

Ashford and St. Peter's Hospitals NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Ashford and St Peter's Hospitals became a foundation trust on 1 December 2010. As an NHS Foundation Trust there is greater freedom and scope to provide services for patients and the communities and more financial control of investments and expenditure.

The trust provides district general hospital services to a population of around 410,000 people living in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow and Surrey Heath. There are variations within those areas in terms of the ethnic diversity of the local populations and levels of deprivation. In Spelthorne and Runnymede the average proportion of Black and minority ethnic residents was 12.7% and 11% respectively, both lower than that of England of 14.6%. The average proportion of Black and minority ethnic residents in Hounslow was 48.6%, significantly higher than that of England (14.6%). Deprivation in all three areas was the same as the England average, but with higher-than-the-England-average rates of children in poverty and statutory homelessness in Hounslow. The trust also provided some specialist services including neonatal intensive care, bariatric (weight loss) and limb reconstruction surgery.

At the time of this inspection, there had been some recent changes within the executive team. The chief executive had been in post since September 2014, having previously been the chief nurse since 2010. The chief nurse had been in post since October 2014, having previously been the deputy chief nurse and associate director of quality. The chair had been in post since 2008.

We carried out this comprehensive inspection as part of our in-depth inspection programme. The trust had been assessed as band 6 and 5 in our 'intelligent monitoring' system between March 2014 and July 2014. (The intelligent monitoring looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations.) Our inspection was carried out in two parts: the announced visit, which took place on 3–5 December 2014; and the unannounced visit, which took place on 14 December 2014.

Our key findings were as follows:

Safety

- Safety required improvement in urgent and emergency care, medical care, surgery, critical care and children and young people.
- Staff were aware of the requirements for reporting incidents, which were investigated with findings and learning being reported back locally.
- There were concerns with the safe storage of medicines in some medical and surgical wards and a concern that staff in the children's wards were not all up to date with medicines management training.
- All areas we visited were visibly clean.
- We looked at a selection of resuscitation equipment across clinical areas and found that this was correctly serviced, cleaned and checked at regular intervals.
- Records were not consistently stored to maintain patient confidentiality. Some records were not accurate in reflecting the needs of patients.
- There were challenges in clinical areas being able to recruit and retain staff which led to a lack of sufficient permanent staff and caused a number of staff to work additional hours in theatres, critical care and the children's ward. Staff in other areas found it difficult at times to attend training.
- The trust was working to achieve a target of 100% for completion of the World Health Organization (WHO) surgical safety checklist. There had been a recent relaunch of the checklist and communication to staff as part of the drive for improvement.

Effective

- All services were found to be effective.
- There was evidence of good multidisciplinary working across the trust; of note was the competent specialist palliative care team who worked successfully throughout the hospital. They were accessible, visible and well-utilised.
- The clinical effectiveness of the services was good. Care and treatment was delivered by trained and experienced medical staff and committed nurses. The service followed national guidelines, practice and directives.
- Patients' pain was assessed in services using appropriate pain assessment tools and there was a

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dedicated acute pain team who were easily accessible to ward staff. For patients who had a cognitive impairment, such as dementia, staff used the Bolton Pain Assessment Scale to aid their assessment.

- Staff had access to policies and protocols which took account of requirements for National Institute for Health and Care Excellence (NICE) guidance relevant to their area of practice. For example, we specifically looked at the requirements of the guidance Acutely Ill Patients in Hospital (QS6), Falls: assessment and prevention of falls in older people (CG161) and Intravenous fluid IV therapy in adults in hospital (CG174) and found that policies and practice met the guidance.
- Although no data was provided at this early stage, the Abbey Birth Centre was reporting improved outcomes for reduced uptake of pain relief, mobility in labour, less use of Syntocinon for augmentation of labour and fewer operative deliveries.

Caring

- All services were found to be caring.
- Caring staff throughout the hospital were seen to treat patients at the end of their lives and their relatives with dignity and respect.
- The chaplaincy department of the hospital was proactive in its support of end of life care. The chaplain and volunteers visited the wards daily, providing support to those patients who needed spiritual support. The chaplain was also present on the end of life steering group to ensure that the spiritual needs of patients continued to be in focus. The chaplain had also reintroduced the end of life care group for relatives to provide further support.
- Children and young people were encouraged by staff to be involved in their own care. Two young people told us that they were able to do a lot of things for themselves but that the staff were available if they needed any extra help or support. They were also able to speak to clinicians on their own.

Responsive

- All services we inspected were found to be responsive.
- The emergency and urgent care services at St Peter's Hospital were not always able to achieve and sustain

delivery on the expected targets, despite their best intentions. This impacted on patient flow and there were frequent occurrences of patients staying in the department for excessive hours, awaiting ward beds.

- The trust had introduced a telephone reminding service for appointments. This had helped to reduce the patient non-attendance rate from 13% to an average in the last 12 months of 8%.
- To reduce the number of times a patient may have to attend for several outpatient appointments, staff aimed to arrange to have more than one appointment on the same day. The experience of patients was that this worked well and, although they had a long wait at times, they were pleased they had only to visit the hospital once.
- The trust was taking action and implementing changes to respond to an increased demand in some outpatient clinic services. Some additional clinics were being run and action was being taken to improve the patient experience in appointment booking.

Well-led

- We judged improvements were required in the well led domain for critical care, services for children and young people and maternity and gynaecology services at St Peter's Hospital and Out-Patients and Diagnostic Imaging at Ashford Hospital. All other services were found to be well-led.
- In critical care we found there was no robust programme of governance, risk assessment, assurance and audit. The governance arrangements of the service were not providing feedback on incidents, audits, or results from those quality measures it had. There was a lack of accountability for driving through actions and improvements.
- In maternity and gynaecology We found a considerable number of staff had been impacted by what had been acknowledged as some inappropriate leadership behaviours. The new Associate Director of Midwifery had been in post for 14 months and a new engaging leadership style was evident. The current leadership team had developed a vision and were working on an action plan following the external review which focused on quality and team work.
- In services for children and young people staff on Ash Ward told us they had not had any formal leadership for the last six months and it had been a very difficult period. We were told of a number of new

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appointments to senior posts that were just about to start, meaning that all of the wards and departments would have their current designated senior posts filled. A Recent senior nursing staff appointment had been welcomed as there had been a period of time without leadership within the paediatric services.

- All staff we spoke to across the hospital were aware of the trust vision. We observed that staff were putting the principles into action and, during discussions, could give examples of how they did so.
- All staff we spoke with told us that trust and divisional leaders were highly visible.

We saw several areas of outstanding practice including:

- Good joint working between the wards and departments, the bereavement services, chaplaincy services and the mortuary services to ensure as little distress as possible to bereaved relatives.
- Caring staff throughout the hospital were seen to treat patients at the end of their lives and their relatives with dignity and respect.
- The trust had a proactive escalation procedure for dealing with surges in activity and managing capacity.
- The major incident procedures had been regularly tested internally and with external partners with reviews of learning implemented.
- The trust had developed an Older People's Assessment and Liaison team which enhanced the care of the frail elderly by ensuring that these patients were effectively managed by a specialist team early in their admission. The specialist team's interventions decreased the number of admissions of this group of patients to specialty wards, and also contributed to fewer patients being readmitted. Patients and their supporters said they felt involved in care planning and discharge arrangements.
- The electronic patient record system in the intensive care unit (soon to be brought into the high dependency unit) was outstanding. Patients benefitted from comprehensive, detailed records in one place, where all appropriate staff could access and update them at all times.
- In critical care there was an outstanding handover session between the consultants going off duty and those coming on to shift. This included trainee doctors and made excellent use of the electronic patient record system.

- The dinosaur trail designed to distract children on their walk to the operating theatre had proven to be very successful. It meant children were not scared when they arrived at the operating theatre.
- The play therapy team working in the paediatric services were very enthusiastic about their work, were well-respected by children and their parents and staff. The team had won a £3,000 prize for innovative ways to brighten up the playroom.
- The children's ward staff worked hard with the clinical nurse specialist to ensure that patients with diabetes had a high standard of care and that there was a well-established transition to adult services.
- The trust had a very detailed policy for use at times when patient safety needed to be maintained to enable treatment by applying mittens to patients hands to prevent them from pulling at medical devices. The policy provided staff with guidance on their use in line with the Mental Capacity Act 2005 – from the assessment of the patient, recording and continually reviewing the decisions and when to stop using the mittens.
- The trauma and orthopaedic unit had set up an early discharge team to reduce the length of stay for patients with hip fractures. Patients had continuity of care from the hospital in to their own home as they had the same staff. This reduced their length of stay in hospital.

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

Importantly, the trust must:

- Take action to ensure that medicines in medical care services are stored at temperatures that retain their optimum condition and provide effective treatment.
- Ensure that all trained paediatric nurses are up to date with medicines management training.
- Take action to ensure that patients' records are kept securely and can be located promptly when required.
- Take action to ensure that the critical care department has sufficient numbers of suitably qualified, skilled and experienced nursing staff on the units and the outreach team to safeguard the health, safety and welfare of patients at all times.
- Take action to ensure staffing levels on Ash Ward meet the needs of their patients at all times.

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- Take action to ensure that theatres, anaesthetics and surgical wards have sufficient numbers of suitably qualified, skilled and experienced nursing staff to safeguard the health, safety and welfare of patients at all times.
- Ensure, in the critical care department, that there is a full range of robust safety, quality and performance data collected, audited, examined, evaluated and reported. The trust must ensure it has sight of this data, which follows the standards of a national programme, at board level.
- Take action to ensure that medications at Ashford Hospital are being used and stored appropriately and that they are safe for use.
- Take action to ensure that records at Ashford Hospital are secured appropriately to protect patient confidentiality.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Ashford and St Peter's Hospitals NHS Foundation Trust

Ashford and St Peter's Hospitals NHS Foundation Trust was formed from the merger of Ashford and St Peter's hospitals in 1998 and became a foundation trust in 2010.

The trust had 636 beds, of which 553 were inpatient (overnight) beds and 83 were for day cases. Of the 553 inpatient beds, there were 55 maternity and nine critical care beds. The trust employed around 3,500 staff with Ashford Hospital having 618 (537 wte) and St Peter's 3,067 (2,742 wte). In the financial year 2013/14, the trust had a turnover of £246 million and reported a surplus of £1.4 million.

The trust provided district general hospital services to a population of around 410,000 people living in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow and Surrey Heath. There are variations within those areas in terms of the ethnic diversity of the local populations and also in deprivation. In Spelthorne and Runnymede, the average proportion of Black and minority ethnic residents was 12.7% and 11% respectively, both lower than the England average of 14.6%. The average proportion of Black and minority ethnic residents in Hounslow was 48.6%, significantly higher than England (14.6%). Deprivation in all three areas was the same as the England average, but with

higher-than-the-England-average rates of children in poverty and statutory homelessness in Hounslow. The trust also provided some specialist services, including neonatal intensive care, bariatric and limb reconstruction surgery.

At the time of this inspection, there had been some recent changes within the executive team. The chief executive had been in post since September 2014, having previously been the chief nurse since 2010. The chief nurse had been in post since October 2014, having previously been the deputy chief nurse and associate director of quality. The chair had been in post since 2008.

We inspected both St Peter's and Ashford hospitals. The inspection did not include the BMI Healthcare Runnymede Hospital that provides services on the St Peter's Hospital site at Chertsey.

We inspected the trust as part of our in-depth inspection programme. The trust has been identified as a low-risk trust according to our 'intelligent monitoring' system between March and July 2014. Our inspection was carried out in two parts: the announced visit, which took place between 3 and 5 December 2014 and the unannounced visit which took place on 14 December 2014.

Our inspection team

Our inspection team was led by:

Chair: Gill Gaskin, Medical Director, University College London Hospitals NHS Foundation Trust

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team of 42 included CQC inspectors and a variety of specialists: a consultant intensivist, a consultant vascular surgeon, a consultant paediatric surgeon, a consultant

obstetrician, a consultant in end of life care, two junior doctors in medicine, pharmacists, a director of nursing, an associate director of governance, specialist nurses in paediatrics, theatres, end of life care, surgery and accident and emergency (A&E), a midwife, a student nurse, an expert by experience, an occupational therapist and an associate director of nursing and safeguarding lead.

How we carried out this inspection

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to

share what they knew about the trust. These included the clinical commissioning group (CCG) at North West Surrey,

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Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held a listening event in Chertsey on 27 November 2014 where 20 people shared their views and experiences of services provided by the trust. Some people who were unable to attend the listening event shared their experiences with us via email or telephone. We also met with a group of patient representatives from the Surrey Coalition of Disabled People who shared their experiences of using the trust.

We carried out an announced inspection visit between 3 and 5 December 2014 and an unannounced visit on 14 December 2014. We held focus groups and drop-in

sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, physiotherapists, occupational therapists, administrative staff, healthcare assistants and support workers. We also spoke with staff individually, as requested.

We talked with patients and staff from across the hospital, including in ward areas and outpatient services. We observed how people were being cared for, talked with carers and family members and reviewed patients' records of personal care and treatment. We interviewed the chair and the chief executive, and met with a number of executive and non-executive directors, a number of the trust governors, senior leaders from the clinical divisions and managers.

What people who use the trust's services say

The trust's performance in the NHS Friends and Family Test was largely very positive, with the exception of A&E care which consistently scored worse than the England average. The trust scored higher than the England average in all areas of the NHS Friends and Family Test for maternity services – particularly for the birth score which was 100% – and was also generally above the England average for medical and surgical services.

In the CQC Adult Inpatient Survey in 2013 the trust performed in line with other trusts, except for doctors talking in front of patients as if they were not there; the trust was in the bottom 20% nationally on this. The survey asked patients about the care and support they received while staying in hospital and included questions about whether people were treated with dignity and respect, whether staff did all they could to help control pain and whether people received help with meals if they needed it.

In the CQC Survey of Women's Experience of Maternity Care, the trust performed in line with other trusts with no risks identified. The survey asked women about the support, advice, care and treatment that they received from their first contact with the hospital at the start of their labour and throughout their stay. The trust scored better than other trusts for advice at the beginning of labour.

The National Cancer Patient Experience Survey 2012/13 was designed to monitor national progress on cancer care. The trust was performing worse than, or the same as, other trusts for the majority of the areas covered by the survey. It was in the bottom 20% of trusts nationally for 17 of the 34 areas. These areas included: being given a choice of different types of treatment; staff giving information about support groups; patients being able to discuss their worries or fears; and confidence in the doctors and nurses. The trust was performing in line with other trusts in 15 of the areas, including: patients being included in decisions about their care and treatment; and staff doing all they could to control the side effects of chemotherapy. The trust performed in the top 20% nationally in two areas: patients thinking they were seen as soon as was necessary; and GPs being given enough information about a patient's condition and treatment.

The outcomes of the patient-led assessments of the care environment (PLACE) for 2013/14 showed that the trust was consistently rated higher than the England average in scores for cleanliness and hygiene, food and facilities.

The feedback from patients, relatives and carers during the inspection was very positive, with one exception relating to a patient in the A&E department.

Summary of findings

Facts and data about this trust

Ashford and St Peter's Hospitals NHS Foundation Trust had 636 beds and employed around 3,500 staff. Staff in post Ashford 618 (537 wte); St Peters 3,067 (2,742 wte). The trust provided district general hospital services to a population of around 410,000 people living in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow and Surrey Heath. The trust also provided some specialist services, including neonatal intensive care, bariatric and limb reconstruction surgery.


In 2013/14 the Ashford and St Peters sites had approximately 38,948 elective admissions of which 32,356 were day cases. The Trust had a further 23,906

emergency admissions and non-elective admissions and provided approximately 397,655 outpatient attendances. During the same year the emergency department dealt with 92,198 attendances.

The trust had consistently high bed occupancy. This regularly reached over 90% and was 90.7% between April and June 2014 (the latest figures available at the time of the inspection). It is generally accepted that when occupancy rates rise above 85% they can start to affect the quality of care provided to patients and the orderly running of the hospital.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall we rated the safety of the services at the trust as ‘requires improvement’. For specific information, please refer to the individual reports for St Peter’s and Ashford hospitals.</p> <p>The team made 11 separate judgements about the safety of services across two locations. Six services were judged as ‘requiring improvement’ and five were judged as ‘good’. This means that the trust can and does provide safe services but does not do so consistently. The safety and quality of services was a priority for the trust’s leadership and this was reflected by staff at every level in all services. The trust had appointed a chief of safety who was able to give specific focus to this area, although the potential impact of that role had not been fully felt at the time of the inspection. The trust had developed a strong reporting culture and was sharing the learning from incidents. The biggest single safety issue was the impact of staff shortages and the difficulties in recruiting and retaining staff.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• The inspection coincided with the introduction of the new regulation on Duty of Candour (Regulation 20 of the CQC (Registration) Regulations 2009). Executives and senior leaders were aware of the new regulation and the trust had plans for training in January 2015. Staff were aware of these training plans.• Staff consistently told us that the trust supported them to be open and transparent. They explained that they had a responsibility to be open and transparent and to accept responsibility if they made mistakes and, when required, apologise. It was apparent that, while the word ‘candour’ was not part of the safety vocabulary at the trust, it was part of the culture and was a concept that was well-understood and applied. <p>Safeguarding</p> <ul style="list-style-type: none">• Safeguarding training was part of the mandatory programme. The trust was not meeting internal targets for training in all service areas. Staff were aware of the relevant policies for safeguarding vulnerable adults and children and knew how to access them. An updated safeguarding policy had recently been introduced across the trust.	<p>Requires improvement </p>

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- Contact details for safeguarding leads were displayed prominently in departments, including outpatient departments, and the staff we spoke to were aware of the safeguarding leads and how to contact them. Staff could describe situations that would alert them to potential safeguarding issues and could also describe the action they would take.
- The inspection team saw examples of appropriate action being taken. These included staff in the A&E department acting swiftly on information provided by a patient. On a medical ward we saw an example of an incident report being completed in a timely way related to the admission of a patient from a care home with advanced pressure damage. We observed a safeguarding meeting with the safeguarding midwife in attendance, along with a number of hospital-based and community midwives and ward and midwifery managers. We heard a good discussion of cases where the needs of vulnerable women were understood and support was agreed as part of an individualised plan of care.
- The trust had recently strengthened their safeguarding team. The team were establishing their roles and providing support. Following a recent serious safeguarding incident, the team were providing focused support to the paediatric team.

Incidents

- Staff in all services in both hospitals were aware of the trust's procedures for reporting incidents. Staff talked about how they were encouraged to report incidents and near misses and staff who had reported incidents said they had been supported. Some staff told us that they had not received feedback after reporting an incident, although they had requested it through a tick box on the system.
- There was evidence of learning from incidents, near misses and errors. Incidents were reviewed at monthly governance meetings within departments and there was a trust newsletter to communicate learning more widely. The December newsletter provided to us advised staff about the measures to take in relation to managing patients at risk of falls. This included use of orange signage to alert staff and falls-reduction equipment, such as sensor mats. We saw signage in use on our visit.
- The team reviewed a sample of the 726 incidents reported for the period April to October 2014. Information reported by staff included the date and location, a description of the event and a

Summary of findings

grade of impact from low, moderate to high. The majority of events reported had been assigned a 'green' (low-risk) rating. The one 'red' (high-risk) rating related to patient numbers in the department. We saw that the action taken by staff was described in the reporting process, including immediate action and referral to other relevant people.

- The trust had reported two Never Events in 2014 for the theatre division at St Peter's Hospital. Never Events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been implemented. All incidents had been thoroughly investigated. We saw minutes of the division's governance meeting where these incidents were discussed along with the learning that was required. A Never Event evening was held by the trust and all staff were invited to attend to share learning. A presentation was available for staff who had been unable to attend.

Staffing

- The trust had longstanding recruitment challenges and had difficulties in recruiting sufficient nursing, medical and administrative staff. Staff shortages were having an impact in all areas. The trust used agency, locums and bank (overtime) staff to help deal with the shortfalls but the NICE guidelines on safe staffing levels were not being consistently met. This guidance recommended a minimum registered nurse-to-patient ratio of 1:8 during the day and 1:10 at night. At the time of the inspection, these levels were not being met in four of the eight medical wards at St Peter's Hospital. Nursing establishments were reviewed to take account of patient dependency using a nationally recognised methodology. The team saw data being collected for this review.
- The duty rotas for theatre staff showed they were using high number of bank and agency staff to fill vacancies. While all rotas were covered, some of these were by permanent staff undertaking bank shifts in their own time. Staff told us that the issue with staffing levels was putting them under extra stress and some staff were leaving because of this.
- The critical care service (including the outreach team and the clinical nurse educator) had insufficient nursing staff. At the time of the inspection, the service had 25 vacancies for nurses which represented 34% of the established workforce. The nursing staff vacancies were not being fully covered by bank and agency staff.

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- Staff across the trust referred to recruitment as being a significant risk to safety and this had been recorded on risk registers. There were a number of initiatives underway, including overseas recruitment, in an effort to fill the vacancies. Recruitment and retention was a shared priority and improving opportunities for nursing and medical staff had been identified as one of the benefits of the proposed merger with the Royal Surrey County Hospital NHS Foundation Trust.

Are services at this trust effective?

Overall we rated the effectiveness of the services at the trust as 'good'. For specific information, please refer to the individual reports for St Peter's and Ashford hospitals.

The team made nine separate judgements about the effectiveness of services across two locations and all were judged as good. The effectiveness of outpatient services were not rated. This means that people had good outcomes because they received effective care and treatment that met their needs. The services took account of national guidelines and best practice and there was good multidisciplinary working. Where patients lacked capacity to make decisions for themselves, staff acted in accordance with legal guidelines.

Evidence-based care and treatment

- Staff had access to policies and procedures based on guidelines from NICE and the relevant Royal Colleges. Care pathways had been developed that, for the most part, took account of relevant national and local information. Minutes from specialty clinical governance meetings demonstrated that new NICE guidance was noted and the implications for care and treatment discussed.
- There was evidence for each service inspected that care was designed, planned and was being delivered in line with current evidence-based guidance. The delivery of care was being monitored to help ensure consistency of practice.

Patient outcomes

- There was programme of national and local audits and evidence that the outcomes of those audits were considered in the improvement and development of services. Patient outcomes, as measured by national audits, were generally better than England averages, or were improving.
- Outcomes for patients in the maternity service were being closely monitored via the maternity dashboard and an external

Good



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review had been commissioned due to higher-than-expected rates of stillbirth. These rates had now returned to expected levels. Levels for caesarean section were higher than the England average and work was ongoing to improve the rates for normal birth.

- Although no data was available at the time of the inspection, the Abbey Birth Centre was reporting improved outcomes for reduced uptake of pain relief, mobility in labour, less use of Syntocinon for augmentation of labour and fewer operative deliveries.

Multidisciplinary working

- There was evidence of good multidisciplinary working across the trust. A good example of this was the Older Person's Assessment and Liaison team. This team worked across the trust and linked with the pain team, the fragility fracture liaison nurse and had access to a range of therapists. Their services were seen to be fully integrated into the delivery of treatment and care pathways and resulted in positive outcomes for patients using the service.
- We saw physiotherapists and occupational therapists on the wards liaising with the nursing and medical staff. The interventional radiology consultants also attended the multidisciplinary meetings where patients were discussed.
- Good multidisciplinary work in the critical care service produced effective care. The units had input into patient care and treatment from the pharmacist, dietician, speech and language therapists and other specialist consultants and doctors as required.
- Nursing and medical staff told us they could access mental health assessment and support for patients. Staff told us they felt they received an excellent service and felt supported to meet the mental health needs of patients. Staff told us that mental health services responded promptly to referrals, and we heard examples of immediate responses in crisis situations.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- The trust had a consent policy in place which provided staff with guidance and this included details about when patients lacked capacity and where to obtain more specialist information. There was also a section for staff about how to obtain consent from patients whose first language was not English and about the reasons for not using family members as interpreters.

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- The hospital had four different types of consent forms in use, including one for children. The inspection team found that consent forms had been completed in full and included details about the procedure/operation and any possible risks or side effects.
- The majority of medical and nursing staff demonstrated an awareness of their responsibilities under the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards. As a group, junior doctors were less clear about these safeguards, but the inspection team was assured that doctors knew where to obtain support and advice.
- The patient assessment tool provided staff with details about the Mental Capacity Act 2005 and deprivation of liberty safeguards. There was also a mini-assessment to help staff ascertain if the patient had the capacity to make decisions about their care.
- The inspection team saw numerous documented examples of where the best interest decision-making process had been followed in line with the Department of Health's Mental Capacity Act 2005; Code of Practice. A Compliance in Practice Audit carried out by the trust in November 2014 indicated that 60.5% of staff knew the process to escalate Deprivation of Liberty Safeguard concerns.
- There was evidence that Deprivation of Liberty Safeguard applications had been made and the records showed that the applications were appropriate and their progress had been monitored. There was also evidence that 20 referrals had been made to an Independent Mental Capacity Advocate (IMCA) from St Peter's Hospital in the previous 12 months.

Are services at this trust caring?

We judged the caring provided by staff as good at every service at each hospital. For specific information, please refer to the individual reports for St Peter's and Ashford hospitals.

The inspection team observed kind, compassionate care being delivered in a respectful way in all services. Patients and their families, friends and carers told us that they had been kept informed and involved and were impressed with the care that had been given. The trust had a higher response rate to the NHS Friends and Family Test than the England average and the results were largely very positive, with the exception of accident and emergency care which consistently scored worse than the England average. Care in the accident and emergency service was observed to be good throughout the inspection.

Good



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Compassionate care

- Patients and their supporters in all the service areas told us they felt they were treated with kindness, and that staff were friendly and approachable. We observed staff interactions that demonstrated a compassionate ethos. We saw patients being spoken to respectfully and that their privacy was maintained. We saw staff introduce themselves to patients and also observed that they followed the trust system to find out patients' preferred form of address. In the outpatient clinics, we saw that patients and relatives were greeted politely and respectfully when approaching reception desks.
- In the accident and emergency department, which was extremely busy throughout our inspection, we saw that staff were diligent in their attention to patients' needs. Staff were seen and heard to be kind, compassionate and caring while giving treatment and care. When emergency admissions came into the department, the actions of staff were seen to be prompt and responsive to people's immediate needs, with reassurance and explanations delivered sensitively. We saw staff support patients with toileting and assisting in a calm and reassuring manner.
- In compliance in practice audit in November 2014, 95.6% of patients (or their next of kin) responded positively to the question "Overall, do you feel the ward is caring?"
- Patients and relatives we met in the critical care service spoke highly of the care they received. A patient said: "I have been really well cared for" and "nothing has worried me; it's all been really good."
- The inspection team saw very good interactions between staff, children and young people and their parents. The interactions were compassionate and very caring. Children and young people and their relatives told us that staff were very caring; one said staff were "superb", another said "they will go out of their way to help you". We also saw 'thank you' cards on the ward and units from parents and children expressing their thanks for the care provided.

Understanding and involvement of patients and those close to them

- The inspection team spoke to relatives who had accompanied or who were visiting patients in all the service areas. They were

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virtually unanimous in confirming that they had been involved and informed in an appropriate way. Some relatives in the medical service felt they had received contradictory information at times.

- Relatives who had accompanied patients reported that they had been involved in discussions about treatment and care where appropriate. They told us they had been kept informed by staff and were aware of the next step in treatment. One relative said they could not fault the treatment and they had been “well informed”. Another relative said they, too, had been “well informed”, adding that the doctor was “very caring”. A patient experiencing the accident and emergency department for the first time said they had been fully informed and were aware of the next stage of their ongoing treatment and care, for which they were awaiting a ward bed. Another patient told us their relative was not with them in the department but staff had informed them of their admission to the department, which they had found reassuring.
- In a compliance in practice audit in November 2014, 89% of staff demonstrated involvement of patients in the decisions about their care and any changes. In the same audit, 89% of patients, or their next of kin, said they had been involved in planning and making decisions about their care.
- Friends and relatives of patients in the critical care service said they were kept informed and involved with decisions where needed. Relatives we met said they were updated about the patient on each visit to the unit, even if they were frequent visitors. They said they were able to ask questions and could telephone the unit when they were anxious or wanted an update and that staff were helpful.

Emotional support

- Staff across the trust spoke very positively about the chaplaincy and bereavement teams. The services these teams provided were highly valued by staff, patients and their families. A multi-faith chapel was available for people of all faiths to support their spiritual needs and there were arrangements for visits by spiritual advisers from all major faiths.
- Arrangements were in place to allow parents of children and young people who needed surgery to provide emotional support to their children. Parents and carers were able to

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accompany children to the anaesthetic room and stay with them until they were asleep. Parents were able to see their child, in the recovery area, as soon as they were awake to provide reassurance and support.

- There was psychological support available. Staff from that service would visit patients at the request of clinical staff, the patient, or a relative. The clinical lead consultant said the service was “very good” and had provided some “excellent support” for patients. There was also support from the drug and alcohol service and the chaplaincy on request. The critical care service extended emotional support to follow-up clinics

Are services at this trust responsive?

Overall we rated the responsiveness of the services at the trust as ‘good’. For specific information, please refer to the individual reports for St Peter’s and Ashford hospitals.

The trust worked with partners and commissioners to anticipate and respond to demand for their services. Services were planned and delivered in a way that met the needs of the local population. Care and treatment was coordinated within and beyond the trust. Facilities and premises were appropriate for the services being delivered and refurbishments and improvements were being made. There were arrangements to meet the specific needs of patients, including those with learning disabilities. We found some weaknesses in the care of people living with dementia but saw there was an organisation-wide action plan to address this.

Patients were informed about how they could raise a concern or complaint. Improvements were being made to the complaints system. We found there were systems to ensure that learning from complaints was shared within the service.

Car parking was often a problem for patients, with limited spaces available from late morning onwards.

Service planning and delivery to meet the needs of local people

- There was evidence that the trust understood the needs of the population it served and worked with partners to plan and deliver services in a joined-up way that met people’s needs. This was evident from the multi-agency work to develop care pathways.
- There was evidence that the trust was able to assess and respond to changing needs and demands. For example, the trust had taken action and implemented changes to respond to

Good



Summary of findings

increased demand for some outpatient clinic services. This included coordinated action between the booking centre, the various clinics' specialties and the management teams of the different divisions to reduce the referral-to-treatment times. The trust had also responded to the increased demand for critical care beds.

- The trust had recognised the need to develop the emergency department to improve the provision of services to the increasing population and subsequent demands. We were told about the proposed development and initial working with architects to change the department. These were in the early stages of discussion and feedback from staff on proposed changes was currently being sought.

Meeting people's individual needs

- The trust had robust policies and procedures to help ensure that people with learning disabilities received the support they needed. This had been developed and agreed by the learning disability steering group, a sub-section of Surrey Health Care Group and Surrey's Learning Disability Partnership Board. The policy included general consent, capacity and best interest decisions guidance. In relation to urgent or emergency admissions, the policy made clear the need to obtain the individual's personal Hospital Passport, either from a carer or place of residence. The liaison service was expected to be contacted at the first opportunity. When questioned, nursing staff said they used the Hospital Passport for information about the person and, in particular, their communication needs.
- There was an arrangement with the local NHS mental health services to provide a liaison service for people with learning disabilities. Observations on the wards demonstrated that designated liaison team members were well-known to staff and that advice was appropriately sought. There was a good awareness of the Hospital Passport scheme across the services. A learning disability nurse specialist was available within the trust to provide advice and support to children with a learning disability. They also provided advice and support to staff so that they could meet children's needs.
- The inspection team observed staff on the high dependency unit demonstrating a caring and experienced attitude to a patient with learning disabilities. The unit had encouraged the patient's care worker to spend time with the patient, to help with communication and to support staff with knowledge of the patient. There had been regular contact with the care home supporting the patient.

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- The trust had adopted policies and procedures designed to identify and promote the support of people living with dementia. These were not fully embedded at the time of the inspection. The trust had recognised this and had improvement plans in place. The trust used the Butterfly” Scheme, a national project which identifies those with dementia to staff and describes a range of approaches to help staff meet their needs. All patients over 75 years old were screened for dementia using a recognised methodology. Improvements were needed in staff understanding the care and communication approaches for these patients once identified.
- Dementia training was not part of the mandatory programme. However, the dementia action plan contained a strategy to ensure that all trust staff received dementia training appropriate to their role. Some elements of dementia-friendly design were incorporated in to the ward areas, for example, toilet seats in contrasting colours. However, other aspects, such as pictorial signage, were not present.

Access and flow

- The trust had consistently high bed occupancy across the two hospital sites. This regularly reached over 90% and was 90.7% between April and June 2014 (the latest figures available at the time of the inspection). It is generally accepted that, when occupancy rates rise above 85%, they can start to affect the quality of care provided to patients and the orderly running of the hospital.
- There were significant and enduring pressures on the urgent care pathway and the impact of this was being felt throughout the trust, with the most immediate impact being experienced by the patients attending and the staff working within the accident and emergency department. The average time spent in the department per patient between January 2013 and May 2014 was reported to be higher than the England average. Without exception, the main problem reported by staff was patient flow, with particular concerns about the flow to inpatient beds. We saw evidence of significant numbers of patients who were waiting in excess of four hours for transfer to a ward bed.
- Bed pressures were compounded by high numbers of delayed transfers of care. For the week prior to 20 November 2014, it was reported that a total of 242 bed days were lost due to delayed

Summary of findings

transfers of care across the trust. We were told that the main cause of delays was the provision of community services, especially care home places, to meet patients' ongoing needs. Delays in completing assessments were also a factor.

- The trust was meeting the national target time for the 18-week patient pathway of referral-to-treatment time for outpatient services at the time of the inspection, but had not consistently done so over the previous 12 months. There were systems to monitor performance and to respond to shortfalls and there was clear evidence that these had led to improvements being made and sustained. Examples included the additional clinics being run, the extension of clinic hours and the recruitment of additional staff. Trust-wide developments included the move to six- and seven-day working.
- The trust was not always meeting the two-week target for urgent cancer referrals, that people should be seen by a specialist within two weeks of a GP referral. The data showed that over the previous 12 months, a variation between 94% and 97% of patients had been seen within the two-week target. However, the target for people waiting less than 31 days from diagnosis to first definitive treatment was being met.
- The discharge of patients from the critical care service was mostly achieved at the right time for the patient. In common with many units in England, there was a high level of delayed discharges from the service (over 60%, just below the national average) of all discharges were delayed by more than four hours from the patient being ready to leave the unit. Although patients remained well cared for in the intensive care unit when they were medically fit to be discharged elsewhere, the unit was not the best place for them. .

Learning from complaints and concerns

- The trust changed arrangements for complaints-handling in 2010 when responsibility was devolved from a centrally managed complaints system to the clinical divisions. It was felt that this would lead to an improvement in complaints-handling and patient experience as accountability and ownership of complaint issues within the divisions would improve the quality of the responses. This had not been a universal success and the quality of complaints-handling had deteriorated and inconsistencies in approach had emerged.
- The trust had identified the devolved complaints-handling arrangements as a risk to their reputation and to the fulfilment of their statutory duty on complaints in 2011. An action plan had been developed and progress made, although not as

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quickly as hoped. However, by October 2014, the risk was reported to be minor. The trust had retained the devolved approach but had actions in place to improve the support provided to divisions in handling complaints and also to provide some central coordination and oversight. These actions included the appointment of an involvement and patient experience manager. Some risk remained around a high turnover of staff in the central complaints and divisional teams. This was being mitigated through ongoing training.

- Initially there had been a lack of support for the divisions around the devolved process but, more recently, local ownership had progressed, with support from a project lead appointed by and accountable to the chief nurse. The project lead worked closely with the head of patient experience and the patient experience and involvement manager to improve complaints responses. As part of the project, there had been a review of the trust complaints process against the Ann Clwyd report on NHS complaints (Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture) to identify any areas for improvement. One project stream had reviewed the divisional complaints action plans. The view was that the process was evolving but was not yet as robust as it was prior to being devolved to the divisions.
- The trust had a complaints team manager who was responsible for the delivery of the Patient Advice and Liaison Service and the administration of the NHS Friends and Family Test. The team managed the complaints process and advised the divisions on best practice to ensure a smooth process for patients. The divisions had a quality team who also provided support for the management of complaints.
- The divisions aimed to resolve the majority of complaints and concerns via local resolution as this often enabled issues to be resolved quickly. Where required, the Patient Advice and Liaison Service would provide support for these meetings. If a complaint needed to be dealt with in the formal process with an investigation, further support for the complainant would be provided.
- All complaint responses were reviewed by the director of nursing prior to being sent. We heard from the divisional leads that this led to delays, as often they had completed their investigations within the timescales but there was a delay in the sign-off process. This was especially applicable if an alteration

Summary of findings

to a response was required. Some staff felt they were letting patients down due to the delay in sign-off and final sending of letters which sat with the central complaints team and was therefore out of their control.

- In general it was felt that the quality of responses had improved. The divisional leads felt this was mostly due to the local ownership and their approach to making contact with patients or their relatives. They felt building a relationship that was more personal led to a better understanding on both sides about the detail of concerns and expectations from investigations. As a result, their response letters were often written to reflect these conversations. However, there was a concern that, at times, the executive review suggested changes which were more corporate and may have depersonalised a response. This could leave some patients feeling that there was a difference in how they had been dealt with on a personal level compared with the style of the final letter.
- Other challenges for the divisions was said to be a lack of medical staff engagement in the complaints process and limited cross-divisional learning. Where complaint investigations were reported at divisional governance meeting, this was felt to be good, with action plans and learning being monitored. However, there was reported to be a lack of feedback from the trust-wide quality governance meetings in terms of shared learning across the divisions. Although, it was recognised that this learning did take place at the quarterly patient experience group meetings where activity on complaints-handling was reviewed. These included a review of themes or other issue which cut across more than one division or service. Timescales for complaint responses were monitored with a trust target of 95%. There had been challenges in meeting the target in 2013/14 and while data for April – June 2014 had improved to 90% and remained at this level in September 2014, it was recognised that there were delays in the process, with the executive review and sign-off being the main factors. An overview of complaints was provided monthly for the trust board.

Are services at this trust well-led?

We rated the overall leadership of the trust as 'good'. The inspection team made 11 separate judgements about the leadership of services at the two hospitals. Eight of those were rated as 'good'. Improvements were required in the leadership of the critical care

Good



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service, services for children and young people and maternity and gynaecology services at St Peter's Hospital and in outpatients at Ashford Hospital. For specific information, please refer to the individual reports for St Peter's and Ashford hospitals.

The leadership, governance and culture of the trust promoted the delivery of good-quality care that met the needs of patients. There was a clear statement of vision and values and this had been translated into a credible strategy and well-defined objectives. There was regular and effective engagement with internal and external stakeholders. Staff awareness of the values and the strategic direction of the trust was good. Leaders modelled cooperative and supportive relationships and led by example in focusing on quality and safety. Openness and transparency was prized and promoted within the trust. Improving the experience of staff working at the trust was a priority, as actions taken to date had had limited impact on improving staff experiences as measured through the national staff survey. Improvements, including better opportunities for staff and services for patients, were strongly linked to the success of the proposed merger with the Royal Surrey County Hospital NHS Foundation Trust.

Vision and strategy

The trust stated their vision as "Creating excellent joined-up patient care". This was confirmed in a refreshed strategic plan for 2014/15 to 2018/19 signed-off by the board in June 2014. The plan sets out the trust's ambition to join up care within their hospitals and also join up care pathways between hospitals and other care settings.

This was underpinned by four values, known as 'four Ps' as follows:

- Patients First (care, compassion, communication and humility)
- Personal Responsibility (commitment, self-awareness, open-mindedness and courage)
- Passion for Excellence (positivity, insight, initiative and innovation)
- Pride in our Team (constructiveness, selflessness, collaboration and integrity)

The trust had listed four strategic objectives, referred to as BEST, as follows

- Best outcomes – our ambitions, priorities and detailed plans for improving clinical outcomes.
- Excellent experience – how we deliver great experience for our patients.
- Skilled motivated workforce – our plans to ensure we recruit, retain, develop and motivate our staff and how we enable them to work together to become high-performing teams.

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- Top productivity – maximising financial effectiveness, making the most from income opportunities and delivering cost-efficient services without compromising quality.

The most significant aspect of the strategy was the proposed merger with Royal Surrey County Hospital NHS Foundation Trust. Over the last two years, the two trusts had created a close partnership and had developed a shared clinical vision and strategic direction. The trust had also identified the development and delivery of new models of health and social care as a key part of their strategy. The strategy includes the quality of service level plans and reads as a coherent and comprehensive plan.

Governance, risk management and quality measurement

- The trust arrangements for the management of quality and risk management were set out in the quality safety and risk management strategy. The strategy described a “safety positive” and open and just culture. The expectation is that all staff will take responsibility for contributing to good quality governance by complying with policies and procedures and by reporting incidents and near misses. A review of an earlier strategy had identified the need for a more robust governance framework.
- The trust had made significant changes to the way that quality and safety was managed during 2013/14. This involved devolving more accountability and decision-making to the four clinical divisions. As part of this change, a new position, head of quality, was created for each division supported by a team to help monitor, analyse and improve the performance, quality and safety of frontline services. The trust also developed a chief of patient safety role to provide trust-wide oversight and additional dedicated resource for the safety agenda. This appointment had significant potential, not fully realised at the time of the inspection, to improve the patient experience and safety. There appeared to be multiple reporting lines for this role and hard objectives and measures had yet to be set.
- The governance arrangements were as follows: six committees report directly to the Trust Board, one of which is the integrated governance assurance committee. This committee is chaired by a non-executive director; two committees work at the next level to provide assurance in relation to clinical services provision, the delivery of quality and the management of risk. These are the quality governance committee and the risk scrutiny

Summary of findings

committee. These committees meet every three months and receive reports from the clinical divisions; a third committee, the patient experience monitoring group, operates on the same level and supplies information and assurance.

- The inspection team found that these arrangements had translated into robust governance arrangements at divisional and service level. Governance activity was coordinated by a dedicated post-holder. Each specialty held clinical governance meetings attended by the lead and other consultants, Clinical Nurse Leaders, ward managers and the governance lead. Meetings were minuted and there was evidence of appropriate reporting upwards. An annual governance report and periodic exception reports were prepared by each directorate and examples of these were seen by the team.
- Monthly performance meetings were held with the divisions. During these meetings the trust executives held the divisional leadership to account and the divisional leadership held service level leadership to account. While the arrangements involved a significant number of monthly meetings for executives and non-executives, people felt that they were working well and were driving improvements. The Board Assurance Framework was reviewed annually and there were clear links to the annual plan and strategic objectives.
- Each specialty was subject to a performance review by the divisional management team and an executive member of the Trust Board. Dashboards of key performance metrics were prepared for these reviews and we were supplied with these. At these reviews specialty leads, service managers, and Clinical Nurse Leaders (occasionally ward managers) were required to account for their performance in the key metrics, and provide assurance on any remedial work in progress to rectify areas of underperformance. While generally working well, arrangements for oversight across the two hospitals could be strengthened.

Leadership of the trust

- At the time of this inspection there had been some recent changes within the executive team. The chief executive had been in post since September 2014, having previously been the chief nurse since 2010. The chief nurse had been in post since October 2014 having previously been the deputy chief nurse and associate director of quality. The chair had been in post since 2008. Despite these changes, the leadership team appeared strong and well-established with a high degree of mutual respect and support.

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- The board operated effectively and were supported by an experienced trust secretary. The chair and chief executive worked well together and there was a clarity of purpose and shared vision across the leadership team. The board worked well with the governors and this aspect had been highlighted in a recent national independent review. The non-executive directors had a broad range of experience and, although they lacked a clinician, they appeared strong and effective. They demonstrated an understanding of, and commitment to, the safety and quality agenda.
- The profile of the leadership team, and in particular the chief executive, was high. Staff spoke warmly and positively about the chief executive and it was clear that they enjoyed the wide support of staff at all levels.
- While leadership was good in the majority of services, the need for improvement was identified in critical care at St Peter's Hospital because there was not a robust programme of governance, risk assessment, assurance and audit. Improvements were also needed in the leadership of outpatients at Ashford Hospital.

Culture within the trust

- The 'four Ps' values were developed as part of the move to foundation trust status. They appeared to be widely known at all levels across the trust and were felt to be popular. The values were embedded in trust processes, for example, they were used in recruitment and appraisal. Under each of the values, three levels of behaviour had been set, termed 'exemplary', 'essential' and 'unacceptable'. The inspection team saw evidence that staff had been disciplined, including dismissal, for unacceptable behaviour. In some areas, staff told us that values were not applied to consultants in the same way as to other staff groups. However, the team saw evidence that action had been taken in those areas, but the confidential nature of such issues meant that staff were unaware of these cases.
- The trust had participated in an external cultural compatibility audit as part of their preparatory work for the planned merger with the Royal Surrey County Hospital NHS Foundation Trust. Aside from demonstrating a strong alignment in the cultures of the two organisations, the audit provided evidence that quality, collaborative working, a focus on patient needs and working efficiently were all strengths in the culture of the trust.
- The trust's values were well-displayed throughout the various inpatient and outpatient areas and staff we spoke with were

Summary of findings

familiar with them. Several staff members commented on the support they received from colleagues and their immediate managers. Staff also made positive comments about the Trust Board being open and approachable. While the majority of staff were positive about the culture, they also commented about the pressure they felt under to deliver increased services and efficiencies. Several staff commented that this, coupled with staff turnover, were important factors affecting staff morale.

- A number of staff told us about how the problems of staff car parking affected their enjoyment of work. Staff arriving later in the working day sometimes could not find spaces and would have to pay to park in the public car park or, alternatively, park a considerable distance from the hospital in residential areas. Staff could also be fined for parking in the non-designated staff parking areas. These issues, combined with the limited public transport available, were contributing factors to staff turnover.

Fit and Proper Persons

- The trust was fully prepared to meet the requirements related to Fit and Proper Persons (where directors of NHS providers must meet a fit and proper person test) which came into force in the week of the inspection.
- The trust had undertaken a review of the recruitment arrangements for executive and non-executive appointments as part of their preparation for the new Fit and Proper Persons requirements. This had identified shortfalls in respect of bankruptcy checks. A new annual self-assessment to deal with conflicts of interest had also been introduced. A revised and strengthened process had been prepared and was signed-off by the board in November 2014.
- The team reviewed five files pertaining to recent executive and non-executive recruitment and all were found to be fully compliant with the policy and procedures.

Public and staff engagement

- The trust was focusing its public engagement activity on the proposed merger with the Royal Surrey County Hospital NHS Foundation Trust. The 'Your feedback' section of the trust website invited questions, thoughts and views on the proposals and also ideas from people on the best way to communicate as plans developed. The public could give their views anonymously or leave their contact details and request a response. The trust had plans to set up open discussion boards but these were not in place at the time of the inspection.

Summary of findings

- There was evidence of effective engagement with patients at service level and that these engagements were leading to improvements in services. For example, the end of life service had made changes in response to patient experience. The patient experience group raised an issue with the trust around early patient diagnosis which led to changes in day-to-day practice. This included specialist palliative care teams now being involved in board rounds on the wards which would help to update details for all patients with end of life needs. A patient and a lay representative were included on the end of life steering group. There was also an Improving Cancer Care action group in place and their views were sought to inform the trust of public perception of end of life and cancer care.
- There was evidence of extensive engagement with staff to inform the development of the strategic plan and general direction. More than 700 people had been involved and staff at all levels within the trust, including governors, non-executive and executive directors, managers and staff in a range of roles and grades, described their involvement in this. It was apparent that staff viewed the merger as a positive development and the right way forward.
- Some engagement activity was focused on improving the experience of staff working at the trust. The trust has not scored well on the staff survey since its introduction. It was possible that survey results were lagging behind some improvements. For example, the survey highlighted support from immediate line managers as an issue but staff across the trust commented on this as a positive area to members of the inspection team.

Innovation, improvement and sustainability

- The proposed merger with the Royal Surrey County Hospital NHS Foundation Trust was being pursued to secure the sustainability of the trust, both clinically and financially. The plans, which were clinically led, referred to retaining key services across the three hospitals (St Peter's, Ashford and Royal Surrey) and developing and enhancing specialist services. Senior leaders referred to the merger as being a "good fit". The merger plans had the support of both the lead clinical commissioning groups – North West Surrey and Guildford and Waverley. Financial modelling had indicated that the merger trust would be financially sustainable. At the time of the inspection, the outcome of the submission to the Competition and Markets Authority was awaited. The trust was planning that the merger would take place in 2015.

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- The trust had a research and development department to manage and coordinate research activity and to manage a range of external relationships. The trust was part of the Kent, Surrey and Sussex Clinical Research Network and worked closely with them and the local universities, Royal Holloway, University of London and the University of Surrey. The trust was also working with charities, including Cancer Research UK, Support Dogs UK and British Heart Foundation. Examples of recent research included the participation of more than 500 patients in a study to validate an International Patient Dignity Scale with the purpose of finding the key measures that would be effective in improving the satisfaction and expectation of patient dignity. Another example was a study into the effectiveness of a new one-minute test for dry eye disease involving more than 300 patients at the Ashford Eye Clinic.

Overview of ratings

Our ratings for St Peter's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Requires improvement	Good
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Our ratings for Ashford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Ashford and St Peter's Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Good	Good	Good

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- There was good joint working between the wards and departments, the bereavement services, chaplaincy and mortuary services to ensure as little distress as possible to bereaved relatives.
- Caring staff throughout the hospital treated patients at the end of their lives and their relatives with dignity and respect.
- The trust had a proactive escalation procedure for dealing with surges in activity and managing capacity.
- The major incident procedures had been regularly tested internally and with external partners, with reviews of learning being implemented.
- The trust had developed an Older People's Assessment and Liaison Team which enhanced the care of the frail elderly by ensuring that these patients were effectively managed by a specialist team early in their admission. Their interventions decreased the number of admissions of this group to specialty wards, and also contributed to fewer patients being readmitted. Patients and their supporters said they felt involved in care planning and discharge arrangements.
- The electronic patient record system in the intensive care unit (soon to be brought into the high dependency unit) was outstanding. Patients benefitted from comprehensive, detailed records in one place, where all appropriate staff could access and update them at all times.
- In critical care there was an outstanding handover session between the consultants going off duty and those coming on to shift. This included trainee doctors and made excellent use of the electronic patient record system.
- The dinosaur trail designed to distract children on their journey to the operating theatre had proven to be very successful. It meant children were not scared when they arrived at the operating theatre.
- The play therapy team who worked within the paediatric services were very enthusiastic about their work, were well-respected by children and their parents and staff. The team had won a £3,000 prize for innovative ways to brighten up the playroom.
- The children's ward staff worked hard with the clinical nurse specialist to ensure that patients with diabetes had a high standard of care and there was a well-established transition to adult services.
- The trust had a very detailed policy for use at times when patient safety needed to be maintained to enable treatment by applying mittens to patients hands to prevent them from pulling at medical devices. The policy provided staff with guidance on their use in line with the Mental Capacity Act 2005 – from the assessment of the patient, recording and continually reviewing the decisions and when to stop using the mittens.
- The trauma and orthopaedic unit had set up an early discharge team to reduce the length of stay for patients with hip fractures. Patients had continuity of care from the hospital to their own home as they had the same staff. This reduced their length of stay in hospital.

Areas for improvement

Action the trust MUST take to improve

The trust must:

- Take action to ensure medicines in medical care services are stored at temperatures that ensure they remain in optimum condition and provide effective treatment.
- Ensure that all trained paediatric nurses are up to date with medicines management training.
- Take action to ensure patient records are kept securely and can be located promptly when required.
- Take action to ensure the critical care department has sufficient numbers of suitably qualified, skilled and experienced nursing staff on the units and the outreach team to safeguard the health, safety and welfare of patients at all times.

Outstanding practice and areas for improvement

- Take action to ensure staffing levels on Ash Ward are such that they are able to meet the needs of their patients at all times.
- Take action to ensure theatres, anaesthetics and surgical wards have sufficient numbers of suitably qualified, skilled and experienced nursing staff to safeguard the health, safety and welfare of patients at all times.
- Ensure in the critical care department that there is a full range of robust safety, quality and performance data collected, audited, examined, evaluated and reported. The trust must ensure it has sight of this data, which follows the standards of a national programme, at board level.
- Take action to ensure that medications at Ashford Hospital are being used and stored appropriately and that they are safe for use.
- Take action to ensure that records at Ashford Hospital are secured appropriately to protect patient confidentiality.
- Take action to ensure all staff in outpatients at Ashford Hospital understand their responsibilities in the event of a medical emergency and be able to summon assistance when required.

Please refer to the specific location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations
2010 Care and welfare of people who use services

The registered person had not taken proper steps to ensure that each service user is protected against the risks of receiving care that is inappropriate or unsafe by means of ensuring the welfare and safety of the service user. Some receptionist staff were unsure about their responsibilities if a patient deteriorated. Some could not locate where the crash trolley (for transporting emergency equipment and medication) was and didn't know the correct process for alerting the 'crash team' by telephoning 2222.

Regulation 9 (1) (b) (ii)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

People who use services and others were not protected against the risks associated with inappropriate or unsafe and treatment in critical care because of a lack of the effective operations of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided, and to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk. There was no system to make changes to the treatment or care provided from an analysis of incidents that resulted in, or had the potential to result in, harm to a patient. There was no system to regularly seek the views (including the descriptions of their experiences of care and treatment) of patients and persons acting on their behalf to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to patients.

This section is primarily information for the provider

Compliance actions

Regulation 10 of the HSCA 2008 (Regulated Activities)
Regulations 2010: Assessing and monitoring the quality of service provision (1) (a) (b) (c) (e)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

People who use services and others were not protected against the risks associated with inappropriate or unsafe and treatment in critical care because of a lack of the effective operations of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided, and to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk. There was no system to make changes to the treatment or care provided from an analysis of incidents that resulted in, or had the potential to result in, harm to a patient. There was no system to regularly seek the views (including the descriptions of their experiences of care and treatment) of patients and persons acting on their behalf to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to patients.

Regulation 10 of the HSCA 2008 (Regulated Activities)
Regulations 2010: Assessing and monitoring the quality of service provision (1) (a) (b) (c) (e)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People who used services were not protected against the risks associated with unauthorised access to confidential patient records. Patient records were not securely kept and some were seen to be accessible to secure areas, posing a risk.

This section is primarily information for the provider

Compliance actions

Records were left in corridors in unlocked trolleys in outpatients and ward areas.

Regulation 20 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Records

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People who used services were not protected against the risks associated with medications because medicines were not stored in conditions that would ensure they remained effective and in optimum condition. Not all trained paediatric nurses were up to date with medicines management training which increased the risk of medication errors being made.

In one clinic saline 100ml intravenous bags used for breast implant patients were being used for more than one patient without appropriate labelling. Bags were being left for several days before they were used again.

On Wordsworth Ward we saw a poor response to the maximum fridge temperature being out of an acceptable range.

On some medication charts, the reason for 'as required' medication was not clearly described.

The medicine incidents database highlighted two occasions where the medicines ordered by 2pm on one day were not delivered to the ward until after 6pm the following day. This led to missed doses of medication and delayed patient discharges.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of Medicines