

Colchester Hospital University NHS Foundation Trust

Quality Report


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May 2014, Focused inspection 12, 27 Nov & 23 Dec
2014
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Requires improvement 

Are services at this trust responsive?

Inadequate 

Are services at this trust well-led?

Inadequate 

Summary of findings

Letter from the Chief Inspector of Hospitals

Colchester Hospital University NHS Foundation Trust operates from two main sites - Colchester General Hospital and Essex County Hospital. The trust provides healthcare services to around 370,000 people from Colchester and the surrounding area of north east Essex. The trust employs around 4,168 staff.

In addition, the trust provides radiotherapy and oncology services to a wider population of about 670,000 people across north and mid-Essex.

The trust owns and manages Colchester General Hospital, which opened in 1984, and Essex County Hospital, which was established in 1820. In addition, the trust also provides some services, such as outpatient and maternity services, at the community hospitals in Clacton and Harwich – run by Anglian Community Enterprise (ACE) – and Halstead Hospital, which is run by Central Essex Community Services (CECS). The trust also runs a limited range of community services.

For the purposes of the comprehensive inspection, we focused on the Colchester General Hospital and Essex County Hospital, given the majority of services are delivered from these sites.

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 6 and 8 May 2014. The inspection was undertaken as part of the review undertaken by Sir Bruce Keogh. The Keogh Mortality Review looked in detail at those trusts whose Standardised Hospital Mortality Indicator (SHMI) suggested possible concerns around quality of care. The CQC was asked to inspect all of the Keogh trusts in order to make a judgment on the quality of care being provided by these organisations.

The comprehensive inspection involved an on-site review of:

- Accident and emergency (A&E)
- Medical care
- Surgery
- Critical care
- Maternity
- Children and young peoples services
- End of life care
- Outpatient services.

The on-site element of the inspection involved a team of experts by experience (service users), clinical associates (experienced healthcare professionals) and CQC inspectors. The team is divided into subteams, each of which looked at one the service lines described above. The subteams were led by an experienced inspector, supported by clinical experts.

Prior to the CQC on-site inspection, the CQC considered a range of quality indicators captured through our intelligent monitoring processes. In addition, we sought the views of a range partners and stakeholders. A key element of this is the public listening events and focus groups with healthcare professionals.

We returned on 12 and 27 November and 23 December 2014 to follow up on concerns raised to inspect the A&E department and the Emergency Admissions Unit.

The inspection team make an evidenced judgment on five domains to ascertain if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

The comprehensive inspections result in a trust being assigned a rating of 'outstanding', 'good', 'requires Improvement' or 'inadequate'. Each section of the service receives an individual rating, which, in turn, informs an overall trust rating. The inspection found that overall the trust had a rating of requires improvement following the comprehensive inspection but was rated as overall inadequate following our responsive inspection in November and December 2014.

Our key findings were as follows:

- The leadership of the trust had undergone significant change, resulting in a lack of stability and clear direction at board-level.
- Patients and relatives spoke very highly of services.
- Caring and compassion was evident in all clinical areas.

Summary of findings

- Nurse staffing levels, particularly in medical elderly wards, were lower than safe staffing guidance recommended.
- There were good standards of cleanliness and good systems and processes for infection prevention and control were in place.
- The trust benefited from a very committed and loyal workforce.

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

Importantly, the trust must:

- Take action to recruit a substantive and credible board of directors.
- Put in place a clear strategy for leadership development at all levels.
- Incorporate the patient voice in a systematic way into the workings of the board.
- Undertake an independent review of the management of elective waiting lists in all areas
- Improve the systems and processes for the storage and management of all medicines, including controlled drugs. Assure itself that 'five steps to safer surgery' (the NHS Patient Safety First campaign adaptation of the World Health Organization – WHO – surgical safety checklist) procedures were undertaken consistently and compliance audited.

Essex County

- Review the decontamination procedures within the orthodontic clinic to ensure that these comply with the required national standards.
- Ensure that the use of the World Health Organisation (WHO) checklist is fully embedded in surgical practice, including the 'sign out' and debrief.
- Ensure that all staff have appropriate supervision and appraisal.
- Ensure that staff have access to training and development opportunities to ensure that they maintain the necessary skill for their role, this is to include management, leadership and professional development training.
- Ensure that there is a robust incident and accident reporting system in place and that lessons learnt from investigations of reports are shared with staff to improve patient safety and experience.

- Ensure that there are appropriate waste disposal procedures in place and these are implemented, particularly in the outpatients department.
- Ensure that all cleaning products are stored in accordance with manufacturing guidance and complies with legislative requirements.
- Ensure that all sterile equipment and products are appropriately stored to ensure that their sterility is maintained, including an adherence to expiry dates.
- Review the numbers and skill mix in the outpatients department to ensure that there are sufficient qualified and skilled staff to meet patient needs.
- Review the cancellation of outpatient appointments and take the necessary steps to ensure that issues identified are addressed and cancellations are kept to a minimum.
- Review waiting times in outpatients' clinics and take the necessary steps to ensure that issues identified are addressed.
- Review access into clinics to ensure that they are suitable for people with mobility problems.
- Ensure that information on how to complain is accessible to patients in all patient areas within the hospital.
- Review the involvement of staff in trust-wide issues to ensure that staff are fully conversant with the trust vision, strategies and objectives and can contribute to the development of services.
- Review the information provided to staff regarding future development of services and how staff can be involved and engaged in this process.

Should do:

- Review the waste disposal bins in toilets designated for people with disabilities.
- Review issues identified and associated with transport problems when accessing outpatient appointments.

Colchester

- Ensure that there is a robust incident and accident reporting system in place; including reporting staff shortages and that lessons learnt from investigations of reports are shared with staff to improve patient safety and experience.
- Ensure that all equipment has safety and service checks in accordance with policy and manufacturer's

Summary of findings

instructions and that the identified frequency is adhered to, including emergency equipment requiring daily checks, portable appliance testing and regular maintenance.

- Ensure that all patients' records are kept up to date and appropriately maintained to ensure that patients receive appropriate and timely treatment.
- Review the process for referring safeguarding concerns to the local authority to ensure that these are undertaken appropriately for the safety and wellbeing of patients.
- Ensure that there are sufficient numbers of qualified, skilled and experienced staff at all times, particularly in A&E, medical wards and children's services including the high dependency unit.
- Review handover arrangements to ensure that they are effective and the necessary information is passed to the next responsible staff team so that patients receive appropriate treatment in a timely manner.
- Ensure that staff complete their mandatory training and have access to necessary training, especially safeguarding and resuscitation, and development to ensure they maintain the appropriate skills for their role.
- Ensure that patients are assessed by appropriately trained and experienced staff within the A&E department.
- Review the recording of necessary information such as arrival and discharge times in the A&E department to ensure that the information on performance is robust and correct.
- Review the patient flow from the A&E department to ensure that patients are assessed to meet their needs and there are no unnecessary delays.
- Review the complaints process to ensure that appropriate lessons can be learned and improvements made in service delivery.
- Ensure all staff adhere to the infection prevention and control of infection policy and procedures, particularly with regard to hand washing and cleaning procedures on the maternity unit.
- Ensure that all sterile fluids and medicines are stored in accordance with manufacturers and legislative guidance and that expiry dates are adhered to.
- Review the arrangements for dealing with controlled drugs to ensure that they comply with national standards and legislation and that these are implemented and adhered to by staff.

- Ensure that patients' records are appropriately stored in accordance with legislation at all times.
- Ensure that a patient's mental capacity is assessed appropriately and that records are up dated and maintained in accordance with national guidance and recommendations.
- Ensure that the assessment for a do not attempt cardio-pulmonary resuscitation complies with best practice and national guidance, involves the patients or their representatives and that these discussions are recorded, including when discussions have been deemed inappropriate.
- Review the arrangements for internal transfer of patients in the night and ensure that this is kept to a minimum, particularly for frail and elderly patients.
- Review the involvement of staff in trust-wide issues to ensure that staff are fully conversant with the trust vision, strategies and objectives and can contribute to the development of services.
- Review the cancellation of outpatient appointments and take the necessary steps to ensure that issues identified are addressed and cancellations are kept to a minimum.
- Review waiting times in outpatients' clinics and take the necessary steps to ensure that issues identified are addressed.

Should do:

- Review the blood testing processes in the A&E department to ensure that they are efficient and timely.
- Review information given to patients on why they are waiting in the A&E department to allay anxieties.
- Review the information following clinical audits and ensure that any actions and learning are shared with staff.
- Review the training available to staff on caring for people living with dementia or with a learning disability and provide training to ensure that staff have the appropriate skills for their role.
- Review staff communication and engagement to ensure that they are aware of the trust strategies and vision, including new initiatives such as the clinical care strategy for end of life care.

Summary of findings

Following our responsive inspection we under took enforcement action which included placing conditions on the providers registration in respect of A&E and EAU departments.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Colchester Hospital University NHS Foundation Trust

Colchester Hospital University NHS Foundation Trust has two main sites – Colchester General Hospital and Essex County Hospital. The trust provides healthcare services to around 370,000 people from Colchester and the surrounding area of North East Essex. In addition, the trust provides radiotherapy and oncology services to a wider population of about 670,000 people across North and Mid Essex. The trust is one of the largest employers in North East Essex, employing over 4,100 people.

The trust owns and manages Colchester General Hospital, which opened in 1984, and Essex County Hospital, which was established in 1820. In addition, the trust also provides some services, such as outpatient and maternity services at the community hospitals in Clacton and Harwich – run by Anglian Community Enterprise (ACE) – and Halstead Hospital, which is run by Central Essex Community Services (CECS), as well as a limited range of community services.

The CQC carried out a comprehensive inspection between the 6 and 8 May 2014. The inspection was

undertaken as part of the review of all of the trusts that had been placed into special measures. Although the Trust was not placed on special measures following the Keogh Mortality Review the Care Quality Commission subsequently undertook an inspection of cancer services and the Trust was placed on special measures in November 2013 following this inspection. Special measures require the trust to work with Monitor, the independent regulator of foundation trusts and commissioners, in delivering a meaningful programme of service improvement. Under the special measure regime, the trust was placed under close scrutiny to ensure improvement to patient care are delivered in a timely and responsive manner.

We undertook a responsive review of A&E and EAU on 12, 27 November and 23 December 2014 to follow up concerns raised with CQC. We found that there were significant concerns and placed conditions on the providers registration following these inspections.

Our inspection team

The comprehensive inspection team was led by

Chair: Ellen Armistead, Deputy Chief Inspector of Hospitals, CQC

Head of Hospital Inspections: Julie Walton, CQC

Inspection Manager: Carolyn Jenkinson, CQC

The team included CQC inspectors and a variety of specialists. There were nine CQC experienced inspectors, six medical clinicians from a range of backgrounds, including children's, medicine, surgery and anaesthetics, eight nurses from a range of backgrounds that included cancer care, infection control, maternity, children and critical care.

The team was further enhanced by two experts by experience who brought a service-user perspective into the teams.

The focused inspection team was led by

Head of Hospital Inspections: Fiona Allinson, CQC

Accompanied by a team of nine CQC inspectors with a range of backgrounds in the fields of nursing paramedic and governance.

How we carried out this inspection

Pre-inspection

The on-site element of the inspection was preceded by a comprehensive information-gathering process. This

Summary of findings

phase involves collating data held by the CQC as part of our ongoing monitoring of the trust. In addition to this, the trust was asked to submit a significant number of documents as evidence of their performance around quality and service delivery.

Public involvement

During the on-site inspection, we held two public listening events, where members of the public were invited to share their experiences of the trust. This involved small group discussion, as well as the offer of individual interviews with the inspection team. Attendees could submit comments via comment cards and we shared the website address where comments could be submitted.

While on site, we spoke to service users in clinical areas.

During the inspection, the CQC left post boxes where comment cards could be submitted by patients, relatives and members of the public.

Internal stakeholders

We held a number of focus groups that included: junior doctors, student nurses, nursing staff, consultant medical staff and administrative and clerical staff.

During the inspection, we talked to staff from all staff groups, allowing them to share their views and experiences with us.

Inspection

The comprehensive inspection involved an on-site review of:

- A&E

- Medical care
- Surgery
- Critical care
- Maternity
- Children and Young Peoples Services
- End of life care
- Outpatients.

The on-site element of the inspection involved a team of experts by experience (service users), clinical associates (experienced healthcare professionals) and CQC inspectors. The team was divided into subteams, each of which looked at one of the service lines described above. The subteams were led by an experienced inspector, supported by clinical experts as well as expert by experience. The teams undertook a number of methods of inspections from interviews to direct observations of care.

Members of the trust board were interviewed, as were members of the council of governors.

The responsive inspection focused on A&E and EAU only.

External stakeholders

We invited a range of external stakeholders to share their experiences of the trust. This included Monitor, commissioners, local authority and MPs.

Post inspection

The comprehensive inspection programme included the option of carrying out an unannounced inspection. This took place on the 16 and 19 May, where we visited A&E, Nayland Ward, children's services and the outpatient department.

What people who use the trust's services say




On NHS Choices (a website that allows patients to score services out of five stars for care and involvement, with one star being the lowest and five stars being the highest) – Essex County Hospital and Colchester General Hospital has an overall score of four out of five stars.

The feedback gathered during the inspection through the use of comment cards, was overwhelmingly positive, as was the feedback from service users we spoke to.

The listening events yielded a mixed picture. Common themes from these events were around communication in terms of discharge processes, inconsistent communication among ward team members and poor feedback following complaints. Car parking was seen as a significant problem, particularly on the Colchester General Hospital site.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>In May 2014 we rated the safety of services in the trust as ‘requires improvement’. For specific information please refer to the individual location reports for Colchester General and Essex County Hospitals.</p> <p>Nurse staffing levels, particularly with elderly medical wards, was lower than best practice guidance would suggest and the inspection found equipment and medicine checks were not carried out to a consistently high standard across the organisation. ‘Five steps to safer surgery’ was not being undertaken consistently and we were concerned that staff mandatory training was not always up-to-date. Although staff knew how to report incidents, few told us that lessons were being learnt and practices changed as a result.</p> <p>In December 2014 we rated the safety of services as inadequate. We found that patients were not protected from avoidable harm as they experienced lengthy delays for treatment and care. We found that early warning scores were not being used effectively to alert staff to the deteriorating patient. Staffing levels in EAU were not sufficient to meet the needs of patients. We took urgent action to ensure the safety of patients.</p>	Inadequate 
<p>Are services at this trust effective?</p> <p>In May 2014 we rated the effectiveness of services in the trust as ‘good’. For specific information please refer to the individual location reports for Colchester General and Essex County Hospitals.</p> <p>Although the trust continued to have an elevated Summary Hospital Mortality Indicator (SHMI) it had worked hard to understand underlying causes. There was evidence that the trust adhered to relevant guidelines and that clinical audit was used as a tool for improvement.</p> <p>At our responsive reviews in November and December we found that the areas we inspected were not delivering treatment and care in line with national guidance and that this had an impact upon the care provided to patients. We rated this domain as requiring improvement. Details are available in the Colchester General Hospital report.</p>	Requires improvement 
<p>Are services at this trust caring?</p> <p>In May 2014 we rated the caring aspect of services in the trust as ‘good’. For specific information please refer to the individual location reports for Colchester General and Essex County Hospitals.</p>	Requires improvement 

Summary of findings

Both through the intelligent monitoring systems, patient feedback and the inspection process, the CQC was assured that services were delivered with care and compassion. The trust performed well against the NHS Friends and Family Test.

At our responsive inspection we found that patients were not always treated with dignity and respect. In both units, we inspected, we found staff were task orientated rather than being focused on the needs of patients. In EAU nurses were short with patients as they were exceptionally busy and that patients were not involved in their care and treatment.

Are services at this trust responsive?

In May 2014 we rated the responsiveness of services in the trust as 'requires improvement'. For specific information please refer to the individual location reports for Colchester General and Essex County Hospitals.

The trust struggled to maintain the 95% target over this period. From November 2013 to January 2014 this got worse with lows of 87.6%. In addition during our inspection we found evidence that a significant number of outpatient appointments were cancelled by the trust, many of which occurred at very short notice. Improved documentation in terms of discussions with patients and their relatives was required when issuing Do Not Attempt Cardiopulmonary Resuscitation forms.

The discovery of further allegations of manipulation of waiting list data required further independent scrutiny in order to assure patients, public and regulatory bodies that systems and processes were being improved and that they are being driven by clinical need.

At our responsive inspection in November and December 2014 we found that there was a lack of support for patients requiring a higher level of care in the EAU. Patients were regularly moved from this area overnight and complaints were not used to improve services. In A&E we found that patients were waiting for unacceptable periods before receiving treatment. There were delays in patients being handed over from the ambulance to the care team at the hospital.

Inadequate



Are services at this trust well-led?

In 2014 we found that the trust had seen significant changes in the executive team, with a number of the executive team being interim appointments. While the team were clearly committed to delivering the improvements identified through the Keogh Mortality Review, this presented a challenge in terms of succession planning, stability and the perception of leadership commitment across the organisation.

Inadequate



Summary of findings

Subsequent to the on-site element of the inspection, the CQC were made aware via a whistleblower, that the trust had received further allegations of manipulation of waiting lists in a service within the trust. The trust failed to notify the CQC of the findings of an external review. The CQC would expect the trust to share this data with the inspection team.

The leadership at a more local-level appeared to be working effectively. However, there were inconsistencies in most areas around training, team meetings and staff engagement, resulting in all areas being inspected – with the exception of surgery and critical care – being rated as requiring improvement.

Given the lack of stability at trust board-level and the number of services being rated as requiring improvement in terms of local leadership, the judgment for this domain has been rated as inadequate.

We did not re-inspect this domain at our focused inspection.

Vision and strategy for this trust

- The trust had only recently reviewed their vision and values. During the inspection, very few respondents were able to clearly articulate the trust strategy for sustainable improvements to services.
- The trust had recently introduced a more rigorous approach to monitoring improvements in service delivery. However, the CQC could find limited evidence of the development of actions to enable sustainable change and improvements.
- The trust board had only recently agreed a set of values and a vision for the organisation, to support the development of a culture of continuous improvement and learning.

Governance, risk management and quality measurement

- Our inspection found inconsistencies in terms of local governance systems and processes with very good systems in place in some areas, to areas where a more robust programme of review was indicated.
- There were significantly inconsistencies in arrangements for risk management and risk registers.

Leadership of trust

- The trust had recently introduced a clinical directorate structure, the aim of which was to improve clinical engagement and leadership. However, it was too early to judge the effectiveness of the new arrangements, although the inspectors were assured that, in principle, they reflected good practice.

Summary of findings

- At the point of the inspection, with the exception of the medical director and the director of nursing, the executive team were interim appointments
- There were inconsistencies in the staff's perceptions of the visibility of the trust board. It was acknowledged by some staff groups that this may have been as a result of the CEOs length of tenure at the time of inspection.

Culture within the trust

- There was a strong sense of pride from clinicians working in the service and a strong sense of loyalty within the teams.
- Although the staff survey was slightly above average for bullying and we had been alerted to individual cases where bullying was thought to have been a concern, during our inspection we found no clear evidence of an endemic bullying culture.
- There was a strong sense of a patient focus at team-level.
- There was not, at the time of the inspection, a robust process for feeding patient stories and the Patient's Voice questionnaire results into board discussions.
- Sickness absence rates were in line with the national average.

Public and staff engagement

- There were inconsistencies in terms of staff perceptions around engagement with senior management. Some teams reported very positive engagement, while others reported a disconnect.
- The trust board had only recently begun to focus on patient stories at trust board, the inspection team were unable to find evidence of a strongly embedded culture of focusing on patient feedback at board-level.

Innovation, improvement and sustainability

- The trust had recently created a robust programme for monitoring improvement priorities.
- Teams reported that, locally, innovation was encouraged.

Overview of ratings

Our ratings for Colchester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Inadequate	Inadequate	Requires improvement	Inadequate	Requires improvement	Inadequate
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity & Family planning	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Requires improvement	Inadequate	Requires improvement	Inadequate

Our ratings for Essex County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Colchester Hospital University NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate	Inadequate

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both A&E and outpatients.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust MUST take to improve

Importantly, the trust must:

- Take action to recruit a substantive and credible board of directors.
- Put in place a clear strategy for leadership development at all levels.
- Incorporate the patient voice in a systematic way into the workings of the board.
- Undertake an independent review of the management of elective waiting lists in all areas
- Improve the systems and processes for the storage and management of all medicines, including controlled drugs. Assure itself that 'five steps to safer surgery' (the NHS Patient Safety First campaign adaptation of the World Health Organization – WHO – surgical safety checklist) procedures were undertaken consistently and compliance audited.

Essex County

- Review the decontamination procedures within the orthodontic clinic to ensure that these comply with the required national standards.
- Ensure that the use of the World Health Organisation (WHO) checklist is fully embedded in surgical practice, including the 'sign out' and debrief.
- Ensure that all staff have appropriate supervision and appraisal.
- Ensure that staff have access to training and development opportunities to ensure that they maintain the necessary skill for their role, this is to include management, leadership and professional development training.
- Ensure that there is a robust incident and accident reporting system in place and that lessons learnt from investigations of reports are shared with staff to improve patient safety and experience.
- Ensure that there are appropriate waste disposal procedures in place and these are implemented, particularly in the outpatients department.
- Ensure that all cleaning products are stored in accordance with manufacturing guidance and complies with legislative requirements.

- Ensure that all sterile equipment and products are appropriately stored to ensure that their sterility is maintained, including an adherence to expiry dates.
- Review the numbers and skill mix in the outpatients department to ensure that there are sufficient qualified and skilled staff to meet patient needs.
- Review the cancellation of outpatient appointments and take the necessary steps to ensure that issues identified are addressed and cancellations are kept to a minimum.
- Review waiting times in outpatients' clinics and take the necessary steps to ensure that issues identified are addressed.
- Review access into clinics to ensure that they are suitable for people with mobility problems.
- Ensure that information on how to complain is accessible to patients in all patient areas within the hospital.
- Review the involvement of staff in trust-wide issues to ensure that staff are fully conversant with the trust vision, strategies and objectives and can contribute to the development of services.
- Review the information provided to staff regarding future development of services and how staff can be involved and engaged in this process.

Should do:

- Review the waste disposal bins in toilets designated for people with disabilities.
- Review issues identified and associated with transport problems when accessing outpatient appointments.

Colchester

- Ensure that there is a robust incident and accident reporting system in place; including reporting staff shortages and that lessons learnt from investigations of reports are shared with staff to improve patient safety and experience.
- Ensure that all equipment has safety and service checks in accordance with policy and manufacturer's instructions and that the identified frequency is adhered to, including emergency equipment requiring daily checks, portable appliance testing and regular maintenance.

Outstanding practice and areas for improvement

- Ensure that all patients' records are kept up to date and appropriately maintained to ensure that patients receive appropriate and timely treatment.
- Review the process for referring safeguarding concerns to the local authority to ensure that these are undertaken appropriately for the safety and wellbeing of patients.
- Ensure that there are sufficient numbers of qualified, skilled and experienced staff at all times, particularly in A&E, medical wards and children's services including the high dependency unit.
- Review handover arrangements to ensure that they are effective and the necessary information is passed to the next responsible staff team so that patients receive appropriate treatment in a timely manner.
- Ensure that staff complete their mandatory training and have access to necessary training, especially safeguarding and resuscitation, and development to ensure they maintain the appropriate skills for their role.
- Ensure that patients are assessed by appropriately trained and experienced staff within the A&E department.
- Ensure all staff, particularly medical staff have received an appraisal.
- Review the recording of necessary information such as arrival and discharge times in the A&E department to ensure that the information on performance is robust and correct.
- Review the patient flow from the A&E department to ensure that patients are assessed to meet their needs and there are no unnecessary delays.
- Review the complaints process to ensure that appropriate lessons can be learned and improvements made in service delivery.
- Ensure all staff adhere to the infection prevention and control of infection policy and procedures, particularly with regard to hand washing and cleaning procedures on the maternity unit.
- Ensure that all sterile fluids and medicines are stored in accordance with manufacturers and legislative guidance and that expiry dates are adhered to.
- Review the arrangements for dealing with controlled drugs to ensure that they comply with national standards and legislation and that these are implemented and adhered to by staff.
- Ensure that patients' records are appropriately stored in accordance with legislation at all times.
- Ensure that a patient's mental capacity is assessed appropriately and that records are up dated and maintained in accordance with national guidance and recommendations.
- Ensure that the assessment for a do not attempt cardio-pulmonary resuscitation complies with best practice and national guidance, involves the patients or their representatives and that these discussions are recorded, including when discussions have been deemed inappropriate.
- Review the arrangements for internal transfer of patients in the night and ensure that this is kept to a minimum, particularly for frail and elderly patients.
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- Review the information following clinical audits and ensure that any actions and learning are shared with staff.
- Review the training available to staff on caring for people living with dementia or with a learning disability and provide training to ensure that staff have the appropriate skills for their role.
- Review staff communication and engagement to ensure that they are aware of the trust strategies and vision, including new initiatives such as the clinical care strategy for end of life care.