>
<td>Outcome 16: Assessing and monitoring the quality of service provision</td>
</tr>
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<tr>
<td>Diagnostic and screening procedures</td>
<td>How the regulation is not being met: Following our review of all the evidence we have received and from our visit to the trust we have moderate concerns with respect to Queen Elizabeth Hospital in relation to assessing and monitoring the quality of service provision in relation to incident reporting and the learning lessons and implementing safer care as a result of monitoring such incidents. We have asked the trust to provide us with an a report to update the patient safety action plan and to demonstrate how they will address these concerns.</td>
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<tr>
<td>Surgical procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder and injury</td>
<td>20</td>
<td>Outcome 21: Records</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>How the regulation is not being met: Following our review of all the evidence we have received and from our visit to the hospital we have moderate concerns with respect to Queen Mary's Hospital in relation how the trust ensures that people’s personal records are accurate, fit for purpose, held securely and remain confidential. We are concerned that patient records were found in unattended areas in the hospital and that records we reviewed displayed inconsistencies, gaps and inaccuracies. The trust has provided us with information which demonstrates that it has action</td>
<td></td>
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<tr>
<td>Surgical procedures</td>
<td></td>
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</tbody>
</table>
The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us within 7 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.
Enforcement action we are taking
We are not currently proposing to take any enforcement action.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions**: These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
## Information for the reader

<table>
<thead>
<tr>
<th><strong>Document purpose</strong></th>
<th>Review of compliance report</th>
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<tbody>
<tr>
<td><strong>Author</strong></td>
<td>Care Quality Commission</td>
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                          | Newcastle upon Tyne  
                          | NE1 4PA |

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