

# Epsom and St Helier University Hospitals NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

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

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

# Summary of findings

## Background to the trust

Epsom and St Helier University Hospitals NHS Trust has approximately 870 beds located across two acute locations; Epsom General Hospital which is located in Epsom and St Helier Hospital and Queen Mary's Hospital for Children which is located in Sutton.

The trust has a further five locations registered with the CQC: Frimley Park Hospital Renal Unit, Kingston Satellite Dialysis Unit; Leatherhead; Mayday Satellite Unit and Sutton Hospital. In addition to these registered locations, Epsom and St Helier University Hospitals NHS Trust is the host for the South West London Elective Orthopaedic Centre (SWLEOC) which is located on the Epsom General Hospital campus. SWLEOC is run in partnership with a number of local trusts and is the largest hip and knee replacement centre in the United Kingdom and is one of the largest in Europe.

Additionally, St Helier Hospital is home to the Southwest Thames Renal and Transplantation Unit which provides acute renal care and dialysis and is integrated with the St George's University Hospital NHS Foundation Trust renal transplantation programme.

Epsom and St Helier University Hospitals NHS Trust provides district general hospital services to a population of approximately 497,000 people living across Southwest London and Northeast Surrey as well as more specialist services in particular renal and level two neonatal intensive care to a wider catchment area covering parts of Sussex and Hampshire.

The number of staff employed by the trust as of November 2017 was 6,219.

The trust services are commissioned by Sutton Clinical Commissioning Group, Merton Clinical Commissioning Group and Surrey Downs Clinical Commissioning Group.

## Overall summary

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

## What this trust does

Epsom and St Helier University Hospitals NHS Trust, provides acute district general and specialist services to the whole population of South West London and North East Surrey. Both the trust's acute hospital locations have accident and emergency department services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

We inspected the St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital. At St Helier Hospital and Queen Mary's Hospital for Children, we inspected the core services of urgent and emergency services, medical care, surgery, critical care, maternity and services for children and young people, as part of our continual checks on the safety and quality of healthcare services.

At Epsom General Hospital we inspected urgent and emergency services, medical care, surgery and maternity.

Although we rated medical care at Epsom General Hospital as good at our previous inspection, they were rated as requires improvement for the area of safety. Our pre-inspection intelligence indicated the need to follow up on the areas requiring improvement as well as to review ward level differences, including the care of the elderly.

The other areas we selected for inclusion in this inspection 'required improvement' as a result of our findings at the previous inspection carried out in November 2015. Intelligence information we held on these areas indicated the need for re-inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

## What we found

Our overall findings indicated improvements and progress in many areas. Of the services inspected, most were rated as good, apart from the emergency department on both sites, surgery on the St Helier Hospital site and medical care and maternity on the Epsom General Hospital site.

We found the urgent and emergency services on both sites remained as requires improvement. However, the responsiveness of both departments improved from requires improvement to good. Caring remained as good, whilst safe, effective and well-led, remained as requires improvement.

Medical care at St Helier Hospital made significant improvement. From a previous rating of requires improvement, the service is now rated as good. Safe, caring and responsive, all improved from requires improvement to good.

Surgery at St Helier Hospital improved from inadequate to requires improvement. Contributing to this was the reconfiguration of the surgical wards. Safe and well-led improved from inadequate to requires improvement; caring and responsive improved from requires improvement to good and effective remained unchanged as good.

Critical care at St Helier Hospital improved its overall rating to good from requires improvement. Effective, caring, responsive and well-led all improved from requires improvement to good, whilst safe remained as requires improvement.

Maternity at St Helier Hospital improved its overall rating to good from requires improvement. Well-led improved from inadequate to requires improvement. Safe, effective and responsive improved from requires improvement to good and caring remained as good.

Services for children and young people improved its overall rating to good from requires improvement. Safe, effective, responsive and well-led improved from requires improvement to good, whilst caring remained as good.

# Summary of findings

Medical care at Epsom General Hospital overall rating went down from good to requires improvement. Safe remained as requires improvement and effective went down from good to requires improvement. Caring, responsive and well-led all remained as good.

Surgery at Epsom General Hospital improved from requires improvement to good. Safe remained as requires improvement. Responsive and well-led improved from requires improvement to good. Effective and caring remained as good.

Maternity at Epsom General Hospital remained as requires improvement. Safe improved from requires improvement to good. Effective remained as requires improvement. Caring and responsive remained as good and well-led improved from inadequate to requires improvement.

We noted that in many areas of the trust, the environment was not always appropriate for the services being delivered, due to the age and structure of the estate. There was extensive building refurbishment work being undertaken on the St Helier Hospital site during the inspection.

## Overall trust

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

- We rated caring and responsive as good; and safe, effective and well-led as requires improvement. We rated one of the trust's 18 services as outstanding, 10 as good and seven as requires improvement. In rating the trust, we took into account the current ratings of the eight services not inspected this time.
- We rated well-led for the trust overall as requires improvement.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website [www.cqc.org.uk/provider/RVR/reports](http://www.cqc.org.uk/provider/RVR/reports)

## Are services safe?

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

- Mandatory training figures were low in most services.
- Staffing levels on some surgical wards were lower than the recommended safe staffing guidelines at times.
- The use of rapid tranquilisation medication was not monitored.
- There remained problems with old equipment and the replacement programme was running at a slow pace.
- The service provided to operating theatres for provision and processing of surgical instruments was less than satisfactory.

However;

- A&E four-hour wait performance was better than the national average.
- Patients who are at risk as a result of their mental health received a mental health assessment within the emergency department (ED) or the assessment unit by a qualified mental health professional.
- The hospital had reviewed systems and processes to improve patient flow through the medical department.
- There was good compliance with the World Health Organisation (WHO) five steps to safer surgery checklist as evidenced in audits, through our observations and conversations with staff.

## Are services effective?

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

# Summary of findings

- Staff did not always record mental capacity assessments and best interests meetings and decisions in patient care records, when appropriate.
- All staff did not understand when and how a Deprivation of Liberty Safeguard authorisation should be used for patients who lack capacity to agree to admission.
- The use of physical restraint on mental health patients was not monitored in the hospital.

However;

- Patients who are at risk as a result of their mental health received a mental health assessment within ED or the assessment unit by a qualified mental health professional.
- There was effective and positive multidisciplinary team (MDT) working.
- Staff used professional guidance and best practices, including risk assessment tools and consent procedures to support the provision of safe and responsive care.

## Are services caring?

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

- Staff provided treatment and care in a kind and compassionate way and treated people with respect. They were very considerate and empathetic towards patients.
- Patients described staff as compassionate and caring and we observed positive caring interactions.
- Relatives were very complimentary about staff and the care delivered to their loved ones.

## Are services responsive?

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

- The trust met the A&E four hour waiting time target in eight out of 12 months from December 2016 to November 2017, and showed a trend of stability compared to the national standard and better than the England average.
- The trust had improved the discharge process for patients who were medically fit and waiting to be discharged.
- The trust planned and provided services in a way that met the needs of local people.
- There was provision to meet the individual needs of children and young people using services at Queen Mary's Hospital for Children. There were efforts across the hospital to make the environment more child-friendly and welcoming for young people.

However;

- Complaints were not always addressed in accordance with the timescale as set out in the trust's complaints policy.

## Are services well-led?

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

- Some issues identified in the last inspection had not been addressed; for example, consultant hours in the ED and the processing of surgical instruments.
- In maternity at St Helier Hospital, some black midwives reported being treated unfairly and lodged a collective, official grievance as a result. The trust carried out an internal investigation and recommendations have been made to improve to situation.

# Summary of findings

- In maternity, the trust continued to focus more on trust wide outcomes rather than outcomes by unit, which obscured differences between the two units. The overall vision for the unit was not well defined. There was a lack of clarity on whether the maternity service was one service at two locations or two separate units.

However;

- The trust had introduced various initiatives since our last inspection including electronic whiteboards and safety huddles, which enabled real time prioritisation of patient safety issues.

## **St Helier Hospital and Queen Mary's Hospital for Children**

- All mandatory training in key skills for medical staff and nursing staff and safeguarding training were below the trust target of 95%.
- The use of rapid tranquilisation medication was not monitored.
- The use of physical restraint on mental health patients was not monitored in the hospital.
- There were significant staffing issues in some areas. In surgery, ward staff were expected to provide care for too many patients and did not always have enough time to provide the level of care they felt appropriate. Staffing on the neonatal unit (NNU) and on the children's ward were also a challenge.
- The ED was not meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 16 hours of emergency cover seven days per week. This was also the case at the last inspection in 2015. However, the trust was actively trying to recruit additional consultants.
- In surgery, there was a lack of proactive leadership to address concerns identified within the risk register as well as lower level concerns escalated by operational staff.
- In maternity, some black midwives reported being treated unfairly and lodged a collective, official grievance as a result. The trust carried out an internal investigation and recommendations have been made to improve to situation.
- In maternity, the trust continued to focus more on trust wide outcomes rather than outcomes by unit, which obscured differences between the two units. The overall vision for the unit was not well defined. There was a lack of clarity on whether the maternity service was one service at two locations or two separate units.

However;

- The trust met admitted, transferred or discharged within the four hour standard eight times from December 2016 to November 2017, and showed a trend of stability compared to the national standard and better than the England average.
- Patients who were at risk as a result of their mental health received a mental health assessment within ED or the assessment unit by a qualified mental health professional.
- In medical care, the hospital had improved the discharge process with the introduction of a new ward for patients who were medically fit and waiting to be discharged.
- There was effective and positive multidisciplinary team (MDT) working. Allied health professionals (AHP) felt that they were valued team members.
- Staff provided treatment and care in a kind and compassionate way and treated people with respect. Staff were very considerate and empathetic towards patients. Patients described staff as compassionate and caring and we observed positive caring interactions.
- There was provision to meet the individual needs of children and young people using services at the hospital. There were efforts across the hospital to make the environment more child-friendly and welcoming for young people.

# Summary of findings

## Epsom General Hospital

- Mandatory training figures were low.
- Staffing levels on wards were lower than the recommended safe staffing guidelines at times. Some staff told us they were tired and felt overstretched due to staff shortages and this was starting to affect their morale.
- Governance and risk management processes were not as strong or effective across all areas we inspected.
- In the emergency department, some key safety targets were not being met and patient outcome measures were not always subject to scrutiny and action. Safety checking procedures were not always carried out routinely.
- There remained problems with old equipment and the replacement programme was running at a slow pace.
- In surgery, the service provided to operating theatres for provision and processing of surgical instruments was less than satisfactory. Little had been done to resolve this matter.
- In maternity, the trust continued to focus more on trust wide outcomes rather than outcomes by unit, which obscured differences between the two units. The overall vision for the unit was not well defined. There was a lack of clarity on whether the maternity service was one service at two locations or two separate units.

However;

- Clinical staff ensured that patient treatment and care was delivered with kindness and compassion. Patients felt well cared for and were treated with dignity and respect by staff.
- Staff used professional guidance and best practices, including risk assessment tools and consent procedures to support the provision of safe and responsive care.
- There was a positive culture of team work, multidisciplinary working, and a strong sense of commitment to doing what was right for patients.
- Seven day cover was provided by consultants, the pharmacy and physiotherapy teams and was well established. Consultant cover was provided evenly across the week.
- The trust planned and provided services in a way that met the needs of local people.

## Ratings tables

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

## Action we have taken

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

Our action related to breaches of legal requirements in core services at both Epsom General Hospital and St Helier Hospital and Queen Mary's Hospital for Children.

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

# Summary of findings

## What happens next

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

## Outstanding practice

We found examples of outstanding practice at both Epsom General Hospital and St Helier Hospital and Queen Mary's Hospital for Children. These were;

- The children's outpatients waiting area at Queen Mary's Hospital for Children had been developed in response to children, young people and families' feedback. The activities available in the play area helped to alleviate children and young people's anxieties whilst they were waiting for their appointment.
- Through the implementation of the Care, Recognition and Initial Stabilisation in Simulation, (CRISIS) course in the simulation training centre at Epsom General Hospital, staff were able to carry out fully equipped scenarios for the management of the deteriorating patient.
- The trust had invested in system of electronic whiteboards on ward areas. This was a plasma screen near the nurses' station and included data including the patient's name, whether a venous thromboembolism risk assessment had been completed, National Early Warning Score, and dementia screen. The whiteboards gave snapshot for what was happening with each patient on the ward.

## Areas for improvement

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

### Action the trust **MUST** take to improve

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

This action related to both St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital.

- Ensure that at least 95% of their staff completes mandatory training on an annual basis.
- Ensure that all midwives are treated fairly in accordance with the Health and Social Care Act 2008 and the Workforce Race Equality Standard.
- Ensure that staff record mental capacity assessments and best interests meetings and decisions in patient care records, when appropriate.
- Ensure that all staff understands when and how a Deprivation of Liberty Safeguard authorisation should be used for patients who lack capacity to agree to admission.
- Monitor the use of restraint on mental health patients.

At St Helier Hospital and Queen Mary's Hospital for Children:

### Action the hospital **MUST** take to improve:

- The trust must ensure the ED's mandatory and safeguarding training meets the trusts target of 95%.

# Summary of findings

- Ensure that there is adequate staffing on all wards to provide the safe delivery of care to patients.
- Ensure that all records are completed accurately and stored securely stored.

## **Action the hospital SHOULD take to improve:**

- Ensure that hand hygiene audits in the ED meet the trust target of 80%.
- Ensure that there is an agreed time frame to reconfigure the layout of the ED.
- Ensure the medical records in the ED are completed consistently.
- Ensure that ED meets the Royal College of Emergency Medicine recommendations that consultants should provide 16 hours of emergency cover seven days per week.
- Ensure pain scores are routinely recorded and pain relief is administered when prescribed.
- Monitor the use of rapid tranquilisation medication.
- Monitor the use of physical restraint on mental health patients in the hospital.
- Ensure patient's privacy and dignity are not compromised in the ED.
- Ensure the ED meets the national standard for all patients awaiting hospital admission should be placed on a hospital bed within 6 hours.
- Ensure that there are dementia champions in the emergency department, in line with the Dementia Strategy for 2015-2020.
- Ensure patient information about waiting times in the ED are displayed in 'real time'.
- Ensure patients who attend the ED are engaged with the service or how the ED could be improved.
- Review staffing arrangements for all medical wards and the opened escalation wards.
- Have a clear policy on the opening and closing of escalation areas.
- Review medical and nursing cover in order to address continuing staff shortages at the hospital.
- Review and monitor the hours worked by bank staff to prevent staff working excessive hours
- The surgical division should robustly monitor the management of sterile equipment by the external company they use and work to reduce the number of kits with missing components.
- The surgical division should improve its incident reporting culture, in particular in respect of low-level incidents.
- The surgery division should continue to audit patient records, to ensure that they are fully and accurately completed and should ensure that records are safely and securely stored at all times.
- The surgery division should ensure that fridge temperatures for medication fridges are recorded and are in range.
- The surgery division should ensure the proactive management of its risk register, in particular, ensuring and assessing the effectiveness of actions taken to mitigate risk.
- The surgery division should ensure that all staff have the authority to carry out any role assigned to them, regardless of whether they are in post in an interim capacity.
- Update any out of date guidelines found in the folder by the patients' bedside including the guidelines for the use of hand mittens in adult patients.
- Records should be stored securely.

# Summary of findings

- Equipment should be cleaned and labelled appropriately.
- Consider how maternity incidents are reviewed.
- Review systems in place to improve outcomes for women in areas below national expectations.
- Improve the percentage of children and young people who have multiple readmissions for asthma.
- Ensure nursing staff have access to formal clinical supervision.
- Improve the percentage of patients under the age of one who have multiple readmissions for epilepsy.
- Ensure complaints are addressed in accordance with the timescales set out in the trust's complaints policy.
- Produce a clearly defined clinical strategy for the children and young people service which details the future vision for the service.
- Ensure the community nursing team have sufficient leadership and management to ensure managerial responsibilities can be met in a timely way.

At Epsom General Hospital

## **Action the hospital MUST take to improve:**

- The trust must ensure the ED's mandatory and safeguarding training meets the trusts target of 95%.

## **Action the hospital SHOULD take to improve:**

- Staff working in ED should be reminded of the importance of reporting all types of incidents and adverse events, even where it relates to security.
- The ED should consider how it can improve the provision of support for patients with dementia related needs.
- The ED should identify suitable staff to act as dementia champions.
- The ED should consider the benefits of having sepsis champions.
- The trust should monitor the use of restraint in the ED.
- The trust should ensure that the mental health assessment room in the emergency department is used in a safe way.
- Seating used by patients in the Ambulatory Care Unit should be subject to regular checks and replacement if the fabric is damaged.
- The ED should consider the benefits of having staff trained to administer pain relief under Patient Group Directions.
- The trust should consider the value of having an electronic activity screen in ED to enhance the oversight of activity and patient flow.
- There should be a review of equipment needs and compatibility with existing items.
- The ED management team should review its risks and ensure these are included on the risk register.
- Improve mandatory and safeguarding training rates in line with trust targets.
- Ensure Do Not Attempt Cardiopulmonary Resuscitation forms are completed in line with good practice guidance.
- Store Control of Substances Hazardous to Health products in locked store cupboards/rooms.
- Review staffing numbers in line with safe staff guidance.
- Store records in locked trolleys.

# Summary of findings

- Standardise the use and application of the Malnutrition Universal Screening Tool across wards.
- Standardise recording of mental capacity.
- Respond to complaints within the agreed timescales.
- Robustly monitor the management of sterile equipment by the external company they use.
- Ensure old and faulty equipment is replaced at a faster pace.
- Continue work to improve referral to treatment times.
- Continue work to improve venous thromboembolism rates.
- Ensure sufficient facilities are available in the anaesthetist on call rest room.
- Review the frequency of cleaning theatre walls and the practice of using tape and putty like adhesives in the theatre environment.
- Review the delivery suite coordinators lack of supernumerary status which was out of line with good practice.
- Utilise input external to the hospital in reviewing maternity incidents.
- Move from investigating areas where outcomes for women fell below national expectations, to improving these outcomes.
- Conduct more assessments of what women want from maternity services.
- Monitor the use of restraint in the ED.
- Monitor the use of rapid tranquilisation medication.

## Is this organisation well-led?

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

### **We rated well-led at the trust as requires improvement because:**

- At the last inspection in 2015, we found that the trust was not fulfilling all its requirements for the Workforce Race Equality Standard (WRES) and had failed to address areas of concern. Whilst improvements had been made by the trust, some issues still existed at this inspection. For instance, some black midwives in maternity at St Helier Hospital perceived that they were not treated fairly, in compliance with the Health and Social Care Act 2008 and the WRES. They brought a collective grievance against the trust. The trust carried out an internal investigation and recommendations have been made to improve to situation.
- The Board Assurance Framework (BAF) needed to improve in order to give robust assurance to the trust. The BAF did not describe links to the risk register. Risks to the delivery of care were not outlined and therefore not rated.
- Governance and risk management processes were variable in the areas we visited. They were not as strong or effective as would be expected. Incidents were not always reported, which limited the opportunities to review and learn from them.

# Summary of findings

- The trust's bandwidth had a high risk score of 25 i.e. its capacity to manage issues and this had impacted on its non-delivery of the key standards of RTT and finance.
- Poor IT infrastructure led to inefficient electronic records management systems.
- Poor data quality led to inefficient theatre utilisation and a lot of manual processing of data, which was not time-efficient.
- Staff mandatory training attendance was much lower than the trust's target of 95%.
- The trust had a performance target of 75% to meet all complaint timescales, but was not always meeting this target. There was not always clear evidence of complaint outcomes making any difference to the service on some of the complaints reviewed.
- The trust performed worse than it did in 2016 and below the average for acute trusts, in the questions related to 'Staff recommendation of the organisation as a place to work or receive treatment'.

However;

- The trust had made significant improvements since our last inspection in November 2015.
- Despite the winter pressures at the time of inspection, all services inspected were rated 'good' for responsive. In addition, A&E four-hour wait performance was better than the national average.
- The board had the appropriate range of skills, knowledge and experience to perform its role.
- Fit and proper person checks for directors were in place.
- Finance was identified as a high performing department with strong leadership and senior staff who had high quality skills and experience.
- There were leads for mental health, mental capacity and adult protection.
- Board members were aware of the current priorities and challenges of the trust.
- There was visible, approachable, and experienced leadership. All board members undertook the 15 steps programme.
- There was a current strategy to improve the estate that was in need of repair, which had been approved by the board.
- There was a dementia strategy and a non-executive director who led on dementia.
- Work was carried out by the board as part of the long-term strategy development to understand the causes of its underlying financial deficit.
- Board members described the trust culture as open, committed and passionate.
- The trust reinstated the long service awards after more than two years to recognise their staff's contributions.
- There was a freedom to speak up guardian who felt that the current resources were sufficient to carry out their role.
- The trust adhered to the Duty of candour requirements appropriately.
- The trust worked with third party providers such as other local trusts, GPs and the local authority to promote good patient care. Examples of this working together were through the South West London Elective Orthopaedic Centre and the Epsom Health and Care @Home service.
- The trust undertook internal engagement with both clinical and non-clinical staff regarding service design and change.

# Summary of findings

- The trust engaged with people who use services and their relatives/carers. For example, there was the Cancer Patient Forum whose role was to help support and improve services for those affected by cancer.
- Learning from deaths guidance was appropriately structured and implemented in the trust. The mortality review process was embedded into existing systems.
- Trustwide risks and service risks were now better understood.

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
St Helier Hospital and Queen Mary's Hospital for Children	Requires improvement ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
Epsom General Hospital	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
<b>Overall trust</b>	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018

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

## Ratings for St Helier Hospital and Queen Mary's Hospital for Children

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
Medical care (including older people's care)	Good ↑ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018
Surgery	Requires improvement ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↑ May 2018	Requires improvement ↑ May 2018
Critical care	Requires improvement ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Maternity	Good ↑ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↑ May 2018	Good ↑ May 2018
Services for children and young people	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
End of life care	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
Outpatients	Good ↔ May 2016	Not rated	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
Renal	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
<b>Overall*</b>	Requires improvement ↔ May 2018	Good ↑ May 2018	Good ↑ May 2017	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018

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

## Ratings for Epsom General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
Medical care (including older people's care)	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↓ May 2018
Surgery	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑↑ May 2018
Critical care	Requires improvement ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Requires improvement ↔ May 2016	Requires improvement ↔ May 2016	Requires improvement ↔ May 2016
Maternity	Good ↑ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↑ May 2018	Requires improvement ↔ May 2018
Services for children and young people	Requires improvement ↔ May 2016	Requires improvement ↔ May 2016	Good ↔ May 2016	Requires improvement ↔ May 2016	Requires improvement ↔ May 2016	Requires improvement ↔ May 2016
End of life care	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
Outpatients	Good ↔ May 2016	Not rated	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016
South West London Elective Orthopaedic Centre	Good ↔ May 2016	Outstanding ↔ May 2016	Good ↔ May 2016	Good ↔ May 2016	Outstanding ↔ May 2015	Outstanding ↔ May 2016
<b>Overall*</b>	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018

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

# Epsom General Hospital

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Epsom  
Surrey  
KT18 7EG  
Tel: 01372735735  
[www.epsom-sthelier.nhs.uk](http://www.epsom-sthelier.nhs.uk)

## Key facts and figures

Epsom General Hospital is part of Epsom and St Helier University Hospitals NHS Trust and provides acute hospital services to population of around 166,257. Services are commissioned by Surrey Downs Clinical Commissioning Group.

The hospital has 352 beds, including;

- 27 children's (excluding cots)

There are also 92 daycase beds.

Epsom General Hospital operates 24 hours per day and has an accident and emergency department. The hospital has approximately 59,026 emergency attendances each year. In 2017, there were 48,515 admissions (including the South West London Elective Orthopaedic Centre) and 243,245 outpatient attendances (including the South West London Elective Orthopaedic Centre).

During the inspection, we spoke with 42 patients, 15 carers/relatives and over 90 members of staff from various disciplines. We checked over 30 patient records. We observed care being delivered and attended meetings, safety briefings and handovers.

## Summary of services at Epsom General Hospital

**Requires improvement**   

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

- Mandatory training and appraisal completion figures were low. Staff did not always have their performance reviewed or have the opportunity to discuss development needs.
- Staffing levels on wards were lower than the recommended safe staffing guidelines at times. Some staff told us they were tired and felt overstretched due to staff shortages and this was starting to affect their morale.
- Governance and risk management processes were not as strong or effective across all areas we inspected. Incidents were not always reported, which limited the opportunities to review and learn from them. Staff did not always receive feedback on low level incidents.

# Summary of findings

- In the emergency department, some key safety targets were not being met and patient outcome measures were not always subject to scrutiny and action. Safety checking procedures were not always carried out routinely.
- There remained problems with old equipment and the replacement programme was running at a slow pace.
- In surgery, the service provided to operating theatres for provision and processing of surgical instruments was less than satisfactory. Little had been done to resolve this matter.
- In maternity, the trust continued to focus more on trust wide outcomes rather than outcomes by unit, which obscured differences between the two units. The overall vision for the unit was not well defined. There was a lack of clarity on whether the maternity service was one service at two locations or two separate units.

However;

- Clinical staff ensured that patient treatment and care was delivered with kindness and compassion. Patients felt well cared for and were treated with dignity and respect by staff.
- Staff used professional guidance and best practices, including risk assessment tools and consent procedures to support the provision of safe and responsive care.
- There was a positive culture of team work, multidisciplinary working, and a strong sense of commitment to doing what was right for patients.
- Seven day on site cover was provided by consultants, the pharmacy and physiotherapy teams and was well established.
- The trust planned and provided services in a way that met the needs of local people.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Epsom Hospital provides urgent and emergency care services, 24 hours, seven days a week. Services are provided to the local populations within areas of north east Surrey and the London Boroughs of Sutton and Merton.

The Emergency Department (ED) at Epsom Hospital is not a trauma receiving unit, and does not treat patients who may need emergency surgery. Patients who present into the ED at Epsom and need emergency surgery were transferred to St Helier Hospital for further assessment and treatment.

The hospital receives emergency adult, paediatric and maternity patients.

In 2016/17 152,843 patients were treated through the urgent and emergency care services. Of these, 15,898 (26.9%) were ages 17 years or under.

During 2016/2017 the ED were in the top ten performing trusts nationally for the Accident and Emergency standard of 95% of patients being treated and admitted or discharged in under four hours.

Patients present to the department either by walking into the reception area or arrive by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department are seen initially by the triage nurse. (Triage is the process of determining the priority of patients' treatments based on the severity of their condition).

The department has different areas where patients are treated depending on their acuity including an area for minors, a resuscitation area, and an area receiving patients with major concerns. There was a separate paediatric ED with its own waiting area, triage and treatment cubicles. The ED also has a separate Ambulatory Care Unit.

We were mindful of the additional pressure the ED was under as a result of increased patient activity. Because of this we were sensitive in our approach to the gathering of verbal and observational evidence in a manner which did not impact on the service.

During this inspection:

We spoke with 26 staff from a range of clinical and non-clinical roles and of varying grades, including two paramedics who were not employed by the trust.

We spoke with 11 patients and three relatives.

We reviewed 14 patient records, including four related to children and young people.

We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- Although we found some improvements had been made since our previous inspection, particularly with regard to the responsiveness of the service, there remained areas which required further improvements.
- Governance and risk management processes were not as strong or effective as would be expected. Incidents were not always reported, which limited the opportunities to review and learn from them.

# Urgent and emergency services

- Some key safety targets were not being met and patient outcome measures were not always subject to scrutiny and action. Safety checking procedures were not always carried out routinely.
- The completion of mandatory safety training by staff was less than expected and was unlikely to be achieved within the current year.
- Staff did not always have their performance reviewed or have the opportunity to discuss development needs.
- All staff did not understand when and how a Deprivation of Liberties Safeguard authorisation should be used for patients who lack capacity to agree to admission.
- The use of rapid tranquilisation medication was not monitored.
- Staff did not always record mental capacity assessments and best interests meetings and decisions in patient care records.

However:

- Clinical staff ensured that patient treatment and care was delivered with kindness and compassion. Staff used professional guidance and best practices, including risk assessment tools and consent procedures to support the provision of safe and responsive care.
- Patients were protected from avoidable harm; their mental health and other individual needs were considered and acted upon by staff.
- There was a positive culture of team work, multidisciplinary working, and a strong sense of commitment to doing what was right for patients.
- Although nursing and medical staffing remained a challenging area, the day to day arrangements were focused on staffing the department to safe levels.
- Some of the performance information related to service responsiveness was showing a positive trend of stability compared to the national average.
- There were improvements to the environment of the paediatric emergency department since the last inspection including moving to a larger area, having its own reception, a dedicated triage room and children not being brought through the adult area.

## Is the service safe?

**Requires improvement** ● → ←

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

- The Royal College of Emergency Medicine recommends the time patients wait from time of arrival to receiving treatment is no more than one hour. The trust did not meet the standard over the 12 month period from November 2016 to October 2017. There was a trend of decline for this target. In October 2017 the median time to treatment was 88 minutes compared to the England average of 59 minutes.
- Staff were aware of the incident reporting process; however some incidents were not monitored and learning from the investigation was not used to the benefit of patient or staff safety. Further, there were limitations to the staffs' ability to learn from incidents as review processes were not fully established and embedded in practice.

# Urgent and emergency services

- The mandatory training completion rates had deteriorated since our previous inspection. Staffing training in mandatory safety subjects was not completed to the required frequency, and it was unlikely that present activity in the department would enable such training to be completed.
- Checking of staff's compliance with hand hygiene practices indicated lower scores than expected.
- The mental health assessment room had two doors that swung outwards; one of which opened into an adjoining treatment room. This posed a risk to patients and visitors who may have been using the adjoining room.
- Safety checking processes for medicines requiring refrigerated storage and resuscitation trolleys did not always take place.

However:

- The trust scored “about the same as” other trusts for all five of the 2016 Emergency Department Survey questions relevant to safety.
- The median time from arrival to initial assessment was better than the overall England median in the 12 month period from November 2016 to October 2017. In each month from November 2016 to October 2017 the median time to initial assessment was one minute compared to the England average of eight minutes.
- From October 2016 to September 2017 there were 50 black breaches - reported for Epsom ED where patients waited over an hour from ambulance arrival at the emergency department until they were handed over to the emergency department staff.
- Walk-in patients attending the department were triaged by an appropriately trained nurse and prioritised according to an assessment of risk. Patients conveyed by ambulance were assessed and managed according to their immediate needs.
- Staff used observational tools and assessments to ensure that treatment and care were delivered safely and in accordance with professional guidelines. This included sepsis and stroke management. Treatment and care records were completed with the right level of information and detail.
- There was secure access to the children's emergency department. Other areas requiring security and limited access, including medicines were managed safely.
- Staffing levels remained a challenging area, although nursing staff levels had improved. There were arrangements to ensure staffing levels and skill mix enabled patient care to be delivered safely. Consultant cover was lower than the England average and did not meet the Royal College of Emergency Medicine recommended standard of 16 hours of cover per day. The trust was actively trying to recruit an additional four consultants and there were higher numbers of middle and junior doctor grades.
- There were good safety arrangements to safeguard vulnerable adults and children from avoidable harm.
- There had not been any new pressure ulcers, falls with harm and or new catheter urinary tract infections from October 2016 to October 2017 within urgent and emergency care.
- There were infection prevention and control procedures to support the delivery of safe treatment and care to patients. Staff adhered to best practice guidance regarding dress code.

## Is the service effective?

**Requires improvement** ● → ←

# Urgent and emergency services

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

- We were concerned about the patient outcome data for a number of Royal College of Emergency Medicine audits (RCEM). The results of which indicated low levels of achievement of many standards, including the 2016/17 Moderate and Acute Severe Asthma report, the Severe Sepsis and Septic Shock 2016/17, and the Consultant sign off. There was little or no awareness of the results and as such there was a lack of assurance that any required action to improve these had been taken.
- Staff identification of learning needs and appraisal completion rates remained a concern. There was little opportunity to complete the many outstanding reviews before the end of the financial year, as a result of winter demands.

However:

- Staff used professional guidance to inform their practice. There was access to policies and procedures, as well as patient pathways to ensure treatment and care was delivered effectively. This included having access to a range of diagnostic services and clinical expertise.
- Patient's individual needs, including their mental capacity and learning disabilities were assessed in order to ensure the right support was available. Staff understood the principles of informed consent and ensured verbal or written consent was obtained according to the treatment they were to provide.
- Patients received appropriate nutritional and fluid support as needed. Most patients reported having their pain levels assessed and of receiving pain relief.
- The unplanned re-attendance rate for Epsom ED within seven days was 2,510 (4.23%) for the period November 2016 and October 2017.
- The trust had been proactive in making improvements to the provision of staff development and there was work in progress to develop staff competencies.
- There was a good multidisciplinary approach to delivery of patient treatment and care. Improvements had been seen in the working relationship between staff and psychiatric liaison service.
- Patients who were at risk as a result of their mental health received a mental health assessment within ED or the assessment unit by a qualified mental health professional.

## Is the service caring?

Good   

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

- Without exception, we observed staff providing care to their patients in a kind and respectful manner. Patients had their dignity respected and were afforded privacy.
- We heard staff speaking with patients in a calm and reassuring way, being kind and compassionate.
- Patient and family members who spoke with us provided feedback which was complimentary about the staff and attention they received. Examples given to us indicated staff were committed to providing care in a timely and reassuring manner.
- The results of the CQC Emergency Department Survey 2016 showed that the trust scored about the same as other trusts in 23 of the 24 questions relevant to caring.

# Urgent and emergency services

- Family and Friends data for November 2016 to October 2017 showed that out of 7,937 (17.4%) responses, 85.9% would recommend the service and 7.7% would not recommend it.

However:

- Although the majority of patients or their relatives told us they were kept informed, one relative told us they did not know what was happening and another patient said they had not been asked if they had pain.

## Is the service responsive?

**Good** ● ↑

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

- The trust scored “about the same as” other trusts for all three Emergency Department Survey questions relevant to the responsive domain in 2016.
- The service was accessible to all, except where initial assessment indicated the need to go to St. Helier ED or another designated specialist trust. Access and flow was general managed well, despite the additional winter pressures.
- The Department of Health’s standards for emergency departments were monitored. The trust met the A&E four hour waiting time target in eight out of 12 months from December 2016 to November 2017, and showed a trend of stability compared to the national standard and better than the England average.
- For the same period the trust’s monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average, and also showed a trend of stability over the period.
- The number of patients who left the ED at Epsom without being seen was 2,343, representing 3.95% out of the total number of attendances.
- Patients with mental health needs had access to the psychiatric liaison service. A mental health nurse was available at Epsom Hospital through the psychiatric liaison service 24 hours a day, seven days a week.
- There was access to the immediate intervention of thrombolytic therapy for patients diagnosed of having a stroke.
- Patient complaints were responded to in accordance with the trust policy.

However:

- From November 2016 to October 2017, the trust’s monthly median total time in ED for all patients was consistently higher than the England average, and showed a trend of decline. In October 2017 the trust’s monthly median total time in ED for all patients was 174, which was worse than the England average of 148.
- Unlike the wards, there were no resources to support patients living with needs related to dementia who were receiving treatment in the department. There were no dementia champions as indicated in the dementia strategy.
- As we found at our previous inspection there was no live updated electronic tracking system of patients to indicate clinical priority. Staff relied on a whiteboard for information.
- Although outside the control of the trust, the child and adolescent mental health service team (CAMHS) was available Monday-Friday only. There was no out of hour’s service. As a result children waiting for CAMHS had to go to an inpatient bed or wait.

# Urgent and emergency services

## Is the service well-led?

**Requires improvement** ● → ←

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

- Although the governance arrangements had been strengthened there were areas that could be further improved. There was a lack of oversight of patient related performance outcomes and lack of evidence of recognising where improvements needed to be made related to these.
- Staff did not have any real awareness of the trust's vision and organisational strategy, or where the ED fitted in with these.
- The risk register was not used to great effect. Some risks were not recognised or mentioned on the register, and it was not always clear which risks related to Epsom.

However:

- There was a strong emphasis on team work, shared commitment and enthusiasm for delivering a service which met the patient needs. Staff worked well together, with mutual respect and determination. Staff who held leadership roles and responsibilities were visible and supportive of other staff.
- There was recognition by senior nurses of the need to make improvements in some areas and of the direction of travel. They had been cautious in their approach to allow careful consideration of where change was needed and to affect this.
- There was detailed monitoring of performance data related to activity, which helped the department to know where it needed to improve.

## Areas for improvement

### Action the hospital **MUST** take to improve:

The trust must ensure the ED's mandatory and safeguarding training meets the trusts target of 95%.

### Action the hospital **SHOULD** take to improve:

- Consider how the ED can improve the provision of support for patients with dementia related needs.
- Identify suitable staff to act as dementia champions.
- Consider the benefits of having sepsis champions.
- Ensure that the seating used by patients in the Ambulatory Care Unit is subject to regular checks and replacement if the fabric is damaged.
- Consider the benefits of having staff trained to administer pain relief under Patient Group Directions.
- Consider the value of having an electronic activity screen in ED to enhance the oversight of activity and patient flow.
- Review of equipment needs and compatibility with existing items.
- Review the ED's risks and ensure these are included on the risk register.
- Ensure that staff record mental capacity assessments and best interests meetings and decisions in patient care records.

# Urgent and emergency services

- Ensure that staff understand when and how a Deprivation of Liberties Safeguard authorisation should be used for patients who lack capacity to agree to admission.
- Monitor the use of restraint in the ED.
- Ensure that the mental health assessment room in the emergency department is used in a safe way.
- Monitor the use of rapid tranquilisation medication.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

Epsom and St Helier University Hospitals NHS Trust provides a comprehensive medical service incorporating all the key medical specialties including renal, diabetes and endocrinology, rheumatology, elderly care, cardiology, stroke, gastroenterology, dermatology, haematology, oncology and respiratory medicine.

Medical care at Epsom General Hospital is part of the medicine division. During our inspection at Epsom General Hospital we visited Buckley, Swift, Ebbisham, Alexandra, Gloucester, Northey, Croft wards as well as the acute medical unit (AMU) and coronary care unit (CCU). We visited the Epsom Health and Care @Home service team.

We spoke with seven doctors including consultants, and 27 nursing staff including ward managers, matrons, specialist nurses and health care assistants, occupational therapists and physiotherapists, and interviewed divisional management teams for medicine and reviewed patient care records.

## Summary of this service

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

- Mandatory and safeguarding training and appraisal completion figures were low.
- Staffing levels on wards were lower than the recommended safe staffing guidelines at times.
- Records completion such as Do Not Attempt Cardiopulmonary Respiration (DNACPR) forms and malnutrition universal screening tool were not consistent.
- Staff did not always record mental capacity assessments and best interests meetings and decisions in patient care records, when appropriate.
- Control of Substances Hazardous to Health (COSHH) products were not always stored safely.
- Complaints took longer to be responded to than the timescales set out in the trust's complaints policy.

However;

- There were good systems in place to identify risks, implement policies and procedures, and report incidents. The storage and management of medicines was good. Leadership was well respected and accessible to staff. The service's vision, values and strategy were clear and well known and understood by staff. Complaints were investigated and learning from complaints was demonstrated.
- CRISIS (Care, Recognition, Initial, Stabilisation In Simulation), was part of mandatory training for all nursing staff and key junior medical staff and allowed multi-professional staff to simulate their management of medical emergencies in a safe environment.
- There was good multidisciplinary team working. Seven day cover was provided by consultants, the pharmacy and physiotherapy teams and was well established.
- Staff inductions were provided and staff felt supported and were provided with development opportunities.
- Patients felt well cared for and were treated with dignity and respect by staff.

# Medical care (including older people's care)

## Is the service safe?

**Requires improvement** ● → ←

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

- Mandatory and safeguarding training completion figures were low across the medical directorate.
- Do Not Attempt Cardiopulmonary Respiration (DNACPR) forms were not always completed in line with good practice.
- Control of Substances Hazardous to Health (COSHH) products were stored inappropriately on some wards which had not improved since our last inspection. A room used to store medications on Gloucester ward was very high in temperature and the door was left open which was a security risk. Resuscitation trolley daily check lists had gaps where the checks were not undertaken on a number of wards we visited.
- Staffing numbers on all wards were of concern. On occasion safe staffing numbers were below the recommended ratio of nurses to patients.
- Whilst records were stored in trolleys located by or near to the nurses' stations, we found that these trolleys were unlocked. Patient information was not secure.

However;

- Staff knew how to identify risks and understood their responsibilities regarding them. Current infection prevention and control guidelines were understood and implemented.
- Medicines were on the whole stored securely. Medicines requiring refrigeration were stored at an appropriate temperature. Controlled drugs were stored and managed appropriately.
- Reporting of incidents was well established and staff understood their responsibility. Safety thermometer data was clearly displayed on each ward.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff did not always record mental capacity assessments and best interests meetings and decisions in patient care records, when appropriate.
- There was variation in the use and understanding of the malnutrition universal screening tool (MUST).
- Patients at Epsom Hospital had a higher than expected risk of readmission for elective admissions and a higher than expected risk of readmission for non-elective admissions when compared to the England average. Although it was noted that the population of the surrounding area were from an older demographic

However;

- CRISIS (Care, Recognition, Initial, Stabilisation In Simulation), was part of mandatory training for all nursing staff and key junior medical staff and allowed multi-professional staff to simulate their management of medical emergencies in a safe environment.

# Medical care (including older people's care)

- There was good multidisciplinary team (MDT) working throughout the medical division, with daily ward rounds and weekly specialist MDT meetings. Patients' needs were assessed and plans for care and treatment were in place. Consultants provided seven day cover as did the pharmacy team and physiotherapy service. The services were supporting national priorities on health promotion, such as smoking cessation and dementia by offering information and advice.
- The trusts policies and procedures were up to date and accessible through the intranet. Clinical guidelines were written in line with current best practice and referenced national standards; compliance with clinical guidelines was checked through national and local audits. The trust participated in national audits and undertook a local audit programme. Staff had induction when joining the trust and said they felt supported and could access help when required. There were practice development nurses in post to provide educational learning and support to staff.
- Patients' pain levels were assessed and appropriate actions were taken to ensure pain relief was administered in a timely way.

## Is the service caring?

Good   

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

- Patients were treated with kindness and compassion. Their privacy and dignity was respected by staff. The feedback we received from patients was positive.
- Patients' faith and emotional needs were catered for by the chaplaincy and onsite psychiatric liaison service.
- Doctors and nurses explained the treatment they were providing to the patient in clear understandable terms. They answered questions and involved patients in the decision making around their care and treatment. They requested permission to enter the patients bed space and to prior to commencing any contact.

## Is the service responsive?

Good   

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

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

- There were no mixed sex breaches between October 2016 and September 2017. Protected meals times were observed on all wards. There were quiet rooms for patients and visitors to sit away from the bedside. Food was varied with specific dietary and cultural requirements catered for.
- The Epsom Health and Care @Home service supported the ward staff to facilitate discharge from hospital with the right care and support at home for elderly residents of the borough.
- The dementia 'forget me not' scheme was used to support people living with dementia.
- Medical patients were being treated on non-medical wards due to the volume of medical patients requiring a bed. The care we observed was good, with patients' dignity and privacy being upheld.
- Bed meetings were held throughout the day to ensure that bed management was effective.
- Complaints were investigated. Learning from complaints was discussed at various meetings and shared with staff.

# Medical care (including older people's care)

- Staff and patient suggestions were considered and acted upon where appropriate and a “you said, we did” scheme was in place.

However;

- The average length of stay in all of the medical specialities was longer than the England average.
- Complaints took longer to be responded to than the timescales set out in the trust's complaints policy.

## Is the service well-led?

Good ● → ←

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

- Leadership was visible and accessible. They were well respected by staff. Managers were proud of their staff and the service they provided.
- There was a clear vision and strategy for the service which was known and understood by the staff. Staff were proud to work at the trust and of the service they provided. The culture of care delivered by staff across all medical services was dedicated and compassionate.
- The governance mechanisms within the trust were well established and enabled the trust to monitor and improve care. There was good oversight and understanding of the risks the service had.
- Patients felt that they were engaged with regards to their care. Staff told us that they were engaged with and felt confident to raise issues or concerns. There was engagement with external stakeholders which ensure a good understand challenges in of the wider healthcare community.
- The trust had introduced various initiatives since our last inspection including electronic whiteboards and safety huddles, which enabled real time prioritisation of patient safety issues.

However;

- There were not robust arrangements to maintain the safety and confidentiality of identifiable information. We found patient identifiable information in ward areas which was easily accessible by members of the public.

## Areas for improvement

### Action the hospital MUST take to improve:

- Ensure staff in medical care services always record mental capacity assessments and best interests meetings and decisions in patient care records, when appropriate.

### Action the hospital SHOULD take to improve:

- Improve mandatory and safeguarding training rates in line with trust targets.
- Ensure DNACPR forms are completed in line with good practice guidance
- Store COSHH in locked store cupboards/rooms.
- Review staffing numbers in line with safe staff guidance.
- Store records in locked trolleys.

# Medical care (including older people's care)

- Standardise the use and application of MUST across wards.
- Ensure staff receive an annual appraisal.
- Standardise recording of mental capacity.
- Respond to complaints within the agreed timescales.
-

# Surgery

Good  

## Key facts and figures

Epsom General Hospital provides elective inpatient surgical treatment and day case surgery, across a range of specialities. These include general surgery, trauma and orthopaedics, urology, ears, nose and throat, ophthalmology and plastic surgery.

There are eight operating theatres used for main and day case surgery. The trust has two surgical wards at Epsom Hospital. Services provided across the two wards include; elective general, trauma and orthopaedics, urology and day case surgery. Northey Ward provides care for private patients. Epsom Hospital has 22 inpatient beds, 12 day case beds and 20 inpatient beds for private patients.

The trust had 31,173 surgical admissions from August 2016 to July 2017. Emergency admissions accounted for 3,852 (12%), 19,871 (64%) were day case, and the remaining 7,450 (24%) were elective.

The last comprehensive inspection of the surgery service took place in November 2015. We rated the service as requires improvement overall. We undertook an announced inspection over three days.

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

During the inspection visit, we spoke with five patients who were using the service and two relatives or carers. We spoke with a range of staff in surgical services, including consultants, junior doctors, nursing staff, allied health professionals, theatre staff, and support staff. We reviewed nine patient care records. We observed theatre safety briefings, handovers and reviewed information including meeting minutes, audit data, action plans, and training records.

At the time of our inspection, the hospital was encountering increased volumes of patient activity due to 'winter' pressures. All trusts across the country were instructed to postpone elective surgery if they needed, to accommodate the influx of acute medical patients. Therefore, surgical services were not running at a normal pace and certain departments were displaced to accommodate medical patients. Surgical patients had been placed in the elective orthopaedic centre ward adjacent to the hospital and the discharge lounge had been moved to a unit that had more patient beds.

## Summary of this service

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

- Since our last inspection, the surgical division had been restructured and now provided a more streamlined system. There were clear accountable roles and responsibilities and more oversight and scrutiny for individual specialities.
- The pre-operative pathway for patients had vastly improved. There was a new surgical care suite, which provided a more dignified and spacious area for patients, carers, and relatives.
- The pre-assessment services had improved. Patients were now seen at the one centre where all tests could be completed without the need of visiting different areas within the hospital.
- The surgical risk register had been updated and renewed and we found surgical services had a good grasp on the risks within their division.

# Surgery

- The service managed serious and moderate safety incidents well. Lessons learned as a result of investigation were shared with staff. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Patient records had good input from a range of clinical staff that cared for the patient.
- Safety checks and risk assessments were carried out on patients. There was routine monitoring of patient related outcomes, together with local and national audits and associated action plans.
- The trust planned and provided services in a way that met the needs of local people. Consultants worked closely with senior leaders to improve the responsiveness of the service.
- Staff were kind and compassionate to patients and made an effort to ensure their individual needs were attended to.
- Staff of different roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Staff did not always receive feedback on low level incidents.
- There remained problems with old equipment and the replacement programme was running at a slow pace.
- The service provided to operating theatres for provision and processing of surgical instruments was less than satisfactory. Little had been done to resolve this matter.
- The recording of venous thromboembolism (VTE) rates had not yet improved to the required level.
- Staff across all roles told us they were tired and felt overstretched due to staff shortages and this was starting to affect their morale.
- There was a lack of suitable resting facilities for on call anaesthetists and the female theatre changing room lacked sufficient ventilation.
- Nurses within the discharge team, told us the local management style was hierarchical and they did not feel part of a team. They did not feel their voice was heard.

## Is the service safe?

**Requires improvement** ● → ←

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

- The provision of surgical instruments was not reliable or efficient. Items of equipment were often missing which impacted on the service. The problem was not given priority for resolution.
- The trust equipment replacement programme was not sufficient to meet the surgical services needs.
- The system for monitoring mandatory training was not effective and did not give a true representation of completion.
- Staffing shortages meant staff felt pressurised and tired from the heavy workload.
- **Some staff told us that there were occasions when they had not reported low-level incidents, as they did not always receive feedback on actions taken.**

# Surgery

However;

- Staff recognised incidents and reported them appropriately. Lessons learnt and feedback from serious and moderate incidents was shared.
- Staff followed good infection control practices to stop the spread of infection.
- The new surgical care suite provided a more spacious, private and dignified service for the patient. This was an improvement since our last inspection.
- All pre-assessment checks were streamlined.
- Staff managed medicines well within surgery services.
- Staff had a clear understanding of safeguarding and how to report abuse. There were clear escalation guidelines for staff to follow.
- Records, including patient safety checks were clear, up to date and contained more input from nurses of the patient's wellbeing. This was an improvement from our last inspection.
- Mortality and morbidity was managed well with structured meetings and the trust had lower mortality ratios than the England average.

## Is the service effective?

Good   

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

- Staff provided care and treatment based on national guidance and evidence and used these to develop new procedures, for example, enhanced recovery programmes.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits.
- The trust was in the process of receiving the Anaesthesia Clinical Services Accreditation which is run by the Royal College of Anaesthetists.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and there were development opportunities.
- Patients were able to choose from a selection of hot and cold meals and were provided with enough food and drink to help improve their health.
- Staff worked together as a team for the benefit of patients. There were arrangements in place to provide out of hour consultant care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

Good   

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

# Surgery

- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they had received from staff.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their anxiety.

## Is the service responsive?

Good  

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

- Services were planned and provided in a way that met the needs of local people. Consultants worked closely with senior leads to improve the quality of the service.
- Staff took account of patients' individual needs. On the whole, they were responsive to patients who required additional support, patients living with dementia, learning disabilities, and mental health problems.
- Staff knew how to manage complaints and these were acknowledged.
- The hospital was working hard to improve theatre utilisation and had seen an improvement in their scheduling for most surgical specialities. It was recognised there was more work to be done in this area.

However:

- The division had failed to meet the NHS operational standard on referral to treatment times for certain surgical specialities. However, the division had a recovery plan to meet these standards by April 2018.

## Is the service well-led?

Good  

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

- The surgery division had been restructured and streamlined. There were clear accountable roles and responsibilities for each surgical speciality. Each surgical specialty conducted clinical governance meetings and this was an improvement since our last inspection.
- The division had risk management and quality measures to monitor and improve patient care and outcomes. The risk register had been revised and updated and surgical risks were fed into the corporate risk register. Staff knew the top risks of their division.
- In general, most staff were positive about engagement with leaders of the service. Staff worked as part of a team and were proud to work for the hospital.
- Staff were engaged with the trust's vision and were able to describe the set of values and forward strategy of the service. This was an improvement from our last inspection.

However:

- Due to staff shortages staff told us morale was starting to decline due to the excessive hours and extra work they were undertaking.

# Surgery

## Outstanding practice

- Through the implementation of the Care, Recognition and Initial Stabilisation in Simulation, (CRISIS) course in the hospital's simulation training centre, staff were able to carry out fully equipped scenarios for the management of the deteriorating patient.

## Areas for improvement

### **Action the hospital SHOULD take to improve:**

- Robustly monitor the management of sterile equipment by the external company they use.
- Ensure old and faulty equipment is replaced at a faster pace.
- Continue work to improve referral to treatment times.
- Continue work to improve VTE rates.
- Ensure sufficient facilities are available in the anaesthetist on call rest room.

# Maternity

Requires improvement   

## Key facts and figures

The trust's maternity service is delivered on two sites, in two different NHS regions and with two host clinical commissioning groups. Epsom Hospital is in the Surrey Heartlands Better Births Early Adopter project.

Epsom Hospital maternity service serves the population of North Surrey. Services are commissioned by Surrey Downs. From September 2016 to August 2017 there were 1937 births: 309 midwife-led births; 1623 obstetric-led births and five still births at Epsom Hospital. Trust wide there were 127 home births.

The hospital has one obstetric theatre, five delivery rooms and two recovery beds. One delivery room has a birth pool. The midwife led birth unit has two delivery rooms with birthing pools and a postnatal room.

The combined antenatal and postnatal ward has 19 beds including six single rooms. Two rooms are for private patients. The trust offered a private maternity package. A three-bed antenatal Maternity Assessment Unit (MAU) is for women needing day assessment to monitor foetal or maternal conditions.

A new antenatal clinic is in a separate building on the hospital site. It has seven consulting rooms, three scanning rooms and a quiet room for confidential discussions. An appointment-only early pregnancy assessment unit (for women under 20 weeks of pregnancy) is based in this building and open on weekday afternoons. It offers women viability scans for any concerns in early pregnancy.

Community midwives provide antenatal care in community locations. Some specialist clinics are run in the hospital for diabetes, mental health, maternal medicine and foetal and maternal medicine.

During our inspection, we spoke to about 30 members of staff including midwives, maternity support workers, sonographers, domestic staff, consultants, junior doctors and the head of midwifery. We spoke to eight women who used maternity services and three of their partners. We reviewed six sets of medical records and a variety of hospital data including meeting minutes, policies and performance data.

## Summary of this service

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

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

- We still had some concerns about infection control in the theatre outside the sterile area of the operating table, such as the use of tape and putty like adhesives on walls and equipment and the failure to remove numerous adhesive residues.
- The service did not meet expected standards in some patient outcomes, particularly the rate of caesarean section. Actions were in hand to identify the reasons underlying these, but had not yet improved performance.
- The trust continued to focus more on trust wide outcomes rather than outcomes by unit which obscured differences between the two units. The services at each site had different commissioners with slightly different priorities.
- We found out of date paper versions of policies on the unit and staff were not aware these were out of date

# Maternity

- The overall vision for the unit was not well defined. There was a lack of clarity on whether the maternity service was one service at two locations or two separate units. Some staff worked cross site and others were locally based. All staff were recruited to the trust maternity department yet clinicians at one site were considered independent enough to advise on Serious Incidents at the other site.

However;

- Staff had taken note of many concerns raised at the previous inspection and made improvements. For example, we saw there were now a range of audits taking place in relation to risk areas, there had been improvements in recording and learning from incidents, there was consultant cover evenly spread throughout the week and obstetricians were more engaged in management and management was more visible to staff.
- Risks to women were well-identified in antenatal care, there was an effective vaccination scheme for pregnant women and safeguarding was well-managed.
- Women had a choice of where to give birth and the proportion of home and birth centre births were rising and almost all women had one to one care in labour.
- The governance arrangements and their purpose were clearly structured. Collection of data had improved to provide better oversight of the service.
- New management and staff changes had led to a less hierarchical culture and brought in some new ideas.

## Is the service safe?

Good  

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

- At the last inspection consultant cover had been unevenly spread over the week. On this inspection the hours of cover were the same each day. The 98 hours consultant cover on the delivery suite exceeded the recommendations of the Royal College of Obstetricians and Gynaecologists for a maternity unit of this size. Doctors on the delivery suite and wards was no longer covered the emergency department, which meant they were always on the delivery suite.
- At the last inspection midwives had not been trained in prescribing. On this inspection midwives had received the appropriate training to prescribe certain medicines without the need for prescription from a doctor. There were reliable systems and training to protect people from abuse. Staff were knowledgeable about safeguarding.
- At the last inspection staff reported receiving little feedback from incidents and staff were unaware of incidents at the other trust site. Management of incidents and feedback and communication of learning from incidents and complaints had improved. On this inspection we saw there was more effective sharing of learning from incidents cross site.
- At the last inspection some midwives had not experienced unannounced drills but on this inspection midwives we spoke with reported taking part in these.
- At the last inspection there was no named perinatal psychiatrist. Although this was still the case, we were told the service worked with mental health services to ensure that women with mental health needs were supported.
- Medicines were stored securely and staff followed appropriate procedures for controlled drugs.

However;

# Maternity

- At the last inspection the operating theatre walls and floor, and operating table were not clean. Although some improvements were evident in the theatre, the cleanliness of the walls in the theatre was still in need of attention as there were numerous adhesive residues on the walls and resuscitaire.
- Staff did not always record allergies consistently, and drug boxes were not always regularly checked for out of date medicines.
- There was no process to ensure that there was always midwife staff on duty with the necessary competencies to manage women in need of high dependency care before transfer to the hospital's high dependency unit.
- At the previous inspection, delivery suite coordinators were rarely supernumerary and midwives scrubbed for emergency caesarean sections. At this inspection, coordinators were supernumerary 86% of the time in the year to March 2018, but midwives still scrubbed for caesarean section.

## Is the service effective?

**Requires improvement** ● → ←

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

- There was no dedicated triage midwife or triage space, contrary to NICE guideline CG190 although we were told an improved triage system would be in place in April 2018. Women came to the delivery suite for triage.
- Caesarean section rates were higher than national rates, even though women delivering at the hospital were not generally high risk. They were also higher than at the trust's other maternity unit at St Helier Hospital. Episiotomy rates were also higher at Epsom than St Helier.
- At the previous inspection the percentage of third and fourth degree tears during birth (also known as obstetric anal sphincter injury – OASI) was high. The service was proactively promoting techniques to avoid third and fourth degree tears although there was not yet unequivocal evidence of reduction.
- At the previous inspection there were higher than expected rates of severe post-partum haemorrhage (PPH). There was evidence of some decline over the 2017. Data for February 2018, provided by the trust after the inspection, showed a continuing fall, but it was too early to judge whether the trend would continue.
- We found over-reliance on paper guidelines, some of which were out of date, on the delivery suite.
- At the last inspection there were a large number of unexpected admissions of term babies to the neonatal unit (71). This had not changed.

However;

- At the last inspection staff were not consistently following guidance in national and trust policies. This time we saw better information systems to communicate changes in national guidance and policy. Similarly, whereas previously there was little evidence that national audits impacted on practice. This time there was more evidence of learning from outside the hospital. There was a maternity audit schedule and audit plans included audit of some risks rated as high on the risk register.
- At the previous inspection the hospital was not meeting national targets for screening compliance but this time the overall screening target of 95% was exceeded.

# Maternity

- At the last inspection the staff had reported a shortage of equipment in the delivery suite. There was no STAN equipment but at this inspection staff said there was enough equipment, and STAN equipment was now available, although there was not yet central monitoring. There was now evidence of fresh eyes (having another midwife review the CTG trace). We found midwives aimed to carry out this check hourly; and recorded reasons when there was a delay.
- The service had recently been re-accredited at UNICEF Baby Friendly Initiative Level 3 for high levels of support for breastfeeding which was commendable.
- The trust had introduced human factors training for staff, and improved training on perinatal mental health.

## Is the service caring?



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

- Care delivered was kind and compassionate. Women we spoke with and their families spoke well of the care they received.
- Specialist midwives, helped women understand the specific needs of conditions such as diabetes alongside pregnancy. Women also had access to counselling services especially where they had had been bereaved during or after childbirth.
- Women benefited from reasonable continuity of care before and after birth from a local team of community midwives which enabled them to establish trusting relationships.
- Although the Friends and Family Test responses were too low to form a reliable judgement of women's experiences of maternity care. The trust also used other measures to assess women's experiences.

## Is the service responsive?



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

- At the last inspection, dissemination of learning from complaints was inconsistent but at this inspection we saw work in hand to improve learning from complaints.
- The service worked with commissioners, external providers and local authorities to provide a local service to meet women's needs.
- Partners could stay on the postnatal ward which had not been the case at the previous inspection.
- Women could register for antenatal care online and refer themselves for some concerns such as reduced foetal movement.
- Women deemed low risk could choose to birth at home, at a birth centre or in the hospital delivery suite so meeting women's choices effectively.
- Midwives assessed women's mood during antenatal visits and were able to signpost women to sources of help for anxiety and depression.

However;

# Maternity

- The birth centre occasionally closed due to lack of staff.

## Is the service well-led?

**Requires improvement** ● ↑

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

- At the last inspection there was no shared strategy or vision. The vision for the unit continued to be hampered by a lack of clarity on whether the maternity service was one service at two locations or two separate units.
- At the last inspection, the maternity dashboards presented information without national comparisons and contained little information about staffing. At this inspection more information was included, although staffing was shown only at trust wide level.
- As at the last inspection, we noted that the practice of merging data trust wide obscured areas the strengths and weaknesses of both sites, for staff and for women. This was still the case. We recognise that some national organisations required merged data, but there was scope for the two maternity units to learn more from each other.
- The risk register did not identify some of the risks we observed and about which staff told us, for example the static number of births in what was already a small unit, the under occupancy of the ward and delivery suite, staff turnover and the dissatisfaction of some groups of staff.
- The service did not audit processes affecting women's experiences such as waiting times, and cancelled appointments, and although clinicians were investigating high rates of caesarean section and instrumental birth, they had not succeeded in reducing the rates to expected levels.
- Friends and Family Test response rates were lower than national rates and compared to the London average. Although this was reported at board level we did not feel frontline maternity staff thought this was a priority. The unit drew on other assessments of women's experiences of care for example the CQC maternity survey 2017 and Maternity Voices activity.

However;

- The midwifery team had worked hard and successfully to improve staff awareness of guidelines, incidents and risks, and staff were much better informed than at the previous inspection
- At the last inspection some new midwives told us it was difficult to integrate because midwives worked in cliques and were not always welcoming to those from other backgrounds. This time we found more effective team working between doctors and midwives, and acknowledgement of staff and team successes which improved morale.
- New management appointments in maternity had made some changes in the culture, which now included some benchmarking with other services.
- Maternity risk meetings were held regularly and well-minuted and produced action plans.
- The extreme risk of the poor maternity information system was being addressed by the introduction of a new system expected to be introduced in April 2018 which was the top priority for the maternity service in this year.

## Areas for improvement

### Action the hospital SHOULD take to improve:

- Review the practice of using adhesive tape and putty like adhesives in the theatre environment.

# Maternity

- Utilise input external to the hospital in reviewing maternity incidents.
- Move from investigating areas where outcomes for women fell below national expectations, to improving these outcomes.

# St Helier Hospital and Queen Mary's Hospital for Children

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Tel: 02082962000  
[www.epsom-sthelier.nhs.uk](http://www.epsom-sthelier.nhs.uk)

## Key facts and figures

St Helier Hospital and Queen Mary's Hospital for Children are two hospitals on the same site managed by Epsom and St Helier University Hospitals NHS Trust.

The hospital serves a population of around 420,000 people in South West London, with services commissioned by Sutton and Merton Clinical Commissioning Groups.

The hospital has 518 beds, including;

- 35 children's (excluding cots)

There are also 115 daycase beds.

St Helier Hospital and Queen Mary's Hospital for Children, operates 24 hours per day and has an accident and emergency department. The hospital has approximately 93,416 emergency attendances (including the Emergency Eye Service) each year. In 2017, there were 59,252 admissions and 358,630 outpatient attendances.

During the inspection, we spoke with over 70 patients, over seven carers/relatives and over 125 members of staff from various disciplines. We reviewed over 45 sets of patient records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at St Helier Hospital and Queen Mary's Hospital for Children

**Requires improvement**   

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

- All mandatory training in key skills for medical staff and nursing staff and safeguarding training were below the trust target of 95%.
- The use of rapid tranquilisation medication was not monitored.
- The use of physical restraint on mental health patients was not monitored in the hospital.

# Summary of findings

- There were significant staffing issues in some areas. In surgery, ward staff were expected to provide care for too many patients and did not always have enough time to provide the level of care they felt appropriate. Staffing on the neonatal unit (NNU) and on the children's ward were also a challenge.
- The emergency department (ED) was not meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 16 hours of emergency cover seven days per week. This was also the case at the last inspection in 2015.
- In surgery, there was a lack of proactive leadership to address concerns identified within the risk register as well as lower level concerns escalated by operational staff.
- In maternity, some black midwives reported being treated unfairly and lodged a collective, official grievance as a result. The trust carried out an internal investigation and recommendations have been made to improve to situation.
- In maternity, the trust continued to focus more on trust wide outcomes rather than outcomes by unit, which obscured differences between the two units. The overall vision for the unit was not well defined. There was a lack of clarity on whether the maternity service was one service at two locations or two separate units.

However:

- The trust met the A&E four hour waiting time target in eight out of 12 months from December 2016 to November 2017, and showed a trend of stability compared to the national standard and better than the England average.
- Patients who are at risk as a result of their mental health received a mental health assessment within ED or the assessment unit by a qualified mental health professional.
- In medicine, the hospital had improved the discharge process with the introduction of a new ward for patients who were medically fit and waiting to be discharged.
- There was effective and positive multidisciplinary team (MDT) working. Allied health professionals (AHP) felt that they were valued team members.
- Staff provided treatment and care in a kind and compassionate way and treated people with respect. Staff were very considerate and empathetic towards patients. Patients described staff as compassionate and caring and we observed positive caring interactions.
- There was provision to meet the individual needs of children and young people using services at the hospital. There were efforts across the hospital to make the environment more child-friendly and welcoming for young people.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

St Helier provides urgent and emergency care services which are open 24 hours a day, 365 days per year. The hospital provides services to the local populations within areas of North East Surrey and the London Boroughs of Sutton and Merton.

St Helier emergency department (ED) is a trauma receiving unit and all emergency surgery is undertaken at St Helier Hospital. The hospital received emergency adult, paediatric and maternity patients.

In 2016/2017 152,843 patients were treated by Epsom and St Helier University Hospitals NHS Trust. Of these 24,617 (25%) were aged 17 years or under. During the same period St Helier ED had 87,913 attendances and admitted 21,978 patients.

During 2016/2017 Epsom and St Helier University Hospitals NHS Trust were in the top ten performing trusts nationally for the Accident and Emergency standard of 95% of patients being treated and admitted or discharged in under four hours.

Patients present to the department either by walking into the reception area or arrive by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department booked into reception before being seen by the triage nurse. (The triage nurse will evaluate the patient's condition, as well as any changes, and will determine their priority for treatment).

The ED had different areas where patients were treated depending on their acuity including majors, resuscitation area, clinical decision unit (CDU), observation bay, and the urgent care centre (UCC). There was a separated paediatric ED with its own waiting area.

During the inspection the ED was under additional pressure due to the increased volume of patients. We were careful in our approach to interviewing staff and gathering of observational evidence so as not to disrupt the work of the department.

During this inspection we spoke with 16 staff from a range of clinical and non-clinical roles and of varying grades. We spoke with 19 patients and three relatives. We reviewed 14 patient records, including three related to children and young people. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- All mandatory training in key skills for medical staff and nursing staff and safeguarding training were below the trust target of 95%.
- The physical environment of the ED did not enhance patient safety.
- The ED was not meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 16 hours of emergency cover seven days per week. This was also the case at the last inspection in 2015.
- The use of restraint on mental health patients in the hospital was not monitored.

# Urgent and emergency services

- The ED failed to meet any standards in the RCEM for consultant sign-off audit and the severe sepsis and sepsis shock audit in 2016/2017.
- The ED did not have specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker
- The senior management team acknowledged that the sharing of information was not robust and could be better in particular the sharing of learning from incidents.

However:

- The trust met the A&E four hour waiting time target in eight out of 12 months from December 2016 to November 2017, and showed a trend of stability compared to the national standard and better than the England average.
- From December 2016 to November 2017, the trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average.
- Patients who are at risk as a result of their mental health received a mental health assessment within ED or the assessment unit by a qualified mental health professional.
- The paediatric ED, staffing levels complied with the Royal College of Paediatrics and Children's Health (RCPCH) by having a minimum of two children's nurses in the ED 24 hours a day seven days per week.
- There was effective multidisciplinary working in the ED.
- Staff provided treatment and care in a kind and compassionate way and treated people with respect. Staff were seen to be very considerate and empathetic towards patients.

## Is the service safe?

**Requires improvement** ● → ←

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

- Mandatory training in key skills was below the trust target of 95% in all ten of the mandatory areas for doctors and in eight for nurses.
- Safeguarding training was below the trust target of 95%.
- The use of rapid tranquilisation medication was not monitored.
- The ED could not be assured the risk of infection was controlled. Hand hygiene audits were undertaken in the ED were below the trusts target of 80%.
- The physical environment of the ED did not enhance patient safety; the layout of the department was 'cramped'.
- The medical records were not completed consistently with gaps in documentation.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. At St Helier Hospital the average performance against this standard for the 12 month period from November 2016 to October 2017 was 82 minutes.
- At the last inspection the ED was not meeting the Royal College of Emergency Medicine recommendations that consultants should provide 16 hours of emergency cover seven days per week. This was still the case; however, the minimum number of consultant hours on site had increased from eight to 12 hours at the weekend. The trust was actively trying to recruit an additional four consultants.

# Urgent and emergency services

However:

- In the paediatric ED, staffing levels complied with the Royal College of Paediatrics and Children's Health (RCPCH) by having a minimum of two children's nurses in the ED 24 hours a day seven days per week. All nursing staff were registered children's nurses.

## Is the service effective?

**Requires improvement** ● → ←

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

- The use of restraint on mental health patients in the hospital was not monitored.
- The ED failed to meet any standards in the Royal College of Emergency Medicine (RCEM) for consultant sign-off audit and the severe sepsis and sepsis shock audit in 2016/2017. However, improvements had been made for Q2 2017-18, where the results for showed that sepsis was recognised and recorded in 89% of cases audited.
- Pain scores were not routinely recorded and pain relief was not always administered when prescribed. We found similar practises on the last inspection.

However;

- There was effective multidisciplinary working in the ED.
- Patients who are at risk as a result of their mental health received a mental health assessment within ED or the assessment unit by a qualified mental health professional and their suicidal risk was managed by the provision of one to one nursing where indicated following risk assessment.
- Staff obtained consent from patients appropriately in relation to care and treatment. Is the

## Is the service caring?

→ ←

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

- Staff provided treatment and care in a kind and compassionate way and treated people with respect.
- Friend and Family Test (FFT) results for November 2017 were displayed in the department. A total of 918 patients had responded with 84% indicating they would recommend the service.
- Staff showed a provided emotional support to patients and their families in addition to health care or treatment.
- The ED had a relatives and viewing room where families could go to discuss issues with medical staff or amongst themselves relating to care or emotional support.
- Staff took time to ensure patients and their families understood treatment. We observed doctors speaking respectfully and professionally about next steps for patients.

However:

- Two patients had their privacy and dignity compromised by having their bloods and assessments undertaken in the resuscitation walk way due to lack of space in the resuscitation area.

# Urgent and emergency services

## Is the service responsive?

Good  

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

- The trust scored “about the same as” other trusts for all three Emergency Department Survey questions relevant to the responsive domain in 2016.
- The ED was operational 24/7 and patients could self-refer, be referred by their GP or the 111 service or arrive via ambulance. Most walk in patients were streamed into the UCC.
- The trust met the A&E four hour waiting time target in eight out of 12 months from December 2016 to November 2017, and showed a trend of stability compared to the national standard and better than the England average.
- For the same period, the trust’s monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average. At St Helier’s ED no patients waited more than 12 hours from the decision to admit.
- Psychiatric support was available via the psychiatric liaison team and there was a designated room for patients with psychiatric needs in the ED.
- On display within cubicles was an ED flow pathway which gave information about the patient’s journey through the ED.

However:

- For the same period, the number of patients who left the St Helier’s ED was 5.11%. This was higher than the England average of 2.9%.
- The ED was not meeting the national standard for all patients awaiting hospital admission being placed on a hospital bed at six hours.
- The ED did not have specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker. Patient information about waiting times were not displayed in ‘real time’. Waiting times were reliant on being updated manually every hour.

## Is the service well-led?

 

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

- Staff were unaware of the future plans for the ED.
- The senior management team acknowledged that the sharing of information was not robust and could be better in particular the sharing of learning from incidents.
- Plans to restructure ED to increase capacity had been agreed; however, senior staff were unable to give any time frame for this.
- Not all the issues identified in the last inspection had been addressed, for example, ensuring that consultant hours in the ED were meeting the RCEM recommendations. However, the trust was actively trying to recruit additional consultants.

# Urgent and emergency services

- The risk register did not reflect all the risks identified during the inspection and was not reviewed regularly.
- There was little information for patients attending the emergency department about quality and performance.

However;

- The department was able to monitor performance of accident and emergency and performance against the four hour target on a daily basis through an electronic white board.
- There were opportunities for further learning and development. Staff told us there was access to training and professional development.

## Areas for improvement

### Action the hospital **MUST** take to improve:

- The trust must ensure the ED's mandatory and safeguarding training meets the trust's target of 95%.

### Action the hospital **SHOULD** take to improve:

- Ensure that hand hygiene audits in the ED meet the trust target of 80%.
- Ensure that there is an agreed time frame to reconfigure the layout of the ED.
- Ensure the medical records in the ED are completed consistently.
- Ensure that the ED meets the Royal College of Emergency Medicine recommendations that consultants should provide 16 hours of emergency cover seven days per week.
- Ensure pain scores are routinely recorded and pain relief is administered when prescribed.
- Monitor the use of rapid tranquilisation medication.
- Monitor the use of physical restraint on mental health patients in the hospital.
- Ensure patient's privacy and dignity are not compromised in the ED.
- Ensure that the ED meets the national standard for all patients awaiting hospital admission being placed on a hospital bed within six hours.
- Ensure that there are dementia champions in the emergency department, in line with the Dementia Strategy for 2015-2020.
- Ensure patient information about waiting times in the ED are displayed in 'real time'.
- Ensure there is a robust system for sharing information and in particular the sharing of learning from incidents in the ED.
- Ensure that patients who attend the ED are engaged with to learn how the department can be improved

# Medical care (including older people's care)



## Key facts and figures

St Helier Hospital provides a comprehensive medical service incorporating all the key medical specialties including renal, diabetes and endocrinology, rheumatology, elderly care, cardiology, stroke, gastroenterology, dermatology, haematology, oncology and respiratory medicine.

St Helier Hospital medical care services, is managed by the division of medicine. The hospital is the trust's largest site, providing services to a catchment area of Southwest London, including London borough of Sutton and Merton.

During inspection we visited the Acute Medical Unit (AMU), wards A5, A6, B1, B4, B5, B6, C1, C2, C3, C4, C5 and C6. We spoke with fifteen doctors including consultants, 25 nursing staff including ward managers, matrons, specialist nurses and health care assistants, occupational therapists and physiotherapists, and interviewed divisional management teams for medicine. We spoke with support staff including ward clerks, cleaners and housekeeping staff. We also spoke with 30 patients and their patient relatives.

At the last inspection, we rated medical care overall as requires improvement, with the following ratings for the key questions, safe: requires improvement, effective: good, caring: requires improvement, responsive: requires improvement and well led: good. We inspected all five questions during this announced inspection.

## Summary of this service

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

- The hospital had reviewed systems and processes to improve patient flow through the medical department.
- The hospital had improved the discharge process with the introduction of a new ward for patients who were medically fit and waiting to be discharged.
- The hospital had reviewed staffing levels in the department and had highlighted where extra staff are required and had made significant improvement in nurse recruitment from abroad.
- The hospital had a system in place to respond to deteriorating patients and had a clear sepsis assessment tool and pathway.
- Medical wards used a combination of best practice and national guidance to deliver care and treatment to patients, and staff were competent to provide this care.
- Staff understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was good. We saw examples of Deprivation of Liberty Safeguards in place for patients, and staff were aware of the importance of mental capacity assessments.

However:

- Mandatory training figures were not in line with trust targets. Most staff had not completed the required mandatory training.
- Controlled drugs were not always stored appropriately. The controlled drugs register did not always match the contents of the cupboard in ward B5.
- Readmission rates were above the England average in clinical haematology services, general medicine, and geriatric medicine.

# Medical care (including older people's care)

## Is the service safe?

Good  

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned to their respective teams to prevent them happening again.
- The service continuously monitored patient safety performance and used the information to improve the service.
- The service was managing the risks to patients well. The majority of patients had full risk assessments completed and reviewed regularly from admission to discharge. Staff monitored changes in patients' conditions using nationally recognised systems.
- Staff fully understood their safeguarding responsibilities and how to protect patients from abuse. Staff had training on how to recognise abuse, knew how to raise a safeguarding concern and who to contact if they required advice or guidance.
- All areas we inspected were visibly clean and tidy. There were established systems for infection prevention and control, which were accessible to staff. Staff followed trust guidance throughout medical care services with regards to using personal protective equipment, hand hygiene, and cleaning of medical equipment. Most staff were compliant with bare below the elbow requirements of the trust.
- Staff kept contemporaneous records of patients' care and treatment. Records were clear, up-to date and available to all staff providing care. Risk assessments were carried out on patients on arrival and throughout their stay, this ensured patients were identified early should their condition deteriorated.

However:

- Mandatory training figures were not in line with trust targets. Most staff had not completed the required mandatory training.
- There was insufficient medical and nursing staff with required skill mix to meet the needs of the patients on a day-to-day basis; however, this did not have an impact on the care of patient at the hospital. Bank and Agency staff were used to fill shifts regularly and we witnessed some issues relating to training and competencies of these nurses. The trust had taken measures to address staffing issues and there were ongoing actions to further improve staffing levels.
- We found that medicines were not always managed safely and securely. On one ward we found that bags of different intravenous fluids were all mixed up and stored together, and one side of a drug cupboard was not locked.
- Controlled drugs were not always stored appropriately. The controlled drugs register did not always match the contents of the cupboard.

## Is the service effective?

Good   

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

# Medical care (including older people's care)

- Medical wards used a combination of best practice and national guidance to deliver care and treatment to patients, and staff were competent to provide this care.
- Staff understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was good. We saw examples of DoLS in place for patients, and staff were aware of the importance of mental capacity assessments.
- Pain relief, nutrition and hydration needs were assessed appropriately. Staff had access to the trust pain team and dietitians for additional support if required.
- There was effective multidisciplinary working between professionals including doctors, nurses and therapists. Care was delivered and reviewed in a co-ordinated way and relevant teams were involved.
- The trust were conducting regular audits both at local ward level and for the medical service as a whole. Learning from audits was communicated to staff through a variety of channels.

However:

- Readmission rates were above the England average in clinical haematology services, general medicine, and geriatric medicine.

## Is the service caring?

Good  

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

- Staff understood and respected the personal, cultural, social and religious needs of patients; we witnessed these being discussed in relation to their care needs.
- Staff showed they understood the impact that a person's care, treatment or condition would have on their wellbeing and on people close to them.
- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs. Care plans contained specific instructions for staff to follow to support patients.
- Staff communicated with patients and those close to them in a way they could understand.
- Patients were supported to maintain and develop their relationships with those close to them, when patients were first admitted in medical assessment areas open visiting was allowed.
- We saw genuine and caring interactions from staff across the department. Often patients referred to staff by their first names showing they were familiar with them.

## Is the service responsive?

Good  

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

- There were a range of support teams available for staff and patients including dementia, learning disability and mental health liaison.

# Medical care (including older people's care)

- The trust had recognised the high proportion of older people living in the area and had recruited new care of the elderly consultants to meet this need.
- There was access to translation services and patient information leaflets could be accessed in languages other than English upon request.
- Catering menus offered patients options depending on nutritional and cultural requirements.
- Medical outliers and bed capacity was tracked and optimised through a number of measures.

However;

- Some patients felt they were not able to access activities and social interaction during their stay on the wards.
- The average length of stay for medical elective patients at St Helier Hospital was 6.3 days, which is higher than England average of 4.2 days.

## Is the service well-led?

Good  

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

- We saw examples of strong local ward and department leadership. The trust had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- Governance was managed through operational management meetings in the service and senior staff attended weekly patient safety meetings and daily safety huddles.
- A risk register was in place and the patient safety team would notify staff when risks required review. Senior managers told us the main risks to the service included staffing shortages, pressure ulcers and falls risk.
- Staff had access to the relevant information systems such as the incident reporting system and policies available through the intranet. Information was shared with staff through newsletters, email and ward huddle meetings and the chief executive's blog.
- Although challenges remained in relation to recruiting and retaining staff, senior leaders used various initiatives in order to recruit and retain staff. There was ongoing recruitment including from overseas.
- We also found that initiatives to stabilise staff turnover and to improve retention and development opportunities for staff were key priorities for the divisional team and we saw evidence of plans to achieve these goals.
- We noted a significant improvement in the operational leadership and management of the medicine core services. The leadership were active and innovative in moving the service forward.

## Areas for improvement

### Action the hospital SHOULD take to improve:

- Review staffing arrangements for all medical wards and the opened escalation wards.
- Have a clear policy on the opening and closing of escalation areas.
- Review medical and nursing cover in order to address continuing staff shortages at the hospital.
- Review and monitor the hours worked by bank staff to prevent staff working excessive hours

# Surgery

Requires improvement  

## Key facts and figures

St Helier Hospital and Queen Mary's Hospital for Children (St Helier) is the trust's main site for providing emergency surgical services. Surgery is made up of specialities including: general and colorectal surgery; urology; ophthalmology; ear, nose and throat; oral and maxillo-facial services; and trauma and elective orthopaedic surgery. The trust works closely with St George's Hospital and work collaboratively to appoint consultants who can benefit from working across our organisations. There are joint appointments in vascular surgery; urology; ENT; paediatric surgery and a new paediatric orthopaedics joint appointment is currently being set up.

In June 2017 the trust relocated all elective services from St Helier to Epsom and centralised pre-operative assessment and scheduling services to Epsom.

Emergency care is delivered at St Helier and surgical patients attending the Emergency Department at Epsom will be transferred to St Helier to be assessed there. There are four acute surgical wards at St Helier. The hospital also had plans in place to create a dedicated surgical floor as well as a dedicated orthopaedic floor comprising of a hip fracture unit, non-hip fracture trauma beds and beds for planned trauma surgery.

Ophthalmology services are delivered in facilities at both Epsom and St Helier Hospitals with an emergency eye unit operating on the St Helier site.

During this inspection, we visited clinical areas, as follows:

- Ward A3, which is a 23 bedded ward with 2 side rooms providing emergency care for hip fracture and spinal injury patients;
- Ward B3, which is a 16 bedded ward with 4 side rooms providing care for orthopaedic and general surgery patients;
- Frank Deas/Surgical Assessment Unit, which is a Surgical Assessment Unit (SAU) with 22 beds and 4 single rooms;
- Mary Moore Ward, which is a general surgery ward with 24 beds;
- Both theatre suites, including theatre recovery where patients are cared for immediately after surgery;
- Discharge lounge where patients wait before discharge from the hospital.

All clinical areas provide care for adult male and female patients. There are established pathways in place for both elective and emergency surgical admissions.

The last comprehensive inspection of the surgery service took place in November 2015. At that inspection, we rated the service as inadequate for the key questions of safe and well led and requires improvement for caring and responsive. We rated the service good for the key question of effective. This resulted in a rating of inadequate overall. The trust was issued with a requirement notice in relation to Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment, Regulation 17 Good

governance and Regulation 18 Person-centred care. Concerns related to staff shortages, incident learning and feedback inconsistent inconsistency of records, equipment and mandatory training.

At this inspection, we re-inspected all key questions. We rated safe and well-led as requires improvement, and effective, responsive and caring, providing a rating of requires improvement overall.

# Surgery

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

During the inspection visit, the inspection team spoke with 10 patients who were using the service. We spoke with 26 members of staff including consultants, junior doctors, nursing staff, allied health professionals, theatre staff and support staff. We reviewed 14 patient care records.

We also observed theatre safety briefings, handovers and reviewed information including meeting minutes, audit data, action plans and training records.

## Summary of this service

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

- There were significant staffing issues, with staffing levels on all wards frequently falling below the hospital's own recommended levels for safe care.
- Ward staff were expected to provide care for too many patients and did not always have enough time to provide the level of care they felt appropriate.
- There were ongoing issues with equipment; in particular significant numbers of sterile surgery kits were missing necessary components. Despite the hospital having been aware of this issue for over a year, and the CQC having raised concerns regarding surgical equipment at the last inspection, this issue still had not been resolved.
- Record keeping was inconsistent and they were not always completed accurately or stored securely.
- Incident reporting and learning from incidents was not fully embedded with the department. Some staff did not have time to report incidents, and were disinclined to do so, given the lack of action taken and feedback provided when low-level incidents were reported.
- Staff training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was much lower than the trust target and some staff did not feel confident in assessing a patient's capacity. There was some evidence of capacity assessments not being completed where it would be appropriate to do so.
- Appraisal completion was variable across departments and while a number of staff were positive about the process, ongoing support and supervision, particularly on the surgical wards, was inconsistent due to a number of management vacancies and cover arrangements in place. This impacted on both staff morale but also their ability to deliver consistently high quality care for patients.
- At the time of our inspection there were some issues with patient flow through theatres, arising from the high demand on beds.
- There were issues with the patient pathway in the surgical assessment unit (SAU); in particular, patients were being admitted from the unit following surgery, on some occasions, as a step down from critical care, which impacted on the demands placed on staff.
- Ward staff described a "disconnect" between the senior leadership team and patient facing staff and a significant number of nursing ward staff described themselves as overworked and undervalued.
- Due to the shortage in staff, there were cases of inappropriate delegation, with staff acting up to various roles or taking over different responsibility. A number of nursing staff were of the view, therefore that those staff acting up lacked the relevant authority to make decisions or impact within those roles.

# Surgery

- There was a lack of proactive leadership to address concerns identified within the risk register as well as lower level concerns escalated by operational staff.

However,

- Patients described staff as compassionate and caring and we observed positive caring interactions.
- There was positive multidisciplinary team (MDT) working. Allied health professionals (AHP) felt that they were valued team members and that their decisions and recommendations were accepted and valued by the medical team.
- The service was planned and delivered to meet the needs of different people.
- The average length of stay for surgical elective patients was better than the England average and met the England average for non-elective patients.
- Only one percent of patients whose operations were cancelled were not treated within 28 days. This was better than the England average.
- Staff spoke highly of the local leadership team.

## Is the service safe?

**Requires improvement** ● ↑

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

- At the time of our inspection, nurse staffing was below the planned level for safe care on each of the surgical wards we visited. Ward staff described themselves as working under extreme pressure.
- There continued to be issues with equipment. In particular, a significant proportion of sterile theatre kits needed for operations had missing components. This issue had been known to the hospital for over a year.
- On Ward B3 Controlled Drugs (CDs) were being stored in a cabinet with a broken lock.
- We had concerns about patient records. Records were inconsistent in terms of quality and were not appropriately and securely stored. We saw records left in public areas, computers left unlocked displaying patient identifiable information and one patient's notes mixed up in another patient's records.
- Staff described the incident reporting culture at the hospital was inconsistent, with some staff saying that they did not have sufficient time to report incidents and others saying that they did not always report lower level incidents as they received no feedback when they did so and nothing was done.

However,

- There was good compliance with the World Health Organisation (WHO) five steps to safer surgery checklist as evidenced in audits, through our observations and conversations with staff.
- We observed good compliance with infection prevention and control (IPC).

## Is the service effective?

**Good** ● → ←

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

# Surgery

- We observed excellent multidisciplinary working with patients receiving care from a range of different staff and teams, which was well coordinated with staff working collaboratively to meet the needs of patients. Staff were positive about the emphasis on multidisciplinary working and highlighted this as a real strength of the surgical division.
- The trust contributed to relevant national audits which indicated that surgical services adhered to best practice standards and were generally similar to or better than the England average. Audit results were discussed at the divisional quality meeting and the trust had action plans in place to address areas for improvement.
- Patients' pain relief and nutrition and hydration needs were well managed. Pain was regularly assessed and appropriately managed.
- Patients were complimentary about the food, commenting that it had improved since they were last at the hospital, and we observed dietary needs and preferences being identified and met.

However:

- Staff training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was much lower than the trust target and some staff did not feel confident in assessing a patient's capacity.
- A number of staff were positive about the appraisal process, ongoing support and supervision, particularly on the wards. However, some staff told us that they found the process ineffective, this impacted on staff morale.

## Is the service caring?

Good ● ↑

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

- Patients spoke highly of staff, whom they described as caring and compassionate.
- We observed caring interactions between staff and patients and their families.
- Patients told us that they felt involved in their care and were treated with dignity at all times.

However;

- Some ward staff expressed concern that they did not have sufficient time to provide the level of care to patients that they deserved.

## Is the service responsive?

Good ● ↑

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

- The service was planned and delivered to meet the needs of different people, for example, patients with dementia or disabilities. Translation services were used and information was provided to staff to allow them to provide appropriate care to people of different religious faiths.
- The average length of stay met the England average for non-elective patients.
- Only one percent of patients whose operations were cancelled were not treated within 28 days. This was better than the England average.

# Surgery

However,

- At the time of the inspection and due to operational pressures, there were issues with access and flow within the surgical department. In particular, the unavailability of surgical beds due to high demand meant that theatres were not always in use.
- The Surgical Assessment Unit (SAU) faced particular issues in respect of access and flow. In particular, patients were admitted to the unit following surgery and, on some occasions, as a step down from critical care.

## Is the service well-led?

**Requires improvement** ● ↑

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

- Nursing staff on the wards described a “disconnect” between the senior leadership team and patient facing staff.
- Due to the shortage in staff, there were some cases of inappropriate delegation. Whilst only a small number of staff were acting up to various roles, there were others who were or taking over different responsibility. A number of these members of staff, and their junior colleagues felt that they had not been given the relevant authority to make decisions or impact within those roles.
- A significant number of staff we spoke to felt overworked and undervalued.
- Although there was a risk register in place, there was a lack of proactive management of risk. Risks remained on the register for significant periods of time, including risks that could have been wholly addressed more expediently. A number of staff were not clear about the process by which concerns were escalated to the risk register.

However;

- Staff spoke highly of the local leadership team.
- The hospital was a regional centre for the care of patients with hip fracture and had established a specialist care pathway on the hip fracture ward.

## Areas for improvement

### Action the hospital **MUST** take to improve:

- Ensure that there is adequate staffing on all wards to provide the safe delivery of care to patients.
- Ensure that all records are completed accurately and stored securely stored.

### Action the hospital **SHOULD** take to improve:

- The surgical division should robustly monitor the management of sterile equipment by the external company they use and work to reduce the number of kits with missing components.
- The surgical division should improve its incident reporting culture, in particular in respect of low-level incidents.
- The surgery division should continue to audit patient records, to ensure that they are fully and accurately completed and should ensure that records are safely and securely stored at all times.
- The surgery division should ensure that fridge temperatures for medication fridges are recorded and are in range.

# Surgery

- The surgery division should ensure the proactive management of its risk register, in particular, ensuring and assessing the effectiveness of actions taken to mitigate risk.
- The surgery division should ensure that all staff have the authority to carry out any role assigned to them, regardless of whether they are in post in an interim capacity.

# Critical care



## Key facts and figures

St. Helier Hospital has one critical care unit (CCU) with 13 beds providing care for level two and level three patients as defined by the Intensive Care Society (ICS). The CCU has three side rooms, one of which is equipped for negative pressure therapy.

St. Helier generally admits accident and emergency referrals, medically ill patients, high risk elective patients requiring one or two days post-op care and takes all level three patients from Epsom General Hospital. Between the dates of July 2017 to December 2017, the average bed occupancy was 89%.

The critical care unit is led by the clinical lead and the matron who work closely with the clinical director. The matron and clinical lead also cover for CCU at Epsom General Hospital. St Helier Hospital has 24 hour consultant intensivist cover provided by eight intensivists. Two consultants are on duty Monday to Friday, the second on-call consultant does a once-daily telephone ward round with the Epsom anaesthetic consultant. Intensivist advice is available 24 hours a day, seven days a week. The unit also has support from an audit nurse, practice development nurses and a technician who joined the trust in January 2018.

We last inspected St. Helier critical care in November 2015 and found improvements were required in the safe, effective, caring, responsive and well led domains.

To come to our ratings, we spoke with 27 staff members including consultants, junior doctors, ancillary staff, nurses, allied health professionals, and 6 relatives and 1 patient. We spoke with the divisional leadership team within critical care at the trust. We checked 9 patient records and 11 pieces of equipment. We also reviewed additional evidence sent by the trust.

## Summary of this service

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

- There had been a lot of improvements since the last CQC visit.
- Multidisciplinary (MDT) working was well embedded, the culture on the unit had changed and the leadership team had achieved good team dynamics. The ward had implemented MDT ward rounds, safety huddles, launched monthly newsletters, consultant meetings to agree guidelines and monthly governance meetings.
- The risks identified on inspection reflected the risks on the risk register. The appointment of an external advisor helped in conducting a gap analysis, monitoring Guidelines for the Provision of Intensive Care Services (GPICS) and developing the strategy with the trust.
- Relatives of patients were impressed with the care provided and felt involved in the decision making process.
- The ICNARC standardised mortality ratio showed a trend of good outcomes on critical care.
- Mortality rates were within the expected range and risk-adjusted acute hospital mortality data was better than expected in comparison with data submitted by similar units.
- Staff including agency received a good induction and support prior to caring for patients independently.
- There was an organ donation committee to ensure no missed organ donations and potential organ donations.

# Critical care

- The governance structure had improved, there was a governance lead, a quality manager and more allied health professionals who attended the meetings.

However;

- There were a high number of delayed discharges compared to similar units.
- The unit did not meet the minimum environment standards.
- Staff did not routinely receive feedback from incidents.

## Is the service safe?



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

- The unit did not meet the minimum environmental standards. There were plans about creating a new ICU by September 2018 with an improved environment and a meeting was taking place to discuss this new ICU on the unannounced visit.
- The service had suitable equipment but did not look after it well.
- The trust set a target of 95% for completion of mandatory training; however it was not met by medical and nursing staff.
- Records were not always stored securely. The unit itself had secure access; however, one of the store rooms had the store room key code at the back of the sign.
- A newsletter had been launched in December which shared learning from incidents; however, junior staff did not have time to read them. Staff also told us that feedback was not routinely received from incident reports.
- ICU currently had a second consultant on-call who helped with referrals for deteriorating patients. The ICU team had submitted a proposal for a nurse led critical care outreach service (CCOS) which was due to be implemented by April 2018.
- There were no automatic calls sent out from the medical device to the doctors or nurses if National Early Warning Scores (NEWS) were amber or red. There was an expectation that the nurse would call a doctor to escalate the deteriorating patient.
- Sepsis screening tools were not routinely being used and staff had limited knowledge on the sepsis policy.
- The latest hand hygiene audit result from December 2017 was 80% against a trust target of 80%. However, the hand hygiene target of 80% was a low target to aim for by the trust.

However:

- Medicines management policies were adhered to and pharmacists were clinically screening the prescription charts to ensure people's medicines were optimised.
- Medical staffing rates had improved and there had been an increase in number of consultants since the last CQC inspection.
- Safety huddles were conducted daily and the purpose of these huddles were to highlight risks for example, patients with allergies, any safeguarding issues, staff shortages and stock shortages and actions.

# Critical care

- The Management of Acutely Ill Patients in Hospital Policy (MAIP) had been updated whilst we were on inspection and contained information on managing acutely ill adults and children.
- The trust had a Crisis Course for detecting deteriorating patients which was an in-house version of the alert course and they were working towards it being mandatory for staff in ICU.

## Is the service effective?



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

- In the previous CQC report consultants were not reaching agreement on guidelines specific to ICU. Now consultants attended monthly meetings and provided examples of guidelines that had been agreed.
- Critical care contributed to the ICNARC database for England, Wales and Northern Ireland.
- ICU had made improvements based on the Quality Review Report from November 2017.
- Physiotherapists used proformas which contained all relevant information so that patients' progress could be monitored.
- Nursing care plans were detailed and contained evidence based risk assessment tools.
- Screening for delirium was carried out and patients' sedation scores were filled in.
- The ICNARC standardised mortality ratio showed a trend of good outcomes on critical care. Mortality rates were within the expected range and risk-adjusted acute hospital mortality data was better than expected in comparison with data submitted by similar units
- The results for the National Emergency Laparotomy Audit (NELA) for Epsom and St Helier sites showed a lower mortality rate compared to the national rate within 30 days of surgery. The mean length of hospital stay had also dropped.
- Medical and nursing staff received thorough inductions and support.
- Staff understood the relevant consent and decision making requirements of the Mental Capacity Act 2005 and relevant forms had been completed for patients lacking capacity.
- The critical care referral and response audit showed that the majority of admissions of patients were seen within thirty minutes by junior doctors and within one hour by consultant.
- There was an organ donation committee to ensure no missed organ donations and potential organ donations.
- Multidisciplinary input had improved and multidisciplinary ward rounds were conducted daily.

However;

- More patients had delayed discharges out of critical care when compared to similar units and all units in the case mix programme.
- Malnutrition Universal Screening Tools (MUST) were not always completed.
- Staff sepsis policy awareness needed to be improved and we still need to see more recent sepsis audit results from the trust.

# Critical care

- The guidelines for the use of hand mittens in adult patients had a review date from July 2014 which had not been updated. The folders by the patient's bedside also contained some guidelines and policies that had not been updated.

## Is the service caring?



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

- Staff interacted with patients and their visitors in a respectful, considerate manner.
- Relatives commented on how 'amazing' the care was and one of the relatives mentioned they received a welcome pack with useful information such as contact numbers and parking support.
- During ward rounds staff engaged with patients even when they were sedated.
- There were communication sheets in patient notes which documented discussions with the families.
- Patient diaries were filled in by the bedside and patients had the opportunity to discuss the diaries at follow-up clinics 3 months post discharge.
- Staff provided emotional support to relatives and at least one consultant spoke to relatives in a separate room and answered their questions.

However:

- Friends and Family Test (FFT) results were displayed on the walls although, the response rate was low. An online survey had been created with some responses from patients. One patient said that they had never been outside the unit and that nobody put them in a wheelchair to go outside, even though they had the capacity.

## Is the service responsive?



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

- Patients discharged from ICU had access to a follow-up clinic.
- There was a ventilator weaning group with a practice development nurse, a consultant and physiotherapist.
- The unplanned readmission rate was 0% and the unit received patients from the emergency department, theatres and wards as well as all level 3 patients from Epsom General Hospital.
- Non clinical transfers to another unit was about the same as similar units.
- Critical care consultants worked with the renal team to accommodate the needs of this group of patients on the unit.
- The unit operated flexible visiting times for relatives and these were displayed in the relative's room and folder.
- Relatives were aware of how to make a complaint and felt they could discuss any problems with staff on the unit.
- There was access to interpreting services and staff felt the service was useful and a poster was displayed on the unit offering language support for patients.

# Critical care

- There was an option to stay over as the relative's room had a sofa bed, but this was small and the matron said it was rarely used.
- Access to the critical care unit was on a consultant to consultant referral basis and junior doctors said that they received support from consultants when necessary.

However;

- The unit acknowledged the limitations of the environment such as one bathroom shared between male and female patients and lack of bed space and had put in plans to change this with the new ICU in September 2018.
- The unit were recording number of mixed sex breaches as incidents and on the risk register. Staff were encouraged to escalate concerns regarding patients' privacy and dignity.
- Information from the unit showed there had been one complaint in the last six months. The trust were in the process of responding to the complaint.
- There were a higher number delayed discharges compared to similar units. Delayed discharges were being recorded as incidents and the critical care discharge audit showed action plans to try and improve this.

## Is the service well-led?



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

- The trust was more united in their vision and the appointment of an external advisor helped make changes within the department.
- The interpersonal problems between staff had improved from the last visit and the majority of staff felt it was a friendly, supportive environment to work in.
- Staff we spoke with were aware of the vision and felt there had been a lot of changes for the better since the last inspection.
- The risk register was maintained and reflected the risks identified on the inspection.
- Team working among the consultants had improved since the last inspection.
- Staff felt they were encouraged to share ideas and felt like there was more of a multidisciplinary approach than before.
- Staff had felt that leadership had improved and that there had been lots of changes since the last CQC inspection.
- The leadership team recognised where improvements were needed and had made plans to try and facilitate changes in the department.
- The matron held monthly meetings to discuss any concerns amongst the staff members.
- Staff were focused on continually improving the quality of care.

However;

- Relatives and patients could complete feedback forms via the Friends and Family Test, but the response rate for these were consistently low with only one response from 1 November 2017 to 30 November 2017. The Trust had created an online survey to enable relatives to provide feedback.

# Critical care

- The strategy was still being revised to include changes implemented after the last CQC inspection.

## Areas for improvement

### **Action the hospital MUST take to improve:**

- The trust must ensure that staff meet its mandatory training attendance target of 95%.

### **Action the hospital SHOULD take to improve:**

- Ensure staff receive feedback on learning from incidents and be given time to read the newsletters which shares this information.
- Audits on sepsis should be conducted regularly and fed back to staff and increase staff awareness of the sepsis policy and toolkit.
- Update any out of date guidelines found in the folder by the patients' bedside including the guidelines for the use of hand mittens in adult patients.
- Records should be stored securely.
- Equipment should be cleaned and labelled appropriately.

# Maternity

Good  

## Key facts and figures

St Helier maternity service serves the South West London Boroughs of Sutton and Merton. There were 2,714 births at St Helier Hospital between September 2016 and August 2017. These included 507 midwife led births, 2,202 obstetric-led births and five stillbirths. Trust wide, there were 127 home births.

The hospital has a walk in maternity assessment unit (MAU) for women who are at least 20 week pregnant and need to monitor foetal or maternal conditions. Women who are less than 20 weeks pregnant could access the early pregnancy assessment unit (EPAU).

The consultant led delivery suite has two obstetric theatres three recovery beds and seven delivery rooms. There is a room (known as the Poppy Room) for use by women in cases of bereavement. A midwife led birth centre is adjacent to the labour ward with three birthing rooms and a postnatal room. The antenatal ward has 16 beds, including four single rooms, as well as an emergency delivery room. The postnatal ward has 22 beds in six bedded bays, including five single rooms.

Community midwives provide antenatal care in community locations. Some specialist clinics are run in the hospital for diabetes, mental health, maternal medicine and foetal and maternal medicine.

During our inspection, we spoke to about 31 members of staff including midwives, maternity support workers, domestic staff, consultants and junior doctors. We spoke to 11 women who used maternity services and one of their partners. We observed care and treatment and reviewed seven sets of medical records.

## Summary of this service

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

- Following our inspection in 2015, there had been improvements to the maternity unit. Staff were adequately deployed and there were clear guidelines and escalation policies for addressing staff shortages. There had been improvements in sharing learning from incidents and range of audits took place in relation to risk areas.
- Women received effective, evidence-based care from staff who were appropriately qualified to care for them. The unit had a significant number of specialist midwives, which ensured that women received specialist care suited to them.
- There were effective systems in place to safeguard women and their babies from harm. Women identified as “high risk” were offered enhanced care by specialist midwives.
- Feedback for the services inspected was mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- Women had a choice of where to give birth and almost all women now had one to one care in labour.
- Community midwives covered specific geographical areas thereby ensuring women had access to midwives in their local area.
- Admission process for women in labour had improved with a dedicated triage midwife on duty in line with national guidance.
- The governance arrangements and their purpose were clear. Collection of data had improved to provide better oversight of the service.

# Maternity

However;

- Some black midwives reported being treated unfairly and lodged a collective, official grievance as a result. The trust carried out an internal investigation and recommendations have been made to improve to situation.
- The trust continued to focus more on trust wide outcomes rather than outcomes by unit, which obscured differences in the two units.
- The overall vision for the unit was not well defined.

## Is the service safe?

Good  

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

- Staffing levels had improved with one to one care now provided for women in labour. The labour ward coordinator was supernumerary and able to support inexperienced staff. Consultant cover was now evenly spread throughout the week. There was 98 hours consultant cover, which met the recommendations of the Royal College of Obstetricians and Gynaecologists.
- There were effective systems in place to protect women from harm and a good incident reporting culture. There were effective arrangements in place for safeguarding vulnerable adults and children. Learnings from incident investigations were disseminated to staff.
- Medicines were generally stored securely and staff followed appropriate procedures for controlled drugs.
- The environment and equipment was visibly clean and supported safe care. Most staff complied with infection prevention and control guidelines.
- Comprehensive risk assessments were carried out for women in line with national guidance.

However;

- Although staffing levels had generally improved, on call community midwives were often used to cover immediate staff shortages on the labour ward after they had worked a full shift in the community. This sometimes meant they worked excessive hours.

## Is the service effective?

Good  

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

- Policies and procedures were developed in line with national guidance and best practice. Guidelines were easily accessible on the trust intranet page and staff were able to demonstrate ease of access.
- Patients were cared for by appropriately qualified staff. Midwives had gone through preceptorship training and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- There was a maternity audit schedule and audit plans included audit of risks rated as high on the risk register.
- The service had improved its maternity dashboard to monitor its performance on a wider range of measures.

# Maternity

- Most women were receiving one to one care, the rate of birth centre births was growing, an enhanced recovery programme was available to women having planned caesarean sections and rates of smoking at birth were well below national figures.
- The service had recently been re-accredited at UNICEF Baby Friendly Initiative Level 3 for high levels of support for breastfeeding.

## Is the service caring?

Good ● → ←

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

- Staff provided a caring, kind and compassionate service, which involved patients in their care and we received numerous positive comments from women.
- Observations of care showed staff maintained patients' privacy and dignity, and patients and their families were involved in their care.
- Specialist midwives, helped women understand the specific needs of conditions such as diabetes alongside pregnancy. Women also had access to counselling services especially where they had had been bereaved during or after childbirth.
- Although the Friends and Family Test responses were too low to form a reliable judgement of women's experiences of maternity care, the trust also used other measures to assess women's experiences. For example, the CQC maternity survey 2017, which showed the trust performed better than average on a number of indicators.

## Is the service responsive?

Good ● ↑

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

- Services were planned to meet the needs of local people. Community midwives covered specific geographical areas thereby ensuring women had access to midwives in their local area.
- Women deemed low risk could choose to birth at home, at a birth centre or in the hospital delivery suite so meeting women's choices effectively.
- Midwives assessed women's mood during antenatal visits and were able to signpost women to sources of help for anxiety and depression.
- Women could refer themselves to antenatal clinics. They had access to specialist clinics including diabetes and weight management.
- Women had access to interpreting services so that they could make decisions about their care.
- Admission process for women in labour had improved with a dedicated triage midwife on duty in line with national guidance.

However;

- The hospital did not audit the responsiveness of its processes such as waiting times.

# Maternity

## Is the service well-led?

**Requires improvement** ● ↑

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

- Some black midwives reported being treated unfairly and lodged a collective, official grievance as a result. The trust carried out an internal investigation and recommendations have been made to improve to situation.
- We received mixed feedback about the leadership of the unit. Whilst it was clear that the leadership of the unit had improved since our last inspection, there were still areas of concern as some midwives did not feel supported by their line manager.
- As at the last inspection, we noted that the practice of merging data trust wide obscured areas the strengths and weaknesses of both sites, for staff and for women. This was still the case. Although, some national organisations which the maternity service submits data to, required merged data.
- Although clinicians were investigating high rates of caesarean sections and induction in labour, they had not succeeded in reducing the rates.
- The trust had set out a long term plan to gain support for investing in a new specialist acute unit, which includes the maternity unit. However, no staff mentioned this to us on inspection.

However;

- There was more effective team working between doctors and midwives, and acknowledgement of staff and team successes, which improved morale.
- The midwifery team had worked hard and successfully to improve staff awareness of guidelines, incidents and risks, and staff were much better informed than at the previous inspection.
- The extreme risk of the poor maternity information system was being addressed by the introduction of a new system in April 2018.
- The maternity unit was involved in a number of innovative practices and had been successful in securing bids for several initiatives.

## Areas for improvement

### Action the hospital **MUST** take to improve:

- Ensure that all midwives are treated fairly in accordance with the Health and Social Care Act 2008 and the Workforce Race Equality Standard.

### Action the hospital **SHOULD** take to improve:

- Consider how maternity incidents are reviewed.
- Review systems in place to improve outcomes for women in areas below national expectations.
- Review staffing arrangements, in order to ensure staff are not working for excessive hours.

# Services for children and young people

Good  

## Key facts and figures

The children's service at Epsom and St Helier University Hospitals NHS Trust is provided on two sites; St Helier Hospital in Carshalton, in the London Borough of Sutton and Epsom General Hospital in Surrey. This report is about services at Queen Mary Hospital for Children at the St Helier Hospital site.

The trust's hospitals provide services for neonates, children and young people. These include two dedicated emergency departments, two children's inpatient wards, dedicated day surgery units, outpatient facilities and medical investigation/assessment units.

There are 34 inpatient beds across two wards, Casey ward at Epsom Hospital and the children's ward at Queen Mary's Hospital for Children.

There are two day units; the Paediatric Assessment Unit in Queen Mary's Hospital (six beds) and Ebbisham ward in Epsom Hospital (11 beds). These provide day surgery beds (Epsom), medical investigations and ambulatory care providing assessment of acute medical illness prior to discharge home or admission to the inpatient wards.

The hospitals provide care for children with medical and surgical conditions requiring an acute admission, specialist shared care for children with cystic fibrosis and paediatric oncology patients (POSCU).

Neonatal care is provided on both sites. St Helier Hospital has a Local Neonatal Unit (level two) and Epsom Hospital provides a Special Care Unit (level one). (*Source: Routine Trust Provider Information Return (RPIR) – Sites Acute tab*)

The trust had 5,929 spells from July 2016 to June 2017.

Emergency spells accounted for 69% (4087 spells), 30% (1752 spells) were day case spells, and the remaining 2% (90 spells) were elective.

The Queen Mary's Children's Hospital has an 18 bed children's inpatient ward. In addition, there is a six bed assessment unit, which opens from 8am to 8pm seven days a week. The children's outpatient department has 10 clinics seeing approximately 170 patients a day. Surgery for children is carried out in the day surgical unit on the third floor of the children's hospital. A children's community nursing team are based in the hospital, providing care for children within the local community following discharge from their original point of care.

The neonatal unit (NNU) provides high dependency, level 2 care, which includes two intensive therapy, four high dependency and 12 special care cots.

## Summary of this service

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

- There was a good overall safety performance in the service and a culture of learning to ensure safety improvements. Staff were encouraged to report incidents and received timely feedback. There was evidence of learning from incidents, which was shared in a number of ways.
- There were processes in place to ensure safe staffing levels. The service had 24 hour consultant cover.
- There were effective processes in place to assess and escalate deteriorating patients.

# Services for children and young people

- There was good compliance with infection prevention and control processes. Equipment was checked regularly and medicines were stored appropriately.
- Staff had a good understanding of safeguarding and were aware of their responsibilities in relation to safeguarding children. The service had good multi-agency partnerships to share relevant safeguarding information.
- Patient records were completed to a good standard.
- Staff provided care and treatment in line with national guidance and good practice. The service monitored the effectiveness of care and treatment through continuous local and national audits.
- There were effective processes in place to ensure that patients' nutritional and pain management needs were met.
- Staff were supported to develop and there was a culture of learning and teaching within the service.
- There was effective multidisciplinary team (MDT) working both internally and externally to support patients' health and wellbeing.
- There was a range of information and support available for patients and their families and carers. Staff helped patients manage their own health.
- Staff understood their responsibilities as set out in the Mental Capacity Act (MCA).
- Staff in children and young people's services demonstrated a patient-centred approach which encouraged family members to take an active role in their child's healthcare.
- All staff interacted with patients and their family members and carers in a caring, polite and friendly manner.
- The service had a broad programme of emotional support services for children and young people and their families and carers. This included a variety of therapeutic support services.
- There was timely access to a broad range of children and young people services including a number of highly specialist paediatric services. The flow of patients through children and young people services from admission, through theatres, wards and discharge was mostly managed effectively.
- There was provision to meet the individual needs of children and young people using services at the hospital, including vulnerable patients and those with specific needs. There were efforts across the hospital to make the environment more child-friendly and welcoming for young people.
- There was an established and stable leadership team in the CYP service. Staff told us senior leaders of the service were visible, approachable and supportive. There was an inclusive and constructive working culture within the services. We found dedicated staff that were knowledgeable about their work.
- The department used appropriate governance, risk management and quality measures to improve patient care, safety and outcomes. Senior staff understood their local challenges and demonstrated a desire to improve CYP services for the benefit of patients.

However:

- There remained some challenges with staffing vacancies, for example, nurse staffing in the neonatal unit (NNU) and on the children's ward. Managers were aware of these challenges and there were interim measures in place to ensure safety.
- The hospital had one lift to serve all floors. The lift was taken out of service when routine maintenance was required. However, a business plan was in place to build a new external lift.
- There was no formal clinical supervision for nursing staff.

# Services for children and young people

## Is the service safe?

Good  

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

- There was a good overall safety performance in the service and a culture of learning to ensure safety improvements.
- The incident reporting culture of the service had improved. Staff were encouraged to report incidents via an electronic incident reporting system and they received timely feedback. There was evidence of learning from incidents, which was shared in a number of ways.
- A nursing acuity tool was now used to monitor safe staffing and skill mix on the wards. The neonatal unit used British Association of Perinatal Medicine (BAPM) guidelines to ensure staffing was safe on the ward.
- The department used a paediatric early warning score, the children's observation and severity tool (COAST), to identify and escalate deteriorating patients. A sepsis tool was also incorporated within the COAST chart to help staff identify sepsis and escalate the level of treatment when sepsis was detected.
- The wards and clinical areas were visibly clean and staff were aware of and adhered to current infection prevention and control guidelines.
- Staff had a good understanding of safeguarding for both adults and children and were aware of their responsibilities in relation to safeguarding children. The service had good multi-agency safeguarding partnerships to share relevant safeguarding information.
- Equipment was checked regularly and medicines were stored appropriately.
- The documentation we reviewed across the neonatal and children's wards was completed comprehensively and in a timely manner

However;

- Completion for some mandatory training modules, particularly for medical staff was below trust targets. Managers were aware of this and plans were in place to address it.
- During our inspection we found there was a switch to exit the ward and this did not provide adequate security. This was rectified immediately when we raised it at the time.
- There remained some challenges with staffing vacancies, for example, nurse staffing in the neonatal unit (NNU) and on the children's ward. Managers were aware of these challenges and there were interim measures in place to ensure safety.

## Is the service effective?

Good  

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

- Staff provided care and treatment in line with national guidance and good practice. Care pathways for children and young people services were delivered in line with national clinical guidance.

# Services for children and young people

- Service leaders monitored the effectiveness of care and treatment through continuous local and national audits. There were regularly reviews of service outcome data to ensure provision was meeting the needs of children and young people.
- There were appropriate processes in place to ensure that patients' nutritional needs were met.
- There were effective processes in place to ensure patients' pain relief needs were met and pain was well managed in the children and young people service.
- The trust contributed to relevant local and national patient outcome and performance audits, including benchmarking activities and peer review with other NHS hospital trusts, for which it compared favourably.
- Service data demonstrated that 82% of staff had received their appraisal, this was better than the trust target of 80%. However, compared to other similar services the trust target of 80% was low.
- Doctors in training, students and newly qualified nurses reported a supportive and encouraging learning environment with good supervision. They had access to senior staff and good teaching and learning opportunities.
- Nurses told us there the trust was supportive of their progression and there were opportunities to develop their careers.
- There was an effective multidisciplinary team (MDT) working environment within children and young people services and with external partners to support patients' health and wellbeing.
- The children and young people service adopted a 'consultant of the week' rota system to ensure continuous consultant cover over seven days. The hospital neonatal unit (NNU) had 24 hour on site cover of middle grade doctors, junior doctors in training and neonatal nurses.
- There was a comprehensive range of information and support available for patients and their families and carers. Staff helped patients manage their own health.
- The service performed better than the England average in the 2015/16 paediatric diabetes audit.
- From June 2016 to May 2017 there was a lower percentage of children under the age of one readmitted following an elective admission compared to the England average and a lower percentage of patients aged 1-17 years old readmitted following an elective admission compared to the England average.
- Staff we spoke with were aware of the requirements of their responsibilities as set out in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

However:

- There was no formal clinical supervision for nursing staff.
- From July 2016 to June 2017 the trust performed worse the England average for the percentage of patients who had multiple readmissions for asthma.

## Is the service caring?

Good   

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

- We witnessed all clinical staff interacting with patients and their family members and carers in a caring, polite and friendly manner. There was very good rapport between nurses and patients.

# Services for children and young people

- All of the people we spoke with during the inspection were happy with the care and treatment provided by the trust.
- Staff spent time with children to help make their experience more comfortable, relaxed and home-like, for example, by spending time to make craft decorations together.
- NHS Friends and Family Test (FFT) results were consistently very good across children and young people service areas.
- The service had a broad programme of emotional support services for children and young people and their families and carers. This included a variety of therapeutic support services.
- There was a dedicated play specialist team which worked very closely with doctors, nurses and therapists to incorporate play into clinical interventions and therapies.
- The service sign-posted patients and their families to local support groups to help them build links with others facing similar challenges.
- Doctors, nurses and therapists worked in partnership with parents and families. Staff in children and young people's services demonstrated a patient-centred approach which encouraged family members to take an active role in their child's healthcare.
- Staff made sure children and young people were spoken with in an age appropriate way so they understood their treatment and had opportunities to ask questions.

## Is the service responsive?



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

- The hospital delivered a broad range of services for children and young people, including a number of specialist paediatric services.
- There was timely access to children and young people services and there was a good overall compliance of 92% for referral to treatment times.
- There was provision to meet the individual needs of children and young people using services at the hospital, including vulnerable patients and those with specific needs.
- Staff had sufficient access to appropriate translation and advocacy services to support patients with English as an additional language.
- The hospital play team provided a very comprehensive programme of play support to children aged 0-11 across all paediatric clinical areas.
- The flow within children and young people services from admission, through theatres, wards and discharge was mostly managed effectively and children and young people were transferred from the theatre recovery area to the ward without unnecessary delays.
- Parents and carers of children using the children's outpatients told us the hospital was very flexible with appointment times and they felt this better suited the needs of their children.

However;

- The service were not meeting the trust's 75% timescales target for complaints, with 67% of complaints meeting the timescales criteria as set out in the trust's complaints policy.

# Services for children and young people

## Is the service well-led?

Good  

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

- There was an established and stable leadership team in the children and young people's service. Staff told us senior leaders of the service were visible, approachable and supportive.
- There was a clearly defined clinical strategy for the trust which detailed the vision for the trust from 2020 to 2030.
- There was clear representation of children and young people services at trust board level.
- The department used appropriate governance, risk management and quality measures to improve patient care, safety and outcomes.
- We found an inclusive working culture within the services. We found dedicated staff that were knowledgeable and passionate about their work and passionate about caring for children and young people.
- Senior staff understood their local challenges and demonstrated a desire to improve CYP services for the benefit of patients.
- Senior leaders and managers of the service had an understanding of risks to the service and these were appropriately documented.

However:

- The community matron had insufficient time for leadership and management responsibilities.

## Outstanding practice

- Work was in progress in children and young people's services on the development of a parent communication tool 'Train to Home'; this was a pathway for discharge planning which supported the NHS discharge initiative and family-centred care principles.
- The trust had developed an adults' and children's safeguarding hub and safeguarding team. The team enabled the monitoring of children and young people's safeguarding in divisions where children and young people attended within all areas of trust. The safeguarding hub provided daily tracking of inpatients between 16 and 18 years of age who were receiving care from other trust services and not only the children's division.
- Staff told us the outpatients waiting area had been developed in response to children, young people and families' feedback. Staff said the activities available in the play area helped to alleviate children and young people's anxieties whilst they were waiting for their appointment.

## Areas for improvement

**Action the provider SHOULD take to improve:**

- Ensure all staff complete mandatory training modules in accordance with the trust's policy.
- Improve the percentage of children and young people who have multiple readmissions for asthma
- Ensure nursing staff have access to formal clinical supervision.

# Services for children and young people

- Improve the percentage of patients under the age of one who had multiple readmissions for epilepsy.
- Ensure complaints are addressed in accordance with the timescale as set out in the trust's complaints policy.
- Produce a clearly defined clinical strategy for children and young people services which detailed the vision for the service for the future.
- Ensure the community nursing team have sufficient leadership and management to ensure managerial responsibilities can be met in a timely way.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

#### Regulation

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

#### Regulation

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

#### Regulation

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

# Our inspection team

Roger James, Inspection manager, led this inspection. An executive reviewer, Christine Allen, supported our inspection of well-led for the trust overall.

The team included 16 inspectors, one executive reviewer, 14 specialist advisers, and two experts by experience.

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