

Lewisham and Greenwich NHS Trust

# University Hospital Lewisham

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services caring?

Inspected but not rated ●

Are services responsive to people's needs?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

# Our findings

## Overall summary of services at University Hospital Lewisham

### Inspected but not rated ●

Lewisham and Greenwich NHS Trust operates two hospitals serving people living in southeast London, along with community healthcare services for residents of the London borough of Lewisham.

University Hospital Lewisham (UHL) is one of the hospitals and has 450 beds offering healthcare services such as accident and emergency, medical care, surgery, critical care, maternity and gynaecology, services for children and young people, outpatients and diagnostic imaging.

We carried out an unannounced focused inspection of the medical division at UHL because we received information that gave us concerns about the safety of the service. The trust had also performed poorly in the last NHS adult inpatient survey (2021).

At our last inspection in July 2020, we rated medical care (including older people's care) at UHL as requires improvement for safe and effective and good for caring, responsive and well-led.

We did not rate this service at this inspection. The previous overall rating of requires improvement remains. We found:

- Following a recent safer staffing review of nursing staff, the trust had increased the number of mid-grade nurses to help supervise and support staff safely care for patients. A safer staffing review of medical staff had also been initiated.
- Staff were caring and compassionate. Staff provided emotional support to patients; their families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff were positive about ward and trust leadership. They told us senior managers and executives were visible and approachable.
- The trust had invested in quality systems training for clinical staff and we saw examples of projects that had been implemented on the wards we visited.
- The service had created action plans and a patient experience initiative to address areas of concern raised by patients in the NHS adult inpatient survey.

However:

- Some staff were not up to date with their mandatory training.
- Staff did not complete risk assessments for all eligible patients.

### How we carried out the inspection

We visited 3 medical wards (speciality medicine and elderly care) along with the medical admission unit and discharge lounge as part of the medical care inspection framework.

On this inspection, we focussed on safe, caring and well-led with some aspects of effective and responsive.

# Our findings

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Medical care (including older people's care)

Inspected but not rated ●

We inspected this service but did not rate it. The previous rating of requires improvement remains. We found:

- Services had enough staff to care for patients and keep them safe and the service controlled infection risk. Equipment and the premises were visibly clean.
- Staff understood how to protect patients from abuse.
- We found that medicines management had improved since our last inspection.
- Staff generally completed and updated risk assessments for patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff we spoke with of all backgrounds felt respected and valued. This included staff who had been supported through their learning and development which had resulted in promotion within the trust.

However,

- Not all staff were up to date with their mandatory training including safeguarding training.
- The service did not always carry out falls risk assessments for eligible patients.
- A patient with impaired vision reported difficulties in choosing meals from the menu. Some staff picked meals for her without explanation.
- Lack of heating and space in the discharge lounge reduced patient comfort.

## Is the service safe?

Inspected but not rated ●

We inspected this service but did not rate it. The previous rating of requires improvement remains. We found:

### Mandatory Training

**The service provided mandatory training in key skills to staff. However, training compliance rates were lower than trust target.**

Staff we interviewed were up-to-date with their mandatory training. Data supplied by the trust showed that Chestnut Ward had 89.6% overall compliance; Mulberry Ward 85.4% and Oak Ward 85.3%. These rates were below the trust target of 90%.

Training was delivered using a combination of practical skills sessions (such as moving and handling, basic life support and first aid) or by electronic learning packages that were accessed via the trust intranet.

# Medical care (including older people's care)

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff we spoke with said they had time to complete training.

## **Safeguarding**

**Staff understood how to protect patients from abuse and the service worked with community services and other agencies to do so. Most staff had completed training on how to recognise and report abuse and they knew how to apply it.**

Clinical staff and medical staff received training specific for their role and knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them.

We saw posters on display indicating who to contact in the trust's safeguarding team and staff told us how they made safeguarding referrals should they have any concerns.

Staff worked with the social care teams in the community and with safeguarding teams in the hospital to protect patients.

Data from the trust showed 100% compliance for safeguarding training at level 4 and compliance at level 2 on each ward was better than trust target of 90%.

However, level 3 training compliance varied for both medical and nursing staff and ranged from 50% to 100%. For example, Maple Ward had a compliance 95%. The worst performing medical specialities were dermatology and diabetes, while general medicine and cardiology reported 100% compliance.

## **Cleanliness, infection control and hygiene**

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Ward areas were clean, tidy and had suitable furnishings which were well-maintained. The service generally performed well for cleanliness. There were effective systems to ensure standards of hygiene and cleanliness were maintained.

Standards of cleanliness were regularly monitored, and results were used to improve infection prevention control (IPC) practices where needed. There was a regular programme of IPC audits to ensure good practice was embedded.

The IPC team completed divisional audits in a rolling programme of monthly checks and results were available to managers and senior clinical staff via an application on smartphones issued by the trust.

For example, Chestnut ward, was audited for hand hygiene, Isolation and wear of personal protective equipment (PPE) in November and scored 73%, 99.9% and 97.4% respectively. In Oak ward in November the scores were 87.5%, 96.4% and 100%. Managers stated that action plans were commenced for wards that scored less than the trust target of 95%.

During the inspection we observed staff washing their hands before and after patient contact. Staff followed infection control principles including the use of personal protective equipment (PPE).

Hand sanitiser and washing facilities were available on all wards and we saw staff and visitors using these. Signage advised staff and visitors to follow infection control practices, when entering and leaving ward areas. We observed suitable isolation notices on side room doors which were closed.

# Medical care (including older people's care)

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Clinical waste was correctly separated in colour-coded bins

Cleaning schedules were up-to-date and demonstrated that the areas we visited were cleaned regularly.

There had been 6 cases of hospital-associated *MRSA* and 8 *Clostridioides difficile* (*C.difficile*) cases reported in November 2022. These results were below the NHS England trust threshold.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The design of the clinical environment followed good practice guidelines, such as that contained in Health Building Note 00-01 General design guidance for healthcare buildings (DHSC 2021).

However, when we visited the hospital discharge lounge to talk with patients being sent home from medical wards, we found that the facility had temporary heating in place and lacked space. This reduced comfort for patients waiting for transport to their home or care facility.

All wards we visited had separate male and female bays, with separate toilet and washing facilities allocated to each bay. Entry into and out of the ward was secure with swipe access to maintain a secure environment. Wards had facilities to isolate patients and staff closed doors to treat patients who were at risk of infection.

Staff carried out daily safety checks of specialist equipment. This included safety checks of specialist equipment held in resuscitation trolleys and emergency equipment such as defibrillators. The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely. We checked a random sample of containers and saw that waste was correctly separated. Needle 'sharps' waste containers were available in ward clinical preparation rooms wards and the containers we inspected were correctly labelled and secured.

Patients could reach call bells and staff responded when called. Patients we spoke with also told us staff responded to call bells promptly.

## Assessing and responding to patient risk

**Staff generally completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and acted upon patients at risk of deterioration.**

Staff used a nationally recognised tool to identify deteriorating patients, called the 'national early warning score' (NEWS2). We checked a sample of patient records and saw that appropriate escalation had taken place when needed.

Staff knew about and dealt with any specific risk issues, such as sepsis. Sepsis is a potentially life-threatening illness that occurs when the body's response to infection damages its own tissues and organs. Clinical staff were able to describe the signs and what treatment should be initiated in line with national and local guidance.

# Medical care (including older people's care)

Staff completed risk assessments for patients on admission, using recognised tools. These included a range of assessments such as skin integrity, venous thromboembolism (VTE) and continence. The records we checked were completed correctly.

The service conducted audits into assessments to ensure they were being completed on admission. However, some figures were lower than trust targets. According to audit data supplied, falls assessments on the wards we visited averaged 61% compliance. This was lower than the average for all medical wards at UHL (65%) and raised the risk that not all patients vulnerable to falls had been identified on admission.

The service had implemented a falls action plan and monitored falls causing harm. According to trust governance reports falls rates had reduced since April 2022.

We saw 'bay nurses' present in ward areas during the inspection and patients confirmed nurses or healthcare assistants were stationed in their bays overnight. This indicated that trained staff were consistently present or close by should a patient deteriorate or require assurance.

The service had access to a mental health team and the medical admissions unit (Chestnut ward) had mental health practitioners added to the staff to help provide support to patients requiring it. Medical staff could also access support from the psychologist.

## Nurse staffing

**The service had reviewed and increased the number of nursing posts since our last inspection. On the day of our inspection there were enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. The trust used a safer staffing tool to monitor staffing levels and ensured that staff were delegated appropriately across the service. Managers stated that staffing meetings were held at 8.00 am, 10.30 am and 3.00 pm daily and staff, including those from the education team, were redeployed to ensure wards met a minimum ratio of 1 registered nurse to 8 patients.

Although data showed some gaps in unfilled shifts, on the wards we visited staffing levels met the minimum number of staff required and some had more than planned. Managers stated that staffing was rated as 'amber' on the day of our inspection. This meant staff levels were not optimal but were safe.

Patients we spoke with told us they thought there were enough staff and reported call bells being answered promptly and pain relief arriving "reasonably quickly".

Staff and managers told us that staffing levels for Band 6 and Band 5 nurses had improved over the last quarter. We talked with nursing staff who had been recently promoted as well as new joiners and qualified staff from overseas who were undergoing supervision and training to gain their UK registrations.

Staff welcomed the change in nursing posts and explained the uplift, combined with an increased establishment of health care assistants made during the pandemic, had resulted in a positive impact.

# Medical care (including older people's care)

Ward managers said they were using fewer bank and agency staff to fill gaps and they felt that staff transfers to cover absences had also reduced. Qualified nursing staff confirmed there were fewer transfers 'out of speciality', which had been a cause for concern in the past.

We saw the last 2 months data which showed turnover and sickness rates for health care assistants (HCAs) and nurses on medical wards at UHL were higher than trust targets. Senior managers explained the figures were similar to other areas of the trust and felt staff sickness rates had generally been affected by COVID-19 and the onset of winter.

The service had daily meetings that reviewed staffing levels across the division and ensured that all areas had a sufficient level of staff. This included a skill mix review.

Divisional leads told us that recruitment was always ongoing and nurse staffing remained on the risk register. The service was in the process of recruiting international nurses which took time. However, retention was a challenge as staff were offered development opportunities and staff had moved to work in other divisions as this was seen as less demanding. Ward managers and staff told us that that increased establishments had already resulted in opportunities for promotion and training, which managers hoped would help keep staff in post.

Managers were able to request bank and agency staff where needed. Managers made sure all staff including bank and agency had a full induction and understood the service. We spoke with new starters who told us that their induction was detailed and that they received support from the team. Senior staff told us that inductions included a supernumerary phase (after the trust induction) and new starters received a welcome induction pack.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.**

The service had enough medical staff to keep patients safe. The service had a good skill mix of medical staff on each shift and reviewed this regularly.

Medical staff numbers matched the planned number on the wards we visited. We reviewed actual medical staffing levels on all medical wards we visited for the previous 3 months, but we were unable to determine if safe medical staffing levels were being met on each shift.

Leaders explained that the trust had started employing physician assistants (PAs) who supported consultants with clinical tasks including documentation, routine prescribing and ordering diagnostic tests. We were also told that a safer staffing review for medical staff was underway.

Vacancy rates had decreased but remained above the trust target of 12%. Sickness and turnover targets for staff were set at 4% and 12% and the rates for medical staff were less than target for the last 2 months.

Managers could access locums when they needed additional medical staff. Managers made sure locums had a full induction to the service before they started work. We asked the service for locum and bank medical staff rates, however we were not provided with this.

The service always had a consultant on call during evenings and weekends. Medical staff we spoke with confirmed they were able to contact consultant if required after hours.



# Medical care (including older people's care)

## Records

**Detailed records of patients' treatment were kept safe. Records were clear, up to date, stored securely and easily accessible.**

Patient notes were comprehensive and could be accessed easily. We checked samples of the electronic patient records on each ward we visited and found all to be accurate and complete.

Records were stored and archived securely using electronic files.

We observed staff maintaining the confidentiality of records and saw that computer screens were locked when unattended. Staff had completed record keeping and information governance awareness as part of induction and mandatory training.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines. We found an overall improvement in these aspects compared to our last inspection.**

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were prescribed electronically by medical staff and checked by pharmacy staff who were designated to oversee each ward.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed medicines safely. The medicines rooms we checked were stocked and clutter free. We saw that medicine stocks were stored securely, including those that needed to be held in temperature-controlled refrigerators.

Designated staff had access to the locked medicine rooms and stock including controlled drugs were logged, signed and dated when used.

The rooms were only accessible via a keycode lock and the medicines were kept locked in cupboards.

We saw quality bulletins on a staff notice board and staff confirmed they were briefed on safety alerts and incidents to improve practice.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.**

Staff knew what incidents to report and how to report them. Staff told us they were also comfortable raising issues with ward leaders and could access feedback using the electronic incident reporting system.

Managers understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support

# Medical care (including older people's care)

## Is the service effective?

Inspected but not rated ●

We did not rate this service at this inspection. The previous rating of good remains.

### Nutrition and hydration

**Staff did not always give patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary. The service generally made adjustments for patients' religious, cultural and other needs.**

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. The records we checked indicated that staff accurately completed patients' fluid and nutrition charts, however, when we asked for audit data on malnutrition risk assessments, we did not receive it.

Patients told us that sufficient meals were not always available and one patient with a visual impairment reported difficulties in making menu selections. Some also told us they would like to have more hot drinks offered and said there were two drink rounds a day. Sometimes the drinks were not hot enough when served.

Managers confirmed that feedback about food services had been incorporated in improvement plans as part of a newly introduced patient experience strategy (2022-2025). Actions included the re-establishment of regular site visits by independent patient and carer group representatives, listening events and complaint investigations ('deep dives') supported by additional staff employed in quality roles.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**

Patients told us they received pain relief when they requested it. The records we checked contained pain assessments that were completed and regularly reviewed.

Staff administered and recorded pain relief accurately. Patients confirmed that staff gave pain relief promptly when requested.

### Competent staff

**The service made sure staff were competent for their roles. Staff received appraisals from managers. Managers held supervision meetings with registered clinical staff to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with described how they received a full induction tailored to their role. A central education team monitored compliance with competency based training and managers had access to online training records.

Staff told us they felt supported by ward managers and other experienced staff such as practice development nurses who were allocated to each ward.

# Medical care (including older people's care)

Clinical staff said they received regular, constructive clinical supervision of their work. Staff on the day told us they received regular appraisals discussing performance, learning and career opportunities. However, according to data from the trust, nursing staff had an appraisal rate of 70% against a target of 90%. Similarly, medical staff had an appraisal rate of 86%.

Staff told us managers supported learning on the ward and were available for knowledge and procedure support if staff were unsure. Staff were encouraged to apply for external training by leaders and we spoke with staff who had been supported through education and promoted into new roles within the trust.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve

## Is the service caring?

**Inspected but not rated** ●

We did not rate this service at this inspection. The previous rating of good remains.

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During the inspection, in all the areas we visited, we witnessed staff interacting positively with patients and answering patients' questions.

Staff followed policy to keep patient care and treatment confidential. Staff used curtains or privacy screens where needed to maintain patients' privacy and dignity.

We interviewed a random sample of 10 patients and their relatives and asked them to describe the care they had received throughout the day and night. Some patients had been recently admitted while others we spoke with had been inpatients for a week or more. Overall, the patient feedback was very positive. Patients told us that although staff were busy they could see they were working hard, they had time to be patient and helpful. Patients said staff treated them well and were "kind and respectful".

Staff displayed thank you cards for the public to view. We saw comments such as: "wonderful care", "you are amazing", "big clap to you all", "thank you for looking after my Daddy", "relentless support and selfless service" and "truly amazing, real superheroes".

The feedback we received was broadly consistent with friends and family test (FFT) results. For example, the data from October 2022 showed that from 617 responses, Oak ward achieved 100% patient satisfaction, Chestnut 92% and Mulberry 93% (September). The trust average for October was 95.54%

# Medical care (including older people's care)

One patient complained about the bay nurse overnight, who “sat there, drinking coffee” and didn’t respond to a call for assistance. However, other patients told us that medical and nursing staff were attentive on both night and day shifts.

The service had identified noise at night as an area of concern arising from the last NHS adult inpatient survey. This aspect had been incorporated in improvement plans as part of the new patient experience strategy and the trust was trialling noise monitors that alerted staff whenever levels were too high. Patients we spoke with said that noise at night was minimal.

## **Emotional support**

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Patients and their relatives told us staff gave them support and advice when they needed it.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.

## **Understanding and involvement of patients and those close to them**

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Patients told us that staff kept them informed of their treatment plans, medication changes and staff change for both nurses and doctors.

Discharge coordinators liaised with families to inform them when patients were due to arrive home. The Trust had a leaflet which contained discharge information for patients. This included information on discharge planning, what happens before discharge, what happens on the discharge day and a to-do checklist. Staff told us that either nursing or medical staff completed follow up calls with the patient post discharge. Patients received a contact list for both physiotherapy and occupational therapists where necessary.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff said they had access to communication aids, and these were used to help explain care to patients who may have difficulties with expressing how they were feeling or were living with dementia.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service.

## Is the service responsive?

**Inspected but not rated**



We did not rate this service at this inspection. The previous rating of good remains.

# Medical care (including older people's care)

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs. Wards were designed to meet the needs of patients living with dementia. Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Staff could refer patients to the service's dementia team to help provide for their needs and provide enrichment activities such as going for walks or playing games.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Translation services, if needed were booked via the trust's language line.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The service had recently trained their nutritional support assistants on suitability of menu choices for specific diets including halal and kosher diets.

One inpatient with impaired vision reported difficulties in choosing meals from the menu and said that some of the catering staff picked meals for her without explanation.

The service had suitable facilities to meet the needs of patients' families. The wards had day rooms where family members could relax with patients outside of their bay or usual room.

## Access and flow

**People could access the service when they needed it and received the right care promptly. The trust faced significant challenges when planning patients' discharge, particularly for those with complex social care needs.**

Managers and staff started planning each patient's discharge as early as possible. Patients' discharge planning normally started on admission and only delayed if the patient was unwell and care needs could not be estimated when they would be better. Staff discussed discharges at board rounds and highlighted patients who were medically fit for discharge but did not have social care planning in place to be discharged safely.

Managers closely monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. Staff described difficulties to us when planning patients' discharge, particularly for those with complex mental health and social care needs.

Managers made sure they had arrangements for medical staff to review any medical patients on non-medical wards. Consultants told us they were able to care for patients in their speciality on non-speciality wards until there was a bed available in the speciality ward. They would visit these patients as part of their ward round. The service tried to ensure that patients were admitted as close to the relevant ward as possible to minimise time spent travelling between wards. We requested data on the number of patients who were cared for on non-speciality wards, however this was not provided.

# Medical care (including older people's care)

## Is the service well-led?

Inspected but not rated ●

We did not rate this service at this inspection. The previous rating of good remains.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

The trust had a leadership structure that included divisional directors, divisional managers and divisional director of nursing.

Senior leads understood the challenges to quality and sustainability the medical care service faced and had plans in place to address them. They described some challenges that related to the wider healthcare system outside the hospital.

Staff demonstrated awareness of the leadership team and described them as visible. The service leads we spoke with told us that executives were visible and approachable in the department. We observed matrons were visible on the wards and they were knowledgeable about the ward's performance and the areas of improvement.

Staff we spoke with told us that managers were supportive and approachable, and felt their concerns were listened to.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Although staff told us that the work pressure was fast paced, all the staff we spoke with reported a happy working culture and enjoyed coming to work. Most staff told us that they were supported to develop their skills. For example, healthcare assistants were encouraged to develop their skills by completing their nursing associate training followed by registered nurse training.

Most staff we spoke with showed awareness of freedom to speak up guardians should they need to raise a concern. Freedom to speak up guardian information was displayed on each ward. The service displayed on their website the full years report of issues raised with the freedom to speak up guardians and what they had done to address issues.

Staff told us they felt supported by the leaders. All staff spoke highly of the ward managers assisting them in their day to day clinical roles and also with their professional development. Staff felt they could raise issues on the ward to the ward managers and matrons without fear. Wards that we visited showed us their unique ways of celebrating staff including personalised certificates for staff highlighting their strengths and achievements from throughout the year.

# Medical care (including older people's care)

Leaders supported staff to develop their skills and take on more senior roles. The service provided opportunities for staff recruited locally and those recruited from overseas to progress. Matrons that we spoke to had recently been promoted from ward managers.

## Managing risks, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

Senior leaders and managers of the service had a good understanding of risks to the service, such as safer staffing, and these were documented with named leads and actions.

The service leaders led a quarterly learning event with incidents presented by staff members on the ward to discuss learning and actions to take going forward. Leaders told us it was well received and attended.

Each area identified local risks through discussion at monthly quality and safety meetings where all staff could attend. During the inspection, we saw quality and safety noticeboards in all the areas that we visited which included information on incidents and learning. Senior leads told us that each area's risk were discussed at the monthly governance meetings.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff the public to plan and manage services.**

The trust had recently started a patient experience programme to address issues raised through the NHS Adult Inpatient Survey (2021) and through complaints received about patient experience of care. It aimed to enhance the insight, involvement and improvement of the patient experience. Themes that are currently being addressed are listening and learning from patient feedback, establishing links with staff, patient and carer involvement in designing initiatives in improving care and enhancing spiritual care and the volunteers service. The work was in the early stages at the time of the inspection.

Leaders told us they held drop-in sessions for staff to attend and give feedback.

The service had organised a patient forum in early 2023 to get feedback from patients surrounding the care they received in the service.

Senior leaders told us staff were encouraged and supported to make suggestions and improvement. For example, the leaders had developed actions in response to feedback from health care assistants. From this feedback leaders increased recruiting numbers, introduced one to one support and ensured health care advisors had access to training and education.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

# Medical care (including older people's care)

## **University Hospital Lewisham – medical care (including older people's care)**

- The trust should ensure that staff complete a falls risk assessment for all eligible patients on admission to identify and respond to those at risk.
- The trust should continue to address compliance rates for mandatory training and appraisals to help meet set targets.
- The trust should improve the heating and built environment of the discharge lounge to help improve utilisation and the patient experience.
- The trust should review and improve the way people with visual impairments can obtain advice and assistance when selecting food from the ward menus.