South London Healthcare NHS Trust
Queen Elizabeth Hospital, Woolwich

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| Location address:| Ranken House
|                  | Stadium Road, Woolwich           |
|                  | London                            |
|                  | SE18 4QH                          |
| Type of service: | Acute services with overnight beds|
|                  | Community healthcare service      |
|                  | Diagnostic and/or screening service|
|                  | Long term conditions services     |
|                  | Rehabilitation services           |
| Date of Publication: | October 2012                     |
| Overview of the service: | Queen Elizabeth Hospital Woolwich is an Acute Hospital located near to Woolwich Common. It is part of South London Healthcare NHS Trust. |
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Queen Elizabeth Hospital, Woolwich was meeting all the essential standards of quality and safety inspected.

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

Why we carried out this review

We carried out this review to check whether Queen Elizabeth Hospital, Woolwich had taken action in relation to:

Outcome 13 - Staffing
Outcome 14 - Supporting workers

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 August 2012, carried out a visit on 3 September 2012, checked the provider's records, observed how people were being cared for and talked to staff.

What people told us

We haven’t been able to speak to people using the service because we undertook this review by analysing data and information submitted by the trust in order to demonstrate the required improvements had been made. We gathered evidence of people's experiences by reviewing the trust's survey's conducted in 2011 for maternity, inpatients and outpatients services. In addition we visited the hospital on 03 September 2012 to speak with staff throughout the hospital about their experiences and made ourselves available to staff to contact us by phone after the visit.

Findings from the trusts survey's carried out in 2011 showed that overall people who used inpatients, outpatients and maternity services were satisfied with the care provided to them. A high proportion of inpatients surveyed in the summer of 2011 felt that there were enough nurses on duty to care for them. A slightly lower proportion of inpatients felt they got help quickly when they needed it; however, the score was about the same as the national average.

The trusts outpatient's survey carried out in the summer of 2011 showed that a high proportion of people were satisfied that they did not have to wait long for an appointment, and in general people were satisfied with the outpatient's service.

A maternity survey carried out in September 2011 showed women were appropriately supported by the midwifery team through antenatal, labour and birth and postnatal care.
All women surveyed were visited by midwives after the birth of their baby. Compared to the national average, about the same proportion of women felt midwives provided them with active support.

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

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard.

In general, there were enough qualified, skilled and experienced staff to meet people’s needs.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

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

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

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

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

What we found

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Findings from the trusts' surveys showed that overall people who used inpatients, outpatients and maternity services were satisfied with the care provided to them. A high proportion of inpatients surveyed in the summer of 2011 felt that there were enough nurses on duty to care for them. A slightly lower proportion of inpatients felt they got help quickly when they needed it; however, the score was about the same as the national average.

The outpatient's survey carried out in the summer of 2011 showed that a high proportion of people were satisfied that they did not have to wait long for an appointment, and in general people were satisfied with the outpatient's service.

A maternity survey carried out in September 2011 showed women were appropriately supported by the midwifery team through antenatal, labour and birth and postnatal care. All women surveyed were visited by midwives after the birth of their baby. Compared to the national average, about the same proportion of women felt midwives provided them with active support.

Other evidence
In August 2012 we asked the trust to provide evidence that the actions it had taken to address the findings of maternity review on 18 April 2011 and the acute services review on 18 August 2011 were improving outcomes for patients. In addition we visited Queen Elizabeth Hospital (QEH) on 03 September 2012 to speak with staff.
At our maternity services review on 18 April 2011 we identified the presence of consultants on the wards needed to improve. Consultant rotas provided by the trust showed physical presence on wards was around 60 hours per week with consultants on call during the remaining hours. These levels were in line with the trust's policy and in accordance with national Safer Childbirth guidelines. Staff confirmed consultants undertook regular ward rounds and were available to contact when required. This ensured women had sufficient access to specialised input when required.

At our maternity services review on 18 April 2011 we found the trust had identified that improvements were required with the number of midwives to births and the percentage of labouring women who received one to one care. Although levels had fluctuated, the numbers of midwives to births averaged 1:32 in June 2012 which meant the numbers of midwives had not significantly improved since our last review.

Staff told us in most cases women received one to one care but this was sometimes at the expense of providing adequate support to women in other departments. For example, we were told community midwives were sometimes asked to provide support on wards during busy times. However, information provided by the trust showed the percentage of women receiving one to one care in labour was high. In June 2012 98% of labouring women were cared for by enough qualified, skilled and experienced staff.

In response to our review of acute services on 18 August 2011 the trust provided us with details of vacancy rates and staffing levels. In addition we spoke to staff at QEH on 03 September 2012. Staff vacancy rates fluctuated around the trust's target of 8% between April and July 2012. The majority of wards we visited on 03 September 2012 were staffed mainly by permanent staff, however, staff told us there was sometimes a reliance on bank shifts. Staff told us that they were not under pressure to work extra hours as there was adequate bank cover available. Staff also told us bank staff were generally suitably experienced and skilled, and were not required to undertake tasks that they were not competent to do. The trust confirmed they monitored the use of bank staff as well as the number of hours staff worked to ensure staff did not work excessive hours.

Staff we spoke to told us they generally felt there were enough staff to meet patients’ needs. However, some wards cared for elderly, frail and confused patients which put additional demands on staff. Some junior staff on these wards felt they were unable to respond quickly to people's needs due to the volume of work required of them. Despite this ward managers told us when people who were particularly dependant were admitted, they were sometimes able to arrange for these people to receive one to one care to ensure there was adequate staff cover and people received the care they required.

We were told there was a high level of staff vacancies in outpatients and there was a reliance on cover by bank staff. Staff told us short term sickness cover could not be provided due to a requirement that covering staff needed to be trained on the trust’s booking system. As a result on occasions senior staff were required to manage the outpatient desks. Staff told us some people experienced delays in receiving appointments. However, despite the shortfall in permanent staff an outpatient’s survey conducted in 2011 showed that in general people were satisfied with the service.

Our judgement
The provider was meeting this standard.

In general, there were enough qualified, skilled and experienced staff to meet people's needs.
Outcome 14: Supporting workers

What the outcome says
This is what people who use services should expect.

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

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Findings from the trusts survey's showed that overall people who used inpatients, outpatients and maternity services were satisfied with the care provided to them. A high proportion of inpatients surveyed in the summer of 2011 felt that there were enough nurses on duty to care for them. A slightly lower proportion of inpatients felt they got help quickly when they needed it; however, the score was about the same as the national average.

The outpatient's survey carried out in the summer of 2011 showed that a high proportion of people were satisfied that they did not have to wait long for an appointment, and in general people were satisfied with the outpatient's service.

A maternity survey carried out in September 2011 showed women were appropriately supported by the midwifery team through antenatal, labour and birth and postnatal care. All women surveyed were visited by midwives after the birth of their baby. Compared to the national average, about the same proportion of women felt midwives provided them with active support.

Other evidence
Following our inspection of maternity services on 18 April 2011 we suggested that the trust improve staff sickness levels, address reported personality conflicts between staff, and involve staff at all levels in maternity team development. In addition we suggested the trust should implement more detailed and appropriate handovers, and ensure that all staff attended multi-professional skills and drills training.
In August 2012 we asked the trust to provide evidence that the actions it had taken following our visit on 18 April 2011 were improving outcomes for women using the maternity service. In addition, we visited Queen Elizabeth Hospital (QEH) on 03 September 2012 to speak with staff.

At our inspection on 18 April 2011 we identified a requirement for the trust to improve staff sickness levels. The trust told us that although sickness levels had slightly improved, levels were still higher than the trust's target. The trust told us it hoped to improve levels further by 2013 and had implemented training for managers across the trust to assist with meeting this target.

At our inspection on 18 April 2011 some staff told us of reported personality conflicts between midwifery staff possibly due to the transfer of staff from other hospitals prior to our inspection. In August 2012 the trust told us these issues had improved substantially through supervision and actions identified by an external consultant. Staff we spoke with told us the staff group had settled since some staff had transferred to QEH on 2010. Staff felt morale in the team was generally good and several staff told us they felt there was good teamwork.

At our inspection on 18 April 2011 the trust had engaged an external consultant to help further develop the maternity team. However, we identified that not all levels of staff were involved in the maternity review. The trust provided us with a copy of the external consultant's report which detailed where improvements had been identified; however, it did not show whether staff at all levels were involved or not. In general midwifery staff told us they felt able to contribute towards the team's development and that there were opportunities available for them to do this. For example, staff told us the 'Just 5' daily meeting gave them an opportunity to raise any relevant issues and to prompt team discussion. Staff felt they were able to contribute to the teams' development.

At our inspection on 18 April 2011 we were told there were no all midwife/all labour and multi-professional handovers on the labour ward which staff told us meant they were sometimes unable to effectively care for women who were under the care of their colleagues. All staff handovers had not been implemented at the time of our inspection on 03 September 2012; however, we were told full team handovers were soon to be implemented, although the trust could not provide us with a date. Some staff told us that they felt the current system of separate midwife and consultant's handovers worked well. Staff told us senior midwives feed back any important information from the consultant's handover where the information was relevant to the women they were caring for. However, senior midwifery staff felt improved handovers were required to ensure the team were fully informed about all women in their care.

The trust provided us with midwifery training data to demonstrate they had implemented multi-professional skills and drills training to all staff. This data showed between December 2011 and August 2012 62% of staff attended skills and drills training. At our inspection on 03 September 2012 we were told the team were on target to reach 100% attendance before the end of 2012. Staff told us the course was mandatory and explained senior staff arranged unannounced practice sessions to check staff knew how to manage specific obstetric emergencies effectively.

Our judgement
The provider was meeting this standard.
People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.
What is a review of compliance?

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

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

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

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

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