

Ashford and St Peter's Hospitals NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Summary of findings

Combined quality and resource rating

Good 

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

Background to the trust

Ashford and St Peter's NHS Foundation Trust was formed from the merger of two hospital sites in 1998 and achieved foundation trust status in 2010. Services are provided on two hospital sites, St Peter's Hospital (Chertsey) and Ashford Hospital (Ashford, Surrey).

The trust has 575 beds, of which 501 are general and acute beds. The trust provides a full range of general hospital services including A&E, maternity, paediatric and critical care services. It also provides some specialist services such as neonatal intensive care and limb reconstruction surgery.

The trust serves a population of 410,000 people in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow and Surrey Heath. The main commissioners of services from the trust are North West Surrey and Hounslow clinical commissioning groups.

We carried out a comprehensive inspection of the trust in December 2014 and published the report in March 2015. At that time we rated the trust as good overall, though they were rated as requires improvement for the key question of "Is this service safe?" We told the trust it needed to take action to manage four breaches of the regulations we identified at that inspection.

A follow up inspection was undertaken in March 2017 to ensure the trust had rectified regulatory breaches. We found the trust had taken action to comply with regulations for all four breaches. Ratings published in 2015 were not changed.

We carried out unannounced, focussed inspection in September 2017 as a result of information of concern about the care on the medical wards at St Peter's hospital. We published the report in January 2018. We found there was a breach of regulations in regard to fire safety, proper and safe management of medicines and safety checks on emergency equipment and told the trust it must take action to remedy these, Ratings from 2015 were not changed following this inspection.

Overall summary

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

What this trust does

The trust provides a full range of general hospital services and some specialist services such as neonatal intensive care and vascular surgery.

Services that manage complex medical and surgical care and emergency services are provided at St Peter's Hospital. Ashford hospital provides more planned care.

St Peter's Hospital provides the following services;

- Accident and Emergency

Summary of findings

- Intensive Care
- Emergency surgical and medical care
- Orthopaedic
- Maternity
- Children's Neonatal intensive care
- Outpatients and diagnostics (including X ray, ultrasound, CT scans, endoscopy and MRI scans)
- Pathology

Ashford hospital provides the following services:

- Day case surgery
- Elective orthopaedic surgery
- Ophthalmology
- Outpatients and diagnostic services (including those for children)

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

At this inspection we inspected the following services at St Peter's hospital: children and young people, medical care (including older people's services), urgent and emergency and critical care.

We selected children and young people's services because the service was currently rated as requires improvement overall. We also had limited data for this core service.

We selected critical care as the service was currently rated as requires improvement overall. However data we held indicated the service was performing generally in line with national averages so was likely to have improved.

We selected urgent and emergency services because a number of data sources indicated a possible deterioration in the service, especially data relating to accessing the service in a timely way. The service was also currently rated as requires improvement in the safe domain.

We selected medicine at St Peter's Hospital because the service was previously rated as requires improvement in safe. The trust had self-rated themselves as still requiring improvement in this domain and had identified the acute medical unit as an area of concern for them. We also received information from Healthwatch and patients themselves about standards of care, discharge arrangements and staffing levels.

Summary of findings

At Ashford Hospital we inspected outpatient services. This was because the service was currently rated as requires improvement. Performance data we held indicated a possible improvement.

What we found

Overall trust

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

We rated effective, caring responsive and well-led as good. We rated safe as requires improvement overall.

In outpatients at Ashford Hospital we rated safe and well-led as requires improvement and caring and responsive as good. We did not rate effective. We rated the service as requires improvement overall

In urgent and emergency care we rated safe, responsive and well-led as requires improvement and caring and effective as good. We rated the service as requires improvement overall.

In critical care we rated safety, responsive, effective as good and caring and well-led as outstanding. We rated the service as outstanding overall.

In medicine at St Peters we rated safe as requires improvement and effective, caring, responsive and well-led as good. We rated the service as good overall.

In children and young people's services we rated safe, effective, caring, responsive and well-led as good, and the service as good overall.

We did not inspect all core services. The previous ratings for those services we did not inspect were taken into account when working out the overall trust ratings for this inspection.

We rated well-led for the trust overall as good.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately and could discuss the processes involved.

The service used safety monitoring results well and participated in the national safety thermometer scheme. Staff collected safety information and shared it with staff, patients and visitors. The trust used information to improve the service.

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Standards of hygiene and infection rates were monitored to identify any risks and infection rates were low.

Staff kept appropriate records of patients' care and treatment. Multi-disciplinary, electronic records were clear, up-to-date and available to all staff providing care.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Specialist teams support ward staff and patients in vulnerable circumstances.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Recruitment, especially of nursing staff was a major challenge to the trust. However, there were systems, including the use of a flexible workforce that ensured there was a match between staff on duty and patients' needs.

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through programmes of audit.

Summary of findings

The trust made sure staff were competent for their roles. There was a programme of mandatory training and staff had opportunities to develop their skills and gain experience and qualifications to help them do their jobs effectively.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Electronic records were used effectively and there were electronic systems to ensure patients' conditions were monitored

Staff cared for patients with compassion. Feedback from patients and our observations confirmed that staff treated them well and with kindness.

Staff involved patients and those close to them in decisions about their care and treatment. Patients said they were given sufficient information and support to make decisions about their care and treatment

Staff provided emotional support to patients to minimise their distress, and patients could access a member of a multi-faith chaplaincy team to discuss spiritual matters.

The trust planned and provided services in a way that met the needs of local people. They worked collaboratively with other healthcare organisations and patient groups to identify and meet local needs.

Generally, people could access the service when they needed it. Waiting times from referral to treatment met government standards. There were arrangements to admit, treat and discharge patients were in line with good practice. However, waiting times for assessment and treatment or admission in emergency care did not meet government or professional standards.

The service took account of patients' individual needs. There were specialist teams to support those with additional needs, for example those living with dementia or those in vulnerable circumstances.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, the trust acknowledged there were issues with the timeliness of complaints responses and sometimes in the quality of the response. An action plan was in progress at the time of inspection to address these issues.

Generally, the trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care and promoted a positive culture focussed on the needs of patients. The organisational values were embedded and staff could give examples of how they guided them in their work.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust had recently reset its strategy, mission strategic objectives and these were well understood by staff.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The trust collected, analysed, managed and used information well to support all its activities. The trust was assured of its data quality. Performance dashboards were produced so progress against and risks to key performance indicators could be identified and tracked. There was appropriate oversight and challenge to the divisions through a system of senior review.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Patients were involved in production of pathways of care and other initiatives. There were arrangements for staff to register concerns or to highlight areas of exceptional practice or achievement.

Summary of findings

The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The trust had designed its quality objective to support the overall aim of becoming a learning organisation. There was a culture of quality improvement with staff trained in and carrying out quality improvement projects. The trust was the highest ranked general hospital for research activity and had a good record of publishing results.

However:

Medicines were not always stored in a way that ensured their effectiveness although patients were prescribed and given medicines well. Patients received the right medication at the right dose at the right time.

The service had suitable premises and equipment but did not always look after them well. We found issues relating to fire safety, waste management, storage of substances hazardous to health and emergency equipment being checked to ensure it was ready for immediate use.

Departmental managers did not always identify safety hazards and manage them.

The service provided mandatory training in key skills to all staff but completion rates were variable and often did not meet the trust own targets.

Are services safe?

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

Medicines were not always stored well in line with manufacturers' guidance which meant the effectiveness of medicines could not be guaranteed. However, patients received the right medication at the right dose at the right time.

The service had suitable premises and equipment but did not always look after them well. Fire safety was compromised through the blocking of fire exits and the poor state of repair of fire doors. Clinical and domestic waste was not segregated in line with national guidance. Substances hazardous to health were not always stored securely. Emergency equipment was not always checked to ensure it was ready for immediate use.

The service provided mandatory training in key skills to all staff but not everyone completed this.

However:

The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff showed awareness of incident management and could demonstrate systems to us.

Managers investigated incidents and shared lessons learned with the whole team and the wider service through staff meetings newsletters. This included wider learning across the organisation especially if incidents were serious. When things went wrong, staff apologised and gave patients honest information and suitable support. The trust applied the duty of candour when required.

The service used safety monitoring results well. Staff collected safety information using the safety thermometer tool, and shared it with staff, patients and visitors. Performance was monitored and actions taken if themes were identified, for example in the management of pressure ulcers of the heel.

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and carried out checks and audits to ensure standards of hygiene were maintained and rates of infection were low. They used recognised control measures to prevent the spread of infection such as isolation procedures and screening programmes.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Specialist teams supported ward staff and those in vulnerable circumstances.

Summary of findings

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The trust experienced severe recruitment problems, especially with nurses. It used its flexible workforce to ensure staff numbers were safe. There were systems to ensure staffing met the needs of patients on a short and long-term basis. The trust was creative in exploring new ways of recruiting and retaining staff.

Are services effective?

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

The service provided care and treatment based on national guidance and evidence of its effectiveness. There were systems to check policies reflected national guidance and to ensure any new guidance was evaluated and changes to practice made if required, Managers checked to make sure staff followed guidance using audits and other checks.

Staff gave patients enough food and drink to meet their needs and improve their health. Patients were assessed using nationally recognised tools. Dietitians provided specialist advice and treatment when indicated. Staff used special feeding and hydration techniques when necessary.

The trust monitored the effectiveness of care and treatment and used the findings to improve them. They participated in all relevant national audits and compared local results with those of other services so they could learn from them.

The service made sure staff were competent for their roles. Managers appraised staff's work performance and staff found this helpful. There were opportunities for staff to develop their skills and experience and to gain additional qualifications. Staff had their competency formally assessed for specified tasks or to use certain medical equipment.

Staff of different kinds worked together as a team to benefit patients. They worked as a multi- disciplinary team meeting regularly to agree treatment plans with patients and to monitor progress. Patients had access to the full range of therapists many on a seven day basis. The team supported each other to provide good care and spoke favourably of each other.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment via an electronic records system. All staff contributed to this record so could see what care was being provided by other health care professionals.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Patients and staff had access to specialist teams such as psychiatric liaison services to support them with complex issues.

Are services caring?

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

Staff involved patients and those close to them in decisions about their care and treatment. Patients and their loved ones reported that felt involved in making decisions about their treatment and care options and were provided with the necessary information to enable them to make an informed choice.

Staff cared for patients with kindness and compassion. Feedback from patients, and our observations confirmed that staff treated them well and with kindness. We found many examples where staff made considerable efforts to ensure patients were treated well. Generally, patients were cared for in single sex facilities.

Staff provided emotional support to patients to minimise their distress and we observed this in practice. Patients could access chaplaincy services to meet their spiritual needs.

However:

Summary of findings

The discharge lounge had limited facilities for sex segregation which could negatively impact on patients' privacy and dignity.

Are services responsive?

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

The trust planned and provided services in a way that met the needs of local people. The trust worked collaboratively with commissioners, patient representatives and other stakeholders to provide services which took into account local priorities and population needs, for example in its work with a local prison.

The service took account of patients' individual needs. Patients were regularly assessed and treatment planned took account of their individual needs and preferences, including cultural needs. There were interpreting services to support those for whom English was not their first language. Equipment for bariatric patients was freely available. There were systems to support people living with dementia including specialist dementia nurses and modifications to clinical environments to make them more dementia friendly. People with a learning disability or with mental health issues were similarly supported.

However:

Although complaints were investigated and learning from them was identified and shared, the trust acknowledged the complaints functions needed reviewing to improve the timeliness and quality of responses. The trust was implementing an action plan in progress to improve complaints management.

Generally people could access cancer care and in-patient and out-patient treatment when they needed it and in line with government standards. Access times in urgent care, although comparable with other trusts in the region, did not meet national standards by some margin. Waiting times to be assessed in urgent care did not meet national guidance either.

Are services well-led?

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

Generally the trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. However, there were lapses in the local monitoring of services in urgent care and medicine resulting in breaches of regulations.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust had reset its vision and strategic objectives in collaboration with all stakeholders. Although a recent innovation, understanding of these objectives was well understood at all levels of staff.

Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The organisational values were well publicised and embedded within the trust with staff able to examples of the informed their work. Staff were committed to upholding the primacy of the patients in all the trust's dealings.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a culture of identifying and solving problems using a quality improvement methodology. There was a commitment to research activity with many active projects and published papers. The trust was the highest ranked general hospital in this field.

Summary of findings

The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were systems to ensure risk registers were current, that risks were escalated and their management monitored. The board assurance framework ensured strategic risks were understood. However, the risk register in out-patients at Ashford hospital was not current.

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust invested in IT and had robust security systems which had been resilience tested. The trust had systems to ensure that its data sources were reliable and produced comprehensive performance dashboards to monitor performance over time.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There were numerous example of collaborative working with other organisations, for example the seconding of senior staff to set up new primary care services, and of changes made as result of engagement with the public, for example the naming of the Senior Adults Medial Service.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in Critical care and children and young people's services.

For more information, see the Outstanding practice section of this report

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found 15 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report

Action we have taken

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

Our action related to breaches of three legal requirements in three core services.

For more information on action we have taken, see the sections on Areas for improvement and Action we have told the provider to take.

What happens next

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

Outstanding practice

Summary of findings

In the children and young people's service, a consultant in the neonatal intensive care unit had developed a weekly 'Developmental care round', involving a multidisciplinary team with the aim of supporting families and identifying where extra support may be needed. This had recently been commended by a leading UK charity for babies born prematurely or sick.

Services for children and young people employed two registered mental health nurses who worked across the division to ensure the needs of children suffering with mental health issues needs were met. They were also the main point of contact for the Child and Adolescent Mental Health Services and an effective relationship had been formed.

In critical care unit we found numerous examples of compassionate and considerate care given to patients and their relatives that was designed to meet their physical, psychological and social needs in a coordinated manner. Staff went above and beyond to ensure compassionate care was delivered.

In critical care there was a positive culture of training and development. A high proportion of staff had critical care training, produced posters and referenced latest research and practice.

In the trust overall, we found the engagement of staff at all levels with the development and implementation of the trust's new vision and strategy was well understood and already embedded. There was strong alignment between the strategic objectives and all trust activities. The trust values were similarly well understood and used to guide staff's work,

We found the commitment in the trust to using quality improvement methodologies to drive improvement. This was well established and supported by the trust board with many examples of successful projects.

The trust ran a research programme of studies instigated at the hospital, and fully participated in studies run by other centres. Trust staff had a good record of publishing papers in academic journals.

Areas for improvement

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

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

The trust must ensure all staff are compliant with infection prevention and control practices and procedures, including hand hygiene, correct use of personal protective equipment and disposal of linen in the A&E department.

The trust must ensure casualty care records and initial risk assessments in the A&E department are consistently completed in line with trust policy.

The trust must ensure the necessary security arrangements are in place in the children's emergency department to keep children safe, as recommended in the risk assessment undertaken on April 2018.

The trust must ensure adequate consultant cover is provided in the emergency department.

The trust must ensure prescriptions forms are tracked in line with national guidance and trust policy.

In the A&E department and medical wards, the trust must ensure that patient identifiable information is not visible to the public.

The trust must ensure waste is segregated correctly in line with national guidance throughout the trust.

Summary of findings

The trust must ensure staff in the A&E department, medical wards and out-patients department at Ashford record medicine fridge temperatures daily and date all liquid medicines when they are opened to ensure medicines remain safe to use.

The trust must ensure chlorine tablets are stored in line in line with Control of Substances Hazardous to Health Regulations.

The trust must ensure fire prevention and management of the environment minimises risk by ensuring all fire exits are kept clear and that staff are aware of their responsibility for this and by maintaining fire doors so they are fit for the purpose of protecting patients and staff in the event of a fire.

We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services.

The trust should take action so the trust target of 90% for mandatory programme is achieved and sustained in all departments.

The trust should provide single sex toilet facilities in the discharge lounge.

The trust should ensure care plans on their intranet for staff to reference are updated.

The trust should consider updating bathroom facilities to minimise the infection control risk in services for children and young people.

The trust should make arrangements for medicine charts and medicines reconciliation to be carried out daily in services for children and young people.

The trust should give patients are given a choice of food in the emergency department, in line with National Institute for Health and Care Excellence (NICE), quality standard (QS) 15, statement 10.

The trust should record patients' pain scores in the casualty care records on initial assessment in line with trust policy in the A&E department.

The trust should ensure staff check equipment used in the event of an emergency, in line with trust policy in the A&E department and at the outpatients department at Ashford hospital.

The trust should all equipment in the ophthalmology clinic at Ashford hospital so that maintenance is up to date.

The trust should review clinic times and address waiting times and overbooking of clinics at Ashford hospital.

The trust should review the strategic priorities for outpatients at Ashford hospital so that they are aligned with the trust strategy, and should engage staff in this

The trust should improve governance structures support the delivery and development of outpatient services at Ashford hospital. Safety incidents and complaints should be added as a standing agenda item at staff meetings so that staff receive regular feedback on incidents reported.

The trust should how risks are identified, recorded and managed at the outpatients department at Ashford hospital so risks are assessed in a timely way in line with trust policy and all relevant risks are added to the risk register and regularly reviewed.

The staff should review the visibility and approachability of trust and divisional leaders within the outpatient department at Ashford hospital, so staff are clear about reporting structures and lines of accountability beyond the immediate line management arrangements.

For more information, see sections on individual services and Action we have told the provider to take.

Summary of findings

Is this organisation well-led?

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

We rated well led at the trust as good because:

There was compassionate, inclusive and effective leadership from the board. Board members had the experience, capability and experience needed to deliver excellent care. All executive board members had relevant experience and qualifications to do their jobs. Non-executives had relevant experience in finance, clinical practice and information technology and had been subject to a rigorous selection process.

The board worked cohesively with a strong commitment to excellent quality of care coupled with an outstanding patient experience. This was apparent at board meetings, and from associated documents which demonstrated a commitment to quality and safety of care and the primacy of the patient. Board members took collective responsibility for the running and development of the organisation and worked on projects outside of their traditional portfolios. The trust had 25 governors who told us they felt listened to and described the board as forward focussed, progressive and open to challenge.

There were well embedded systems to enable leadership development and succession planning. We saw examples where senior staff received appropriate development to do their current jobs effectively, and to prepare them for more senior roles in future.

Leaders demonstrated a deep understanding of the issues, challenges and priorities of the trust. The trust clearly articulated its strategic objectives and all board papers, operational policies and projects clearly demonstrated alignment with these strategic objectives. The trust also identified its quality priorities and the actions required to achieve these.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action. This was developed with involvement from staff, patients, and key groups representing the local community. The trust had made a clear statement of its vision, mission and values which were embedded and understood by staff at all levels. This was particularly positive as the strategy has recently been re-designed and launched. A separate quality strategy was being reviewed to ensure it aligned with the new trust strategy and objectives.

Leaders across the trust promoted a positive culture that inspired, supported and valued staff, creating a sense of common purpose based on shared values. The trust values were embedded and dictated the culture of the organisation with staff giving examples of how the values informed their practice.

There was a commitment to support staff to do their jobs to the best of their ability through mandatory training programmes, additional opportunities to gain further qualifications and study. There was a recently redesigned appraisal system which staff found supported their development.

A culture of inclusivity was fostered, although plans for sustaining this were at an early stage. Consideration had been given to making the trust a more inclusive place to work. It was acknowledged that there was a need for programmes to support staff with protected characteristics in their development, and a more effective communication strategy, especially for more junior staff. Staff from black and ethnic minority backgrounds were positive about their experience of working at the trust, felt their diversity was celebrated and there was no evidence of discrimination.

Summary of findings

Staff at all levels were actively encouraged to speak up and raise concerns. There were established channels that staff could use to raise concerns if they felt they could not raise directly with their manager. These included a freedom to speak up guardian who had been effective in raising issues on behalf of staff which had led to action, for example a review of patient pathways.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a focus on quality improvement and innovation through the use of recognised methodologies to achieve this. Staff we spoke with were engaged with approach, and were keen to tell us of projects they had undertaken at both small and large scales.

Governance arrangements were proactively reviewed and reflected innovative and established best practice. The trust was in a period of transition as it had refreshed its governance and board committee strategy to better reflect the new strategy and the needs for oversight of its implementation and progress.

The trust had effective systems for identifying risks, and planning to eliminate or reduce them. There were processes to monitor current and future performance. Performance issues were escalated to the appropriate board committees who provided oversight, challenge and assurance to the full board. Clinicians were fully engaged in the identification and management of all risk issues and in the monitoring of key performance indicators and their impact.

The board demonstrated a shared understanding of performance through agreed key performance indicators, “soft intelligence” and external reporting and benchmarking. Data was assessed as being accurate, valid, timely and reliable. Performance dashboards highlighted the levels of confidence in related data sets. Staff and leaders could access data, often in real time, to inform their work.

Financial matters were well managed and there were processes that ensured any financial pressures did not compromise the quality of care. The trust was predicting a surplus despite the highly challenging financial environment. It was one of the few trusts to report an underlying breakeven position.

The trust had systems to protect people in vulnerable circumstances. This included the recognition, reporting of safeguarding concerns, and staff training. The trust had a designated safeguarding leads for both children and adults who were supported by designated teams. Senior trust staff worked with partners with the chief executive representing the trust at the Surrey Safeguarding Children’s Board, and the chief nurse at the Surrey Safeguarding Adults board.

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards whose resilience had been tested following the “WannaCry” ransomware cyber-attack.

The trust invested in best practice and innovative information systems and processes. In June 2018 the Trust was part of a successful Thames Valley and Surrey bid to become Local Health and Care Record Exemplar (LHCRE). And the trust was leader in implementing the national electronic referral solution from April 2018 and achieved below 4% for slot issues. Throughout our inspection we noticed how the trust staff used technology to communicate with each other and to ensure key messages were delivered.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

There were consistently high levels of constructive and productive engagement with all stakeholders There were consistently high levels of constructive and productive engagement with other health organisations. The trust leadership team were actively and played key roles in multi-agency forum. They were committed to working with others to meet the health needs of the local population. There was a primary care liaison team which acted as the primary point of contact with GP practices across its catchment area and operated a rapid query line to deal with GP complaints/ queries and resolve issues.

Summary of findings

There was an emphasis on understanding the views of patients and the local population and striving to deliver services that met their needs and expectations. There were examples of service development made in partnership with patients and there was a commitment to extending this. The trust engaged with the public through a range of activities including health events (which were held regularly), the annual members meeting and via regular members' bulletins and a magazine. The trust had a patient panel, and ran a disability group giving patients opportunity to feedback on services.

The trust engaged with its staff using a variety of methods. Senior managers and executives were active on social media, there was a staff magazine, intranet and weekly messages from the chief executive. The development of the trust's refreshed strategy was an example of how staff had been engaged and involved in a change process with great success.

The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was a clear commitment to focus on, and developing into, a learning organisation. We were given examples of learning events, such as those relating to serious incidents or structure judgement reviews, and how learning from these was translated into action in the clinical areas.

Complaints were investigated and the outcomes used as a learning opportunity throughout the organisation. However, the trust acknowledged that the overall management of complaints needed improvement so had interim patient experience service improvement who had undertaken an audit of the complaints handling policy and processes and had produced an improvement action plan which was in process of implementation.

There was a fully embedded and systematic approach to making improvements with staff empowered and supported to lead and deliver change and improvement initiatives. The trust had extended the use of quality improvement methodologies away from traditional problem types, and used them in an innovative way to understand and tackle larger issues; for example, retention of staff. At the time of or inspection there were approximately 250 quality improvement projects completed or underway. The trust had trained over 350 staff in quality improvement techniques.

The link between quality assurance and quality improvement was well recognised and being strengthened. Improvement priorities were closely aligned with the trusts overall vision and associated strategic objectives.

There was a strong commitment to research and the results of this were shared nationally and internationally. Nationally the trust was the highest ranking general hospital for research participation in the most recently available Clinical Research Network (CRN) rankings. Trust staff had published 20 original research papers in prestigious international journals in the 18 months prior to our inspection.

However, the trust was rated as requires improvement for safety overall, and Ashford hospital was rated requires improvement. Our inspection showed that some actions we identified at our 2015 and 2017 focussed inspections such, as monitoring medicines fridge temperatures and fire safety issues had not been resolved.

Please see the separate use of resources report for details of the assessment and the combined rating.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Ashford Hospital	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
St Peter's Hospital	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Overall trust	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018

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

Ratings for Ashford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Surgery	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Requires improvement ↔ Sept 2018	Not rated	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018

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

Ratings for St Peter's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Medical care (including older people's care)	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Surgery	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Critical care	Good ↑ Sept 2018	Good ↔ Sept 2018	Outstanding ↑ Sept 2018	Good ↔ Sept 2018	Outstanding ↑↑ 2018	Outstanding ↑↑ Sept 2018
Maternity	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Requires improvement Mar 2015	Good Mar 2015
Services for children and young people	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
End of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Good Mar 2015	Not rated	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Diagnostic imaging						
Overall*	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ 2018	Good ↑ Sept 2018

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

St Peter's Hospital

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Key facts and figures

Ashford and St Peter's NHS Foundation Trust was formed from the merger of two hospital sites in 1998 and achieved foundation trust status in 2010. Services are provided on two hospital sites, St Peter's Hospital (Chertsey) and Ashford Hospital (Ashford, Surrey).

The trust has 575 beds, of which 501 are general and acute beds, including 12 critical care beds. These are supported by 15 operating theatres. The trust provides a full range of general hospital services and some specialist services such as neonatal intensive care and limb reconstruction surgery to a population of 410,000 people in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow and Surrey Heath.

Services that manage complex medical and surgical care and emergency services are provided at St Peter's Hospital, including A&E, critical care, paediatric and maternity services.

From July 2016 to June 2017 the trust had 67,753 episodes of in-patient care, 796,024 outpatient appointments, and 100,074 A&E attendances. In the same period there were 4,100 deliveries in the maternity department.

The trust employs around 3,300 staff.

The trust's annual turnover is about £288 million, with surplus projected for current financial year (2018/19).

Summary of services at St Peter's Hospital

Good   

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

We rated effective, caring responsive and well-led as good. We rated safe requires improvement overall.

In urgent and emergency care we rated safe, responsive and well-led as requires improvement and caring and effective as good. We rated the service as requires improvement overall.

In critical care we rated safety, responsive and effective as good and caring and well-led as outstanding. We rated the service as good overall.

In medicine we rated safe as requires improvement and effective, caring, responsive and well led as good. We rated the service as good overall.

Summary of findings

In children and young people's services we rated safe, effective, caring, responsive and well-led as good, and the service as good overall.

We did not inspect all core services. The previous rating for those services we did not inspect were taken into account when working out the overall trust ratings for this inspection

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately and could discuss the processes involved.

The service used safety monitoring results well and participated in the national safety thermometer scheme. Staff collected safety information and shared it with staff, patients and visitors. The trust used information to improve the service.

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Standards of hygiene and infection rates were monitored to identify any risks and infection rates were low.

Staff kept appropriate records of patients' care and treatment. Multi-disciplinary, electronic records were clear, up-to-date and available to all staff providing care.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Specialist teams support ward staff and patients in vulnerable circumstances.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Recruitment, especially of nursing staff was a major challenge to the trust. However, there were systems, including the use of a flexible workforce that ensured there was a match between staff on duty and patients' needs.

The services provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through programmes of audit.

The trust made sure staff were competent for their roles. There was a programme of mandatory training and staff had opportunities to develop their skills and gain experience and qualifications to help them do their jobs effectively.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Electronic records were used effectively and there were electronic systems to ensure patients' conditions were monitored

Staff cared for patients with compassion. Feedback from patients and our observations confirmed that staff treated them well and with kindness and respected their privacy. In critical care there were examples of staff making exceptional efforts to deliver a caring service.

Staff involved patients and those close to them in decisions about their care and treatment. Patients said they were given sufficient information and support to make decisions about their care and treatment

Staff provided emotional support to patients to minimise their distress, and patients could access a member of a multi-faith chaplaincy team to discuss spiritual matters.

The trust planned and provided services in a way that met the needs of local people. They worked collaboratively with other healthcare organisations and patient groups to identify and meet local needs.

Summary of findings

Generally, people could access the service when they needed it. Waiting times from referral to treatment met government standards and arrangements to admit, treat and discharge patients were in line with good practice. However, waiting times for assessment and treatment or admission in emergency care did not meet government and professional standards.

The service took account of patients' individual needs. There were specialist teams to support those with additional needs, for example those living with dementia or those in vulnerable circumstances.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, the trust acknowledged there were issues with the timeliness of complaints responses and sometimes in the quality of the response. An action plan was in progress at the time of inspection to address these issues.

Generally, the trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care and promoted a positive culture focussed on the needs of patients. The organisational values were embedded and staff could give examples of how they guided them in their work.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust had recently reset its overall strategy, mission and strategic objectives; these were well understood by staff.

Staff had been engaged in setting the trust's recently revised vision, mission statement and strategic objectives. These and the existing trust values, were well understood and embedded in staff's work.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Staff were involved in quality improvement projects and research activity.

The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Patients were involved in the production of pathways of care and other initiatives. There were arrangements for staff to register concerns or to highlight areas of exceptional practice or achievement.

However:

Medicines were not always stored in a way that ensured their effectiveness although patients were prescribed and given medicines well. Patients received the right medication at the right dose at the right time.

The service had suitable premises and equipment but did not always look after them well. We found issues relating to fire safety, waste management, storage of substances hazardous to health and emergency equipment being checked to ensure it was ready for immediate use.

Departmental managers did not always identify safety hazards and manage them.

The service provided mandatory training in key skills to all staff but completion rates were variable and often did not meet the trust own targets.

Urgent and emergency services

Requires improvement  

Key facts and figures

The urgent and emergency services at St Peters Hospital provide a 24 hour, seven days a week service to the local population of 380,000. Between January and December 2017, 116,021 people attended the department. The number of patients admitted to a ward was 28,394.

The emergency department has provision for adult, children, and young people's emergency and urgent care, assessment and treatment. Children and young people made up approximately 20% of all attendances.

Patients either self-present to the department and book into reception or arrive by ambulance. Patients who self-present at the department book into reception, they will then be sent to the urgent care centre, which is open between 8 am and 9.30pm seven days a week. Once in the urgent care centre they would have an initial assessment, and then would be directed to the relevant area. A senior nurse in an ambulance assessment area assesses patients who arrive by ambulance. Emergency 'blue light' patients are admitted to the major or resuscitation area.

The adult emergency department had 20 cubicles in the main trolley and major area, seven cubicles in the ambulance assessment area, and six beds in the clinical decisions unit. There were four resuscitation bays, one of which could be used by children.

The children's and young people emergency department, was accessed via the main reception, and had seven cubicles, including one that could be used in the event of an emergency. There was separate children's waiting area and reception.

During the inspection, we visited all areas of the emergency department including, reception, waiting areas, cubicles, trolleys, majors, resuscitation, ambulance receiving and assessment area, urgent care centre, and the children's emergency department.

We spoke with 30 staff of all grades, including nurses, doctors, housekeepers and porters as well as members of the management team from the department and medicine and emergency services directorate.

We reviewed 19 sets of casualty care records for both adults and children, including five for patients who attended urgency and emergency care with ill mental health. We spoke to 16 patients and relatives about their experience, and observed care and treatment being delivered.

Summary of this service

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

- The service did not always control infection risks well as there were ineffective systems in place to protect patients from cross infection. Staff did not clean their hands at the right time, did not wear personal protective equipment, such as gloves and aprons, correctly, or manage linen in line with policy. There was a lack of adequate isolation facilities within the emergency department. Waste was not segregated in line with guidance. We found inappropriate items in all of the different waste containers
- The service had suitable premises and equipment but did not look after them well. Equipment used in the event of an emergency was not checked consistently to ensure it was present, and in working order. Fire exits were blocked; fire doors were not fit for purpose, and would be ineffective at protecting patients and staff from fire and smoke.

Urgent and emergency services

- Staff did not always keep appropriate records of patients' care and treatment. Casualty care records we looked at varied in quality and completeness. We found two set of notes where we could not read the writing.
- The service provided mandatory training in key skills but not everyone completed it. Mandatory training was below the trust target of 90%, for all staff groups.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. The department took part in both national and local auditing. However local audits did not reflect, or limited improvements were seen despite non-compliances being identified.
- Patient indefinable information was not kept secure. Patients' information including full name, date of birth and other information was on display to other patients and visitors to the department.
- Staff did not always give patients food and drink to meet their needs and improve their health. Patients were not routinely offered a choice of food to meet both dietary and cultural requirements. This meant, that patients with dietary requirements or choices, such as lactose intolerance or being a vegetarian were not offered a choice of food.
- Pain was managed well, but the assessment and recording of patient's level of pain on arrival at the emergency department was variable. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with good practice. The service did not meet the Department of Health's standard for emergency departments, which is that 95% of patients should be admitted, transferred, or discharged within four hours of arrival in the emergency department. The service did not meet the Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival in the department to receiving treatment should be no more than one hour.

However:

- Equipment was visibly clean and had been checked for electrical safety. There was a programme of planned preventative maintenance
- The service managed patient safety incidents well. Risk was managed and incidents were reported and acted upon with feedback and learning provided to staff. There were effective systems in place to report incidents. Incidents were monitored and reviewed and staff gave examples of learning from incidents. Staff understood the principles of Duty of Candour regulations and were confident in applying the practical elements of the legislation
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff had access to up to date evidenced based guidance from organisations such as the National Institute for Health and Care Excellence and the Royal College of Emergency Medicine. There was effective multidisciplinary team working within the service and with other agencies. The service also participated in national audits.
- Staff knew the trust's vision and strategy, and told us how they made sure they put these into their practice.
- Patients were treated with dignity and respect. Staff introduced themselves to patients and asked what they would like to be called.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients confirmed that they felt involved in decision-making and medical and nursing staff shared enough information to support their decision-making; we observed that staff asked if what they said had been understood by the patient and if there were further questions the patients, relatives or carers had.

Is the service safe?

Requires improvement   

Urgent and emergency services

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

- Patients were not protected from the risk of acquiring healthcare acquired infections. There were ineffective systems in place to protect patients against cross infection. We saw staff did not always clean their hands at the correct times, use personal protective equipment, such as gloves and aprons, or manage linen in line with trust policy. Not all staff were not bare below the elbow, in line with trust policy. We saw staff did not challenge their colleagues if they witnessed non-compliant infection prevention and control practice.
- Cubicles used to manage patients with known or potential infection risk, in the adult emergency department, did not have solid doors in place to help prevent the spread of infection. There were no isolation facilities available on the children's emergency department. If children or young people were found to have an infectious condition or had a poor immune system, they would be placed in the assessment cubicles that were in the main reception of the emergency department. One of the assessment cubicles had a trolley in place, which meant staff would not be able to shut the door.
- Waste was not segregated in line with guidance. We saw there were items disposed of in the both the domestic and clinical waste stream, which should not have been there. For example, we looked at five domestic waste bins, in four, we saw personal protective equipment, such as gloves in the domestic waste, and the fifth bin was empty. In five clinical waste bins, we found paper towels and outer packaging in all. We looked in eight sharps bins, and found all eight sharps bins we saw items, which should not have been there, these included, gloves, paper towels, outer packaging, gauze, and sweet wrapper.
- Staff did not always keep appropriate records of patients' care and treatment, which may have affected their safety. The standard of records lack consistency and varied greatly across the department. We looked at 14 sets of casualty care records during our inspection and found them to be varied in quality and completeness. We found there were gaps in the initial assessments, such as missing early warning scores, and blood glucose levels in diabetic patients. Plans for care were not always clear. In two sets of notes, we found writing to be unreadable. However, we found psychiatric liaison notes for patients mental health records were good, with clear assessment of risk, care plans, and discharge information.
- The children's emergency department was not secure as there was a lack of security measures in the children's emergency department. This meant that any person could access this area and children could leave. Staff told us a risk assessment had been undertaken, and there was a separate reception area within the children's emergency department, which lessened the risk. However, the reception area was not manned 24 hours a day.
- The service had suitable premises and equipment but did not always look after them well. Daily checks of emergency equipment was undertaken consistently to ensure it was safe for immediate use. Fire doors were found not to be suitable to protect patients and staff in the event of fire or smoke, or they were damaged. We found fire exits blocked.
- The service provided mandatory training levels in key skills to all staff but not staff had completed this. Mandatory training levels were below the trust target, of 90% for both medical and nursing staff. Data the trust provided showed that medical and nursing staff were only above the trust target of 90% in one of the eight mandatory training courses.
- Numbers of nursing and medical staff were below those required by the trust to keep patients safe from avoidable harm. Frequent staff shortages increased the risks to people who used the service although there were no reported incidents of harm relating to staff shortages, access timely services were compromised. For example at the time of our inspection the clinical decisions unit was closed due to the department not being able to staff it.
- Times from arrival to initial assessment were consistently worse overall than the England average from March 2017 to March 2018. During the winter months patients waited 10 minutes longer than the England average. Between April

Urgent and emergency services

2017 and March 2018 there was an upward trend in the monthly percentage of ambulance journeys with turnaround times over 30 minutes with a high of 75% waiting more than 30 minutes during January and February 2018. From February 2017 to March 2018 the trust report 146 occasions where patients waited more than an hour (known as “black breaches”).

- There had been a focus on improving the recognition and early treatment of sepsis. A sepsis screening tool had been introduced but the sepsis screening assessments and early warning scores were inconsistently completed. This meant staff may not be alert to early identification, recognition, and treatment of patients, who are at risk of developing sepsis.
- We found medicines were not always managed in line with guidance or best practise. Fridge and room temperatures where medicines were stored were not always recorded. There were liquid medicines, which were opened and in use but the date they were opened was not recorded on the container. Medicines and equipment for use in emergencies were not checked daily. NHS prescription stationery (FP10) was stored securely however; the usage of individual prescriptions was not tracked, in line with trust policy and national guidance.

However:

- There were services and facilities for those with a mental health problems. Psychiatric liaison had increased to 24 hours day. A designated room for undertaking mental health assessments had been made fit for purpose. Mental health records were complete, readable and had clear plans of care in place. The psychiatric liaison team responded within one hour of referral and the crisis time within four hours of referral.
- The service managed patient safety incidents well. There were systems to report incidents. Incidents were monitored and reviewed and staff gave examples of learning from incidents. Staff understood the principles of duty of candour regulations and were confident in applying the practical elements of the legislation.
- Patients were directed to an area depending on what they had attended with on arrival in the department. Qualified nurses oversaw this and triaged promptly, usually with medical input.
- Staff kept equipment and the premises clean. Equipment was visibly clean, checked for electrical safety, and maintained.
- There were systems and processes to protect people from abuse and harm. Staff understood their responsibilities and the process to take in the event of any safeguarding concerns. A flagging system could identify children who were at risk, although this was restricted to the county.
- The children’s emergency department was staffed by appropriately qualified paediatric nurses.
- The service planned for emergencies and staff understood their roles if one should happen. Staff responded appropriately, to patients who were at risk of deterioration, there were mechanisms in place to identify such patients.
- There was a positive culture across most staffing groups in the department, despite the challenges that were faced with increased demand. Staff were positive about working for the trust, and told us they felt part of a team and felt valued and respected and described a “no blame” ethos in the department.

Is the service effective?

Good   

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

Urgent and emergency services

- The service provided care and treatment based on national guidance. Staff had access to up to date evidenced based guidance from organisations such as the National Institute for Health and Care Excellence and the Royal College of Emergency Medicine. Procedures, policies, and clinical guidelines were easily accessible to staff through the trust's intranet.
- The department participated in national audits to enable its practice to be compared and action was taken to improve areas identified from audit that were not at the required level. Overall, performance in national audits was broadly in line with national averages. The service completed local audits, but the results did not drive the necessary improvements.
- Staff of different kinds worked together as a team to benefit patients. We observed staff working well within the department during our inspection. We saw staff were courteous and supportive of one another. They also worked well with multidisciplinary teams within the hospital and with other organisations in order to provide the best care possible. During our inspection, we saw staff in the emergency department working well with the local NHS Ambulance trust and police services. We attended the safety huddle for the department, and saw all members of the multidisciplinary team were involved, including medical, nursing and reception staff. We saw there was good, collaborative working with psychiatric liaison support for patients experiencing ill mental health within the department. We were informed that working relationships with the psychiatric liaison team were positive, and they had recently undertaken some training at the department's monthly quality governance half day training. A member of the psychiatric liaison team attended the 8am handover meeting for the department daily.
- The service made sure staff were competent for their roles. The majority of staff were appraised annually. Staff had the skills, knowledge, and experience to deliver safe care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Data supplied to us by the trust showed mandatory training rates were below trust target of 90%. However, the psychiatric liaison team run a weekly one hour training session for the emergency department doctors and nurses. The session is a topic based workshop and covered areas such as mental capacity assessment, Mental Capacity Act, self-harm and delirium. In addition, mental health issues were included in the quality governance half day training, which happened every month. We looked at five sets of casualty card records for patients who required a mental health assessment, and found approved mental health professionals had completed patient assessments on all occasions.
- Staff were conversant with national practices relating to consent including the concept of Gillick competence. Staff were able to describe the processes they would work through to seek consent from children and young people. However, during our inspection, we witnessed staff obtain verbal consent from adult patients, but this was not formally documented in the casualty care records.

However:

- Assessment and recording of pain on arrival at the emergency department was variable. The department used a combination of computer software and paper notes to document observations, including pain. Once the patient had been triaged and moved to the main department, pain scores were recorded electronically on a mobile electronic clinical information system.

Is the service caring?

Good   

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

Urgent and emergency services

- Staff cared for patients with compassion. All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best patient-centred care possible. We saw staff introduced themselves, and asked patients how they wanted to be addressed. There was a memory box within the department, which contained resources to help provide emotional support to parents who had lost a child
- Patients were satisfied with their care. Patients consistently gave positive feedback about their experience in the emergency department. Patients told us staff were caring, attentive, and professional.
- Staff provided emotional support to patients, relatives, and carers to minimise their distress. There was a relative's room available in the emergency department, which could be used to deliver any bad news, to relatives or carers quietly away from the main area.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients confirmed that they felt involved in decision-making and medical and nursing staff shared enough information to support their decision-making; we observed that staff asked if what they said had been understood by patients and if there were further questions the patients, relatives or carers had.

Is the service responsive?

Requires improvement  

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

- People could not access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were not in line with good practice. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred, or discharged within four hours of arrival in the emergency department. Between April 2017 and March 2018, the trust consistently failed to meet the standard and performance was worse than the England average, as the trust did not meet the standard in 10 out of 12 months.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for 11 of the 12 months from March 2017 to March 2018. Patients at the trust waited on average 67 minutes from arrival to treatment, compared to an England overall average of 58 minutes.
- Between April 2017 and March 2018, the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was mostly worse than the England average, as the trust did not meet the standard in nine out of twelve months. However, in the 12 months from April 2017 to March 2018, no patients waited more than 12 hours from the decision to admit was made until they were admitted.
- The service did not always make adjustments for patients' religious, cultural and other preferences in the provision of food. Patients were not routinely asked their preference of choice of food to meet both dietary and cultural requirements. This meant that patients with dietary requirements or choices, such as lactose intolerance or being a vegetarian were not offered a choice of food. This was not in line with National Institute for Health and Care Excellence (NICE), quality standard (QS) 15, statement 10, which says 'patients have their physical and psychological needs regularly

However:

- The trust planned and provided services in a way that met the needs of local people. They developed ways to ensure the service was as responsive as possible given the demands on the service.

Urgent and emergency services

- The service took account of patients' individual needs. For example, staff in the children's emergency department, took time to relieve the anxiety of a young person with learning disability. Staff had an awareness of a symbol used to identify patients who were living with dementia. We were told that patients living with dementia were managed in cubicles where they could be seen. A trust wide multidisciplinary dementia team was available to support staff, and were available during normal working hours. Staff had access to interpreting services including sign language. Staff had access to a communication book, which contained pictorial references and information to aid communication.
- The service treated patient's concerns and complaints seriously and investigated them, we saw lessons were learned from complaints and shared with all staff.

Is the service well-led?

Requires improvement  

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

- There was a governance structure and a system for identifying and managing risks, but these were not always effective. We identified a number of issues that were a risk to patient safety, which had not been identified or addressed by the leadership team until we raised them during our inspection. For example, waste not being segregated correctly, fire doors not fit for purpose and fire exits blocked.
- Managers did not always check to make sure staff followed guidance. The department took part in both national and local auditing. We found the local audits did not reflect, or limited improvements were seen despite non-compliances being identified. For example, hand hygiene audit results did not reflect the practice we observed, as staff did not clean their hands when they should. In addition, audits of care records were consistent with our findings, but measures put in place to rectify the non-compliances were ineffective.
- Patients' information was not kept securely. Patient indefinable information was on display. We saw patient's full name, date of birth and other information was on display to patients and visitors to the department. One of the computers opposite majors was unlocked, which people could easily access. We stood there for a period of 15 minutes, no staff came to either lock the computer or challenge staff who had not.

However:

- There were clear lines of accountability from the department to the board, through the directorate governance structure. The service had managers at all levels with the right skills and abilities to run the service. There was a clear management structure at directorate and departmental levels.
- The service engaged well with staff. Staff told us they felt engaged, able to raise concerns or, able to suggest new ways of working. They told us that their managers were receptive, and felt they were listened too. Staff knew the trusts vision and strategy, and told us how they made sure they put these into their practice.

Areas for improvement

Actions the trust MUST take:

The trust must ensure all staff are complaint with infection prevention and control practices and procedures, including hand hygiene, correct use of personal protective equipment and disposal of linen.

The trust must ensure waste is segregated correctly in line with national guidance.

Urgent and emergency services

The trust must ensure casualty care records and initial risk assessments and consistently completed in line with trust policy.

The trust must ensure that all fire exits are kept clear and department staff are aware of their responsibility to maintain this.

The trust must ensure all fire doors are fit for that purpose to protect patients and staff in the event of a fire.

The trust must ensure that patient identifiable information is not visible to the public.

The trust must ensure staff record medicine fridge temperatures daily to ensure medicines remain safe to use.

The trust must ensure prescriptions forms are tracked in line with national guidance and trust policy.

The trust must ensure the necessary security arrangements are in place in the children's emergency department to keep children safe, as recommended in the risk assessment undertaken on April 2018.

The trust must ensure all liquid medicines are dated when they are opened.

The trust must ensure adequate consultant cover is provided in the emergency department.

Actions the trust SHOULD take:

The trust should ensure patients are given a choice of food in the emergency department, in line with National Institute for Health and Care Excellence (NICE), quality standard (QS) 15, statement 10.

The trust should ensure patients pain score is recorded in the casualty care records on initial assessment in line with trust policy.

The trust should ensure staff check equipment that is used in the event of an emergency, in line with trust policy.

The trust should ensure all staff are up to date with their mandatory training.

Medical care (including older people's care)

Good   

Key facts and figures

The medical division at St Peter's Hospital provides care and treatment for respiratory, haematology, acute cardiology, stroke, endocrinology, and rheumatology and senior adult medical service. There are 244 medical inpatient beds located across 11 wards on one site.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the whole core services and inspected using our five key questions.

During the inspection we visited all medical wards, the endoscopy unit, the discharge lounge and the ambulatory emergency care unit. We spoke to 55 patients, relatives and members of staff including nurses, doctors, allied healthcare professionals, domestic staff, porters and administrators.

The trust had 28,858 medical admissions from February 2017 to January 2018. Emergency admissions accounted for 13,495 (47%), 495 (2%) were elective, and the remaining 14,868 (52%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 13,831
- Gastroenterology: 5,226
- Clinical haematology: 4,266

Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. They used control measures to prevent the spread of infection. Cleaning was of a good standard and staff used recognised methods to control the risk of infection such as good handwashing practice.
- The service had suitable premises and equipment which were well looked after. Equipment was serviced and maintained in line with manufacturer's instructions.
- The service assessed and mitigated risks to patients. Staff carried out a range of risk assessments for patients and acted on these. There were systems that ensured the early detection of patients whose condition was deteriorating.
- Staff kept appropriate records of patients' care and treatment. These met professional guidance. A multi professional integrated pathway was used to which all professionals involved in a patient's care contributed.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Staff were aware of the duty of candour and we saw examples of its use.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff could access policies that were based on best practice and there were systems to ensure new guidance was reviewed.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Patients' nutritional needs were assessed using a recognised tool.

Medical care (including older people's care)

- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. New staff had an induction programme and all staff had appraisals at least annually.
- Staff of different kinds worked together as a team to benefit patients. Patients had access to the full range of health professions and we observed them working collaboratively.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There was an electronic records system all staff could readily access which included all patient records and test results.
- Staff understood their responsibilities in relation to the Mental Capacity Act (2005). They supported people to make decisions and when people lacked capacity acted in their best interests.
- Staff cared for patients with compassion. Staff involved patients and those close to them in decisions about their care and treatment and the patients' emotional wellbeing was at the centre of all care provided. We observed staff delivering care with kindness and they supported patients emotionally. The feedback received from patients was positive.
- The service planned and provided services in a way that met the needs of local people and patients could access the service when they needed it. There were systems to gain the views of patients when planning services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. We saw examples of complaints outcomes leading to changes in practice.
- The medical division had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The leadership team were described by staff as visible and approachable. Staff told us they felt supported and valued. Staff felt able to make comments and raise concerns about the service, confident they would be heard and there would be no recriminations.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The service provided mandatory training in key skills to all staff but not all eligible staff had completed it. Trust data showed that the acute medical unit 59% of eligible staff were not up to date with their mandatory training.
- The trust was not compliant with Control of Substances Hazardous to Health Regulations (COSHH). In all ward areas chlorine tablets were stored in the sluice which was unlocked. We found chlorine tablets, which are subject to COSHH regulations were not securely stored.
- Waste was not managed in line with national guidance as clinical and domestic waste were not appropriately segregated by staff.
- Medicines were not always stored in line with manufacturer's and national guidance. The fridge temperatures were medicines were stored were not always checked and staff did not escalate concerns when fridge temperatures were outside recommended ranges. We found stock was not checked and there were out of date medicines on the wards.
- Fire prevention and management of the environment did not adequately minimise risks. Fire doors had not been maintained as fit for purpose.
- The discharge lounge remained a mixed sex area with patients of both sex sharing a toilet which did not ensure the privacy and dignity of the patients was always maintained.

Medical care (including older people's care)

- Computer terminals were not always locked when not in use and confidential information could be accessed by unauthorised people.

Is the service safe?

Requires improvement   

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

- The service provided mandatory training in key skills to all staff but not all eligible staff had completed it. In the acute medical unit only 59% of staff were up to date with their mandatory training. This meant there was a risk staff in the acute medical unit were not aware of the latest clinical practice when caring for patients.
- The trust was not compliant with Control of Substances Hazardous to Health Regulations (COSHH). In all ward areas chlorine tablets were stored in the sluice which was unlocked. These are cleaning tablets which are regulated by the COSHH Regulations. These regulations require employers to control exposure to hazardous substances to prevent ill health. This meant there was a risk unauthorised people could access these cleaning tablets.
- Waste was not managed in line with national guidance. We saw examples of waste not segregated correctly and one waste storage facility was unlocked. Domestic and clinical waste was not always correctly segregated.
- Medicines were not always stored in line with manufacturers' and national guidance. On several wards staff had recorded the temperature of medicine fridges as too high but staff had not acted to remedy this. This had been highlighted at the previous inspection. Several wards had out of date medicines in their medicine trolley and not all liquid medicines were annotated with the date opened to allow staff to ascertain their shelf life.
- Fire prevention and management of the environment did not adequately minimise risks. We saw the intumescent strips were damaged on several fire doors and some fire doors were propped open.
- Computer terminals were not always locked when not in use and patient identifiable information could be viewed by unauthorised people.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff demonstrated a good understanding of the different types of abuse and knew the process for reporting a safeguarding concern
- The service controlled infection risk well. The areas we visited were visibly clean, tidy and free from clutter. Staff used control measures to prevent the spread of infection. Most staff were bare below the elbows in clinical areas. The staff used the aprons and gloves appropriately. Patients who needed isolating or presented a risk of infection to other patients could be nursed in individual rooms.
- The service had suitable premises and equipment and looked after them well. All wards areas had access to the necessary emergency equipment.
- The service assessed and mitigated risks to patients. Each patient had a range of risk assessments undertaken on admission. These included the risk of falls, nutrition status, skin integrity and pain.

Medical care (including older people's care)

- There were systems to identify and escalate the care of patients whose condition was at risk of deteriorating. Patients' vital signs, were monitored using a recognised tool, the National Early Warning Score (NEWS). Escalation processes was followed for patients whose observations showed they be experiencing a deterioration in their clinical health. Nurses described the process for identifying patients who may have sepsis and nurses were familiar with the sepsis screening tool.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff on wards matched planned staffing and gaps were covered by bank staff. Registered nurse fill rates were between 65% and 98%. Untrained nurse fill rates were between 76% and 146% indicating where necessary staff were being overbooked to compensate for a lower number of registered nurses.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. The medical division used an integrated care pathway record, which was shared by doctors, nurses and other healthcare professionals.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The trust used an electronic web-based reporting system. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The medical division had monitoring plans which indicated whether guidance was relevant to the division, had been reviewed and if the division was fully, partially, or non-compliant. The integrated care pathways were based on current best practice and referenced National Institute for Health and Care Excellence quality standards.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted for patients' religious, cultural and other preferences. We noted patients who were identified as at risk had nutritional care plans in place. Staff could refer to a dietician if needed.
- Staff assessed and managed patients' pain. A specialist pain management team supported the ward staff to manage the patients' pain. Both the electronic system for monitoring patients' observations and integrated patient care documents were used to help monitor patients who required pain relief during their stay at hospital.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The medical division had a local audit programme and reviewed their progress against the action plans to improve their service.
- The trust performed better than average in the Sentinel Stroke National Audit Programme, and performed well in discharge scores in the national Heart Failure Audit. The trust was placed third (second best) quartile in the National Diabetes Inpatient Audit.
- The service made sure staff were competent for their roles. All new staff, including volunteers, attended a trust and local induction programme and were provided with additional training as needed. All grades of staff had a job description for their role. The trust used an appraisal system to identify their staffs training and learning needs.

Medical care (including older people's care)

- Staff of different kinds worked together as a team to benefit patients. We observed staff were professional in their interactions with colleagues, patients and visitors to their ward. Medical, nursing staff and support workers worked well as a team, this was confirmed by the multidisciplinary entries in the integrated care documents we viewed.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care and could access support from the psychiatric liaison team. Staff told us that the Mental Capacity Act 2005 was 'at the heart of all their care'.

Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion. We observed staff of all grades treating patients and visitors with kindness, compassion, courtesy and respect during our inspection.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff were seen to be encouraging, sensitive and supportive towards patients and when discussing the patient's needs. Staff understood and respected the personal, cultural, social and religious needs of patients; we witnessed these being discussed in relation to their care needs. Staff took account of psychological aspects of care as well as physical.
- Staff provided emotional support to patients to minimise their distress. Patients' emotional wellbeing was at the centre of all care provided and emotional support was in evidence during the inspection.

Is the service responsive?

Good  → ←

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

- The service planned and provided services in a way that met the needs of local people. Senior clinical staff had close links with patient groups and encouraged patient participation in open meetings. We saw the views of patients and carers were taken into consideration when reviewing services.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice. The average length of stay for emergency and elective patients was the same as the national average. Referral to treatment times within 18 weeks for admitted patients at the trust were consistently better than the national average.
- The service took account of patients' individual needs. The trust employed specialist nurses to support the ward staff. This included dementia and learning difficulty link nurses who provided support, training and had developed resource files for staff to reference. Wards also had 'champions' who acted as additional resources to promote best practice.

Medical care (including older people's care)

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff told us that whenever possible patient issues were addressed as soon as possible with the patient at the time of being raised. Staff confirmed that complaints were discussed at clinical governance meetings and information was disseminated to staff through team meetings and briefings. Themes and trends from recent complaints were displayed in the ward staff room.

However:

- The discharge lounge remained a mix sex area with patients of both sex sharing a toilet which did not ensure the privacy and dignity of the patients was maintained.

Is the service well-led?

Good   

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

- The medical division had managers at all levels with the right skills to run service. Staff told us they felt confident they would have their concerns taken seriously and acted upon.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. All ward managers we spoke with knew their ward performance metrics, what they were doing well, and what required further improvement. Managers we talked with clearly articulated the challenges and risks their team faced in delivering good care. This meant the local leadership had good oversight of the service they were delivering.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. We saw documentary evidence of suitable processes to assess, monitor, and improve the quality and safety of the service. Governance meeting minutes covered all the relevant governance topics and audit trails expected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. We found the trust worked closely with external stakeholders, for example the Clinical Commissioning Groups, and local council, Health, Oversight and Scrutiny Committee.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The trust values 'patients first, personal responsibility, passion for evidence and pride in our team' was quoted by staff who worked in the service and was embodied in their work ethic.

Areas for improvement

Actions the trust MUST take:

- The trust must store chlorine tablets in line with Control of Substances Hazardous to Health Regulations.
- The trust must manage waste in line with national guidance.
- The trust must store medicines in line with manufacturer's and national guidance.
- The trust must ensure fire prevention and management of the environment minimises risk.
- The trust must lock all computer terminals when not in use to maintain the confidentiality of patient records.

Medical care (including older people's care)

Actions the trust SHOULD take:

- The trust should meet the trust target of 90% compliance with mandatory training.
- The trust should provide single sex toilet facilities for patients in the discharge lounge.
- The trust should review all care plans on the intranet so they are current.

Critical care

Outstanding   

Key facts and figures

The Intensive Care Unit (ICU) and High Dependency Unit (HDU) were combined in May 2017 to form a new critical care unit. This has enabled considerable rationalisation of staff and facilities to provide better care for patients. The unit at St Peter's admits approximately 600 patients each year.

The critical care unit is part of the Theatres, Anaesthetics, Surgery and Critical Care (TASCC) directorate at the trust.

The critical care unit (not including neo-natal) had 13 beds. Eight of these beds were for level 3 patients and five for level 2 patients.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Before, during and after our inspection we reviewed the hospital's performance and quality information. This information included meetings minutes, policies, audit and performance data.

Summary of this service

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

- Following our inspection in 2014, there had been improvements to the critical care unit. These improvements contributed to the safety of patients.
- There were effective systems in place to protect patients from harm and a good incident reporting culture.
- The critical care outreach team provided effective support to the general wards with the management of deteriorating patients and preventing admissions to ICU.
- Patients received effective, evidence-based care and patient outcomes were within the expected range. There was an extensive audit and research programme and an investment in finding new ways to improve patient outcomes.
- Appropriately qualified staff cared for patients. There were effective training programmes for both nursing and medical staff. The percentage of nursing staff with post registration qualification in critical care met the recommended guidelines.
- There was a strong culture of multidisciplinary working on the unit.
- There was an embedded culture of supporting patients and their families during and after admission to critical care. The service was committed to engaging with patients and their relatives and tailored care to suit individual needs.

Is the service safe?

Good  

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

Critical care

- The service managed incidents well and investigated them with detailed analysis. Staff recognised incidents and reported them appropriately. Lessons learnt from incidents were shared with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. There was a genuinely open culture in which all safety concerns raised by staff and people who used the service were highly valued as being integral to learning and improvement.
- Staff controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used recognised control measures to prevent the spread of infection.
- Nurse staffing levels followed national guidance. Level 3 patients were nursed on a one to one ratio and level 2 patients were nursed on a two patients to one nurse ratio. Although there were measures to recruit and retain staff, the unit did not have a full complement of nursing and medical staffing. However, this did not compromise safety due to the use of escalation policies when there were staff shortages and through the employment of agency, bank and locum staff.
- Critical care was a safe environment which had suitable equipment, readily available. Staff looked after the equipment well and were competent in its use.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care. The systems to manage and share the information that was needed to deliver effective care, treatment and support, were coordinated, provided real-time information across the service and supported integrated care for patients.
- People received their medicines as prescribed and the pharmacist ensured that medicines were administered, recorded and stored in line with legislation and guidance.
- There was a coordinated approach to assessing and managing patient risk. An effective and highly trained critical care outreach team supported ward to staff to respond to and manage the care of deteriorating patients safely
- The service provided mandatory training in key skills to all staff. Most staff had training on how to recognise and report abuse and they knew how to apply it. Staff were clear about what was a safeguarding issue and how to escalate safeguarding concerns.
- The service planned for emergencies and staff understood their roles if one should happen.
- Critical care was not an outlier for the associated patient outcome parameters and invested considerably in using audit and research to improve the effectiveness of care and treatment.

However:

- Medical and nursing staff did not meet the trust target for completion for all mandatory training.

Is the service effective?

Good   

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

- Staff provided care and treatment based on national guidance and policies reflected this.
- Staff assessed patients for risk of dehydration and malnutrition using a nationally recognised tool. Staff took action, including accessing specialist support, to ensure patients nutrition and hydration needs were met.

Critical care

- Patients' pain was well managed. Pain relieving medicines were prescribed and administered according to patients' pain levels.
- The service monitored the effectiveness of care and treatment and used findings to improve them. They contributed to the Intensive Care National Audit Research Centre (ICNARC), which meant outcomes of care delivered and patient mortality could be benchmarked against similar units nationwide. Overall, the results of the 2016/17 annual report showed that the critical care unit had outcomes that were similar to other critical care units and were within national expectations.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, and share best practice. There was an effective staff training and development programme for both nursing and medical staff. The number of nursing staff who had post registration qualifications in critical care nursing was above national guidelines.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other health care professionals and a committed team of volunteers supported each other to provide good care and support for patients and their relatives.
- Patients were supported to understand their illness, recovery stages and to manage their own health needs by the unit's critical care rehabilitation pathway.
- Critical care had an effective electronic system to record information about patient's wellbeing and treatment plans, which all staff could access. The hospital's electronic patient records system meant the critical care outreach team had access to the results of monitoring of all patients' wellbeing.

However:

- Mental Capacity Act (MCA) training had not met the trust's target of 90%. Staff were able to show a thorough understanding of the Mental Capacity Act and reviewed notes demonstrated that consent and capacity issues were documented then re-assessed during admission.

Is the service caring?

Outstanding  

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

- Patients and their relatives were always treated by staff with compassion, dignity and respect. Feedback from patients and their relatives was consistently positive about the way staff treated them. Patient and relative feedback strongly showed there was a caring and supportive culture in critical care. There were numerous examples of individualised, holistic patient care such as taking a long-stay patient outdoors to experience snowfall and how a pet came to spend the final hours with its dying owner.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. Those relationships were highly valued by staff and were promoted by leaders.
- Patients and relatives were active partners in their care and treatment. Staff were fully committed to working in partnership with patients and relatives. Explanations of care and treatment were delivered to patients and their families in way they understood whilst in hospital and after discharge from hospital. Staff were always available to help patients and relatives understand explanations. Staff kept records of discussions with relatives and patients so staff could ensure information given was not conflicting.

Critical care

- Patient's emotional needs were highly valued by staff and were embedded in their care and treatment. Emotional support was available and provided whilst patients were on the unit. This included the use of patient diaries that helped families to track their relative's day and aided recovery too.

Is the service responsive?

Good ● → ←

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

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of life and people who were in vulnerable circumstances or who had complex needs.
- People's individual needs and preferences were central to the delivery of tailored services. The service was flexible and ensured continuity of care. Facilities and premises met the needs of a range of people who used the service.
- People could access services when they needed them. Follow up clinics were booked for those people wanting help post discharge giving them access to a multidisciplinary team and relevant treatments. Technology and systems were used innovatively to ensure people had timely access to treatment, support and care.
- The service treated concerns and complaints seriously, investigated them in an open and transparent way and learnt lessons from the results which were shared with staff. The service used the learning from complaints and concerns as an opportunity of how they incorporated learning into daily practice.

Is the service well-led?

Outstanding ☆ ↑↑

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

- Critical care had managers with the right skills and abilities to run the service providing high quality care. Leaders had an inspiring shared purpose and aimed to deliver and motivate staff to succeed. Leaders understood the challenges and priorities in their service. Managers were eager to harness and retain talent so invested in clinical education, had ideas and plans to retain and recruit nursing staff and embraced succession planning.
- There was a vision for what leaders wanted to achieve in critical care in line with the overarching vision for the trust. The service was forward looking, promoted training, clinical research and encouraged innovations. Staff knew and supported the vision, values and contributed to achieving them. This unit wanted to provide an outstanding experience for patients and staff so had priorities and actions to achieve this.
- The service had a positive, inclusive, collaborative and supportive culture. Staff expressed pride and commitment working for the critical care unit. There was strong collaboration and team-working with the shared purpose of improving quality of care and patient experience. The staff pride board was filled with comments detailing why they valued working there.

Critical care

- The service had systematic processes, involving staff of all roles and grades, for reviewing and improving the service. This included identifying risks, and planning to reduce the level of risk. There was a rolling agenda of meetings to improve quality and patient safety. Governance arrangements were robust, proactively reviewed and reflected good practice. Leaders had worked hard to improve governance management following previous short fallings identified at their last CQC inspection.
- Learning from incidents, complaints, research and audits was crucial to this unit and staff participated at many levels in pursuing best practice. There was a demonstrated commitment to best practice and risk management systems and processes. Issues were escalated to the appropriate committees and the board through reporting clear structures.
- Senior nurses, consultants and healthcare professionals were leads in certain key clinical areas. Therefore there were always staff to contact if advice was needed.
- Services were developed with full participation of those who used them, staff and external partners such as the critical care stakeholders group or the wider critical care networks as equal partners. For instance, the relative's room was rebuilt following family feedback that the existing space was too small.
- Innovation was encouraged and supported, both by the service and by the trust. The service invested in innovative and best practice information system and processes. The information used in reporting, performance management and delivering quality care was found to be accurate, valid, reliable, timely and relevant. Technology was progressive in this unit including its comprehensive website, information boards and electronic patient management tools. The patient first website was innovative and electronic tablets were funded for patients and relatives to have access to critical care information.

Outstanding practice

- The compassionate and considerate care given by all staff working in the critical care unit to patients and relatives.
- There was an inspirational and well led workforce who demonstrated commitment to patient safety and quality improvements.
- There was a constant focus on finding ways to utilise technology to help staff and benefit patient care. The innovative use of technology led by the clinical lead included a sophisticated computer information system, electronic tablet devices for patient and family use and an informative website.

Services for children and young people

Good  

Key facts and figures

At the last inspection we rated services for children and young people as good for effective, caring and responsive; and requires improvement for safe and well led.

The trust has 38 paediatric beds across St Peter's Hospital. There are 38 beds located within five wards. (Source: Routine Trust Provider Information Request (RPIR) – Sites Acute tab)

The trust provided a full range of in and out-patient paediatric services. There is a separate paediatric outpatient's department based at the Ashford Hospital which is not included in this report.

The hospital has a paediatric accident and emergency and neonatal intensive care (level 3). Paediatric accident and emergency is reported separately under the urgent and emergency service report.

Ash Ward (in-patient paediatric ward) has 22 beds for medical, surgical and orthopaedic admissions. The trust has two young person's bays (Male and Female) within Ash Ward to accommodate young people up to 18 years of age.

Paediatric assessment unit (PAU) is a four-bedded flexible area within Ash ward. This unit provides a short stay service for the assessment, observation and treatment of children and young people. Oak Ward (day case ward) is a 12-bedded day unit dealing with medical and surgical day cases from Monday to Friday. There is also a designated paediatric oncology shared care unit, which provides ambulatory care for up to three patients open Monday to Friday.

The neonatal unit provides level 3 intensive care and is one of the four intensive care centres for the Kent, Surrey and Sussex Neonatal Network. Within the 28-cot unit are ten cots designated for ITU, with the remainder are used flexibly for high and low dependency care.

Separately there are a further eight cots on a unit situated on the post-natal ward for transitional care.

The trust had 3,988 spells from February 2017 to January 2018. Emergency spells accounted for 83% (3,313 spells), 16% (630 spells) were day case spells, and the remaining 1% (45 spells) were elective.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We looked at all areas where children and young people were seen within St. Peter's Hospital including, both Ash and Oak ward, the Neonatal Intensive Care Unit (NICU), outpatients, Oncology and surgery.

We spoke with 28 members of staff from across the division. This included a matron, ward manager, consultants, play therapists, physiotherapists, nursery nurses, junior doctors, Senior House Officers, housekeepers, an anaesthetist, Surgeon, registrars, ward clerks, neonatal transport staff, community nurses, safeguarding lead and the triumvirate team. We also spoke with 15 parents or carers and children within the division.

Before, during and after our inspection we reviewed the hospital's performance and quality information. This information included meetings minutes, policies, audit and performance data. On site we reviewed 15 sets of patient records and 13 prescription charts.

Summary of this service

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

Services for children and young people

- Staff fully understood how to protect patients from abuse and the service worked well with other agencies to do so. The safeguarding team were visible on the children's wards both days of our inspection and staff told us they came to the wards every morning to assist with any safeguarding issues.
- Risks to people who used the services were assessed, monitored and managed on a day-to-day basis. We saw comprehensive risk assessments carried out on admission. This included background information on the child's previous admissions and if they were known to social services or under any protection plan.
- Although medical staffing was on the risk register, the division were maintaining safe staffing levels. Nurse staffing levels were often achieved by using bank and agency nurses. However, the department had a robust induction and competencies check and tried where ever possible to use regular agency to mitigate the risk.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The department also had a separate children and young people specific safety thermometer.
- Pain assessments on children and young people had greatly improved, with pain assessment forming part of the paediatric early warning systems (PEWS) chart.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The play therapy team were available seven days a week. They came to the wards to work with patients around anxiety and distress, and helped to prepare them for procedures.
- Patients' needs were considered at all stages of paediatric care. There had been a marked improvement to the care of children or adolescents suffering with mental ill health since our last inspection.
- People could access the service when they needed it. There were good links with local GPs who could call the paediatric registrar (who held a bleep) for telephone advice, or could directly contact the consultant in charge. The service has helped to reduce referral to hospital and improved patient experience.
- Staff universally felt supported by their managers and each other. We saw a collaborative team who worked together to ensure they were delivering the best care to their patients.
- The senior staff we spoke to understood the challenges and could identify what changes were needed to address them. An example of this is the planned paediatric assessment unit to help with the flow and staffing of the department.

However:

- We found chipped skirting boards and peeling paint in bathrooms, this could be an infection control risk as these areas could not be cleaned effectively. We also found some light dust in high areas, such as above beds, and on television brackets, suggesting these areas may need to be cleaned more often.
- We found an un-locked sluice which contained cleaning products and waste in the incorrect bin. This could mean patients could access the harmful cleaning products.
- The department did not have a dedicated pharmacist. The ward was visited each day by a pharmacist or pharmacy technician. However, we found for one ward had not been visited by a pharmacist for over two days to clinically check the medicine charts or carry out medicines reconciliation.
- Some leaflets needed to be reviewed to ensure they contained up-to-date information.

Services for children and young people

There was no formal care passport for patients with complex needs. This was not in line with recently recommended National Confidential Enquiry into Patient Outcomes.

Is the service safe?

Good  

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

- Staff had received up-to-date training in all safety systems, processes and practices. The service provided mandatory training in key skills to all staff and made sure everyone completed it. We saw good oversight of staff training needs and clear indication of staff who were due to retake their mandatory and statutory training. Current figures showed an average of 84% of staff had completed this showing an increasing trend.
- During our previous inspection in 2015 we found safeguarding systems were not fully embedded as they had recently been reviewed and new policies introduced. During this inspection we saw that staff fully understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The safeguarding team were visible on the children's wards both days of our inspection and staff told us they came to the wards every morning to assist with any safeguarding issues. We saw the trust was represented at relevant Surrey Safeguarding Children Board meetings and sub health group meetings. We also saw annual audits were carried out by the safeguarding team audits included safeguarding supervision, bruising in infants and skull fractures.
- The service had suitable premises and equipment and looked after them well. All areas we visited were welcoming for children. The ward manager had introduced an inventory and competencies checklist for all medical and non-medical equipment. This gave assurances that all equipment on the wards was safe to use and that all staff had the competencies to use specific equipment.
- Risks to people who used the services were assessed, monitored and managed on a day-to-day basis. We saw comprehensive risk assessments carried out on admission. This included background information on the child's previous admissions and if they were known to social services or under any protection plan. Children were constantly assessed using the nationally recognised paediatric early warning systems (PEWS) escalation trigger protocol. Children in recovery were monitored by two staff members who had appropriate paediatric training and were trained in paediatric life support. This training provided the knowledge and core skills required to intervene to prevent further deterioration towards respiratory or cardiorespiratory arrest.
- During our previous inspection in 2015 we saw some staffing issues relating to a lack of senior staff in post. During this inspection we saw that although there were significant staffing vacancies the service managed to ensure it had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Although staffing levels were often achieved by using bank and agency nurses the department had a robust induction and competencies check and tried where ever possible to use regular agency to mitigate the risk. There were no occasions where there were not at least two specialist paediatric trained nurses on any shift.
- Although medical staffing was still on the risk register the division were maintaining safe staffing levels. For example, children admitted to a paediatric department with an acute medical problem were seen within four hours by a doctor. A consultant paediatrician was available 24 hours seven days a week, and every child admitted to the paediatric department was reviewed by a consultant paediatrician within 14 hours.

Services for children and young people

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. When patients were moved between departments, services or back into the community we saw that discharge summaries and letters were available and distributed to the appropriate team. There were specific systems to flag if a child had particular needs for example, safeguarding or mental health issues. We spoke to five members of staff who confirmed this was well established and widely understood.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. From April 2017 to March 2018, the trust reported no incidents classified as never events for children's services. There were 12 serious incidents in children's services which met the reporting criteria set by NHS England in the same time period.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The department also had a separate children and young people specific safety thermometer which included checks on observations, escalation, proper positioning of intravenous cannulas and pain. The average result showed 84% harm free care.
- The service generally controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. We saw that the cleaning scores for both Oak and Ash wards were in line with the trust target of 98% from March to May 2018.

However:

- On inspection we found some areas across both wards where light coloured dust had started to form in high up areas, such as noticeboards and television brackets. The cleaning schedule stated these areas should be cleaned twice a week on a Monday and a Friday. We inspected these areas on a Thursday which was three days after they were cleaned. This suggests these areas needed to be cleaned more regularly to prevent the build-up of dust.
- We also found chipped skirting boards and peeling paint in bathrooms on Ash Ward; this could be an infection control risk as these areas could not be cleaned effectively.
- The department no longer had a dedicated pharmacist. The ward was visited each day by a pharmacist or pharmacy technician in most occasions, who conducted medicines reconciliation and clinically screened the prescriptions (medicines reconciliation is the process of ensuring that the list of medicines a person is taking is correct). However, we found for one ward had not been visited by a pharmacist for over two days to clinically check the medicine charts or carry out medicines reconciliation. This presented a risk that patients' medicines were not being regularly reviewed.

Is the service effective?

Good   

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

- Patients' care and treatment was planned and delivered in-line with current evidence based guidance, standards and best practice. We found this was monitored to ensure consistency of practice.
- We saw children received a comprehensive assessment of their physical needs alongside any past or current mental health problems. There was a new admissions pro forma booklet which was filled out for every patient we reviewed. We saw good communication between the hospital and community teams with some consultants working across both teams to provide an additional route for sharing information.

Services for children and young people

- Staff were proactive in monitoring the nutrition and hydration needs of children and young people admitted to wards. All children admitted were assessed using the screening tool for the assessment of malnutrition in paediatrics (STAMP). The STAMP assessment was completed in all patients' records we looked at. There was a dietitian who worked on both the wards and within the neonatal intensive care unit (NICU). They were available for advice and carried out assessments on children if required.
- During our previous inspection in 2015 we found there were some inconsistencies in recording children's pain levels. There was no dedicated paediatric pain team but advice was sought from the adult pain team as necessary. During this inspection this had greatly improved, with pain assessment forming part of the paediatric early warning systems (PEWS) chart. We observed this being recorded during patient reviews. The department used many ways to determine pain levels including The Face, Legs, Activity, Cry, Consolability scale (FLACC). This scale is a measurement used to assess pain for children between the ages of 2 months and 7 years or individuals that are unable to communicate their pain.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The NICU compared well amongst the South-East Coast Neonatal Network dashboard. From January to March they were the only department out of 13 hospitals across the region to achieve a red, amber and green (RAG) rating of green in nine of the standards set by the neonatal audit programme. This showed the department was working hard and benchmarking themselves to achieve a better standard of care.
- The service made sure staff were competent for their roles. From April 2017 to March 2018, 93% of staff within children's services at the trust had received an appraisal better than the trust target of 90%. The division had a dedicated practice development nurse to support staff development. We saw evidence of mentorship, education review, appraisals and one to one clinical supervision. We saw evidence that all staff undertook paediatric immediate life support (PILs) training. This training provided healthcare staff with the necessary knowledge and skills needed to provide immediate life support to paediatric patients.
- There was embedded multidisciplinary working throughout children and young people's services. We witnessed effective communication between teams and witnessed two multidisciplinary team meetings during our inspection. The meetings considered everyone's views. In the NICU they included visual projections of patients x-rays and outcomes of investigations which were used for feedback and training purposes; alongside evaluating the patients' health. Staff were universally positive about the relationship between consultants and the wider team and we saw that there was mutual respect for each profession.
- The hospital had good links with other organisations and discussed these at meetings including handovers. An example of this was the relationship with Child and Adolescent Mental Health service. This was largely because there were two registered mental health nurses employed who ensured an effective mutual relationship.
- There were no emergency readmissions after an elective admission at this trust among patients in the under one age group from December 2016 to November 2017 and no speciality had more than six readmissions for patients in the 1-17 age group. The data showed that from December 2016 to November 2017 there was a lower percentage of under ones readmitted following an emergency admission compared to the England average and a lower percentage of patients aged 1-17 years old readmitted following an emergency admission compared to the England average.
- The department offered good seven-day service. This included access to play therapists every day, pharmacy support and two registered mental health nurses available seven days a week.
- There was a pathway for the management of patients detained under the Mental Health Act 1983. All staff we asked could identify this to us and knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Services for children and young people

- There were age appropriate consent forms for those under and over 16 years of age. We witnessed all signatures were checked in the wards and in anaesthetic rooms prior to surgery. The check was completed between trained staff and parents and carers or the patient themselves depending on their age.
- We saw that young people were encouraged to involve their families or carers in decisions around consent, this was standard practice and was noted in the consent process.

However:

- We reviewed several policies and leaflets within the department and saw some had passed their review date. For example, patient information on cooling treatment for babies with hypoxic ischaemic encephalopathy was issued in February 2015 and due for review in January 2018. We also saw a 'Supporting your baby's development 28-30 weeks gestation' leaflet published in November 2014 and due for review in November 2016. This could mean the most up to date guidance was not included in the leaflet.

Is the service caring?

Good  ➡ ➡

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We interviewed 14 patients and their carers and most reported positively about the care they received within the department.
- The parents we spoke with praised medical and nursing staff for the way they communicated with them and we were repeatedly told that "Staff were lovely and kind". Parents told us that they felt staff cared for them as well as their children; one commented "We all feel supported, it's so calm here."
- Staff involved patients and those close to them in decisions about their care and treatment. For example, parents who had children in the neonatal intensive care unit (NICU) could choose which bedding and blankets their children had. This gave them an element of control and empowered them to feel part of their child's care at a difficult time. The blankets and sheets were often donated by parents who had attended the department previously or from local charities.
- The play therapy team came to the wards to work with patients around anxiety and distress, and helped to prepare them for procedures. They were available every day and feedback we saw was unanimously positive. Comments such as "The play room and staff always make our journey more bearable" and "So lucky to have outdoor areas for the children to play."
- Parents told us that staff kept them informed of their child's progress in a way that they could understand and that staff supported them throughout, sharing information clearly and discussing their care plans. We saw from patient records that medical staff had discussed the child's care plan with parents.
- The trust performed about the same as other trusts for the 19 questions relating to understanding and involvement of patients and those close to them in the CQC Children and Young People's Survey 2016.

Is the service responsive?

Good  ➡ ➡

Services for children and young people

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

- The trust planned and provided services in a way that met the needs of local people. Parents and children were engaged in changes within the department and fundraising. A local charity had also funded the recent refurbishment of a parents sleeping area on the neonatal intensive care unit (NICU) and the entrance to the department had also been enhanced. Staff told us that they were personally involved in fundraising events and that parents, retired consultants and current staff were actively involved in this too. For example, three staff members were fundraising by running the 'Three peaks challenge' in the coming months. This showed staff were invested in the department both in and outside of work.
- The hospital had a transport service which worked with two other NHS trusts. There were three teams that assisted in the transport of patients across the area.
- There were separate bays for adolescents within the department with separation of females and males. This included toilet and bathroom facilities. There were also bays for children under two years old. A separate waiting area for children in the outpatient setting had books and toys to keep younger children occupied. This separation helped ensure children would feel more at ease and surrounded by their peer group.
- The service took account of patients' individual needs. We saw patients' needs were considered at all stages of paediatric care. There had been a marked improvement to the care of children or adolescents suffering with mental ill health since our last inspection.
- We were told about many recent reasonable adjustments the department had made, examples included appointments arranged at times that were quiet for anxious patients, enabling a teenager to sit exams within the oncology department as they felt more comfortable there, and providing easy read or pictures for patients for communication.
- In NICU, a consultant, had developed a 'developmental care round', this occurred weekly and involved a multidisciplinary team of staff with the aim of supporting families and identifying where extra support may be needed. This had been a positive addition to the department and had recently received commendations for this work.
- The department had two registered mental health nurses who managed the care of patients who needed extra support with mental health. There was a clear pathway of management and staff fully understood this. Child and Adolescent Mental Health Services (CAMHS) were available daily to assess and support individualising specific pathways of care. We saw there was a cubicle available if a patient required an isolated environment. We were given examples where this was used recently with success.
- People could access the service when they needed it. Children were held on a separate paediatric surgical list so there was no need to prioritise over any adults as they had a separate pathway. Surgery waiting times were dependent on the urgency of the surgery, for example those in urgent need could be operated on immediately.
- There were good links with local GPs and they could call the paediatric registrar (who held a bleep) for telephone advice, or could directly contact the consultant in charge. The service has helped to reduce referral to hospital and improved patient experience.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. We reviewed several recent complaints which had been responded to in line with trust policy. We also saw evidence of changes in practice as a result of complaints.
- The trust performed better than other trusts for one question, worse than other trusts for one question and about the same as other trusts for the remaining 15 questions relating to responsiveness in the CQC Children and Young People's Survey 2016.

However:

Services for children and young people

- Although it was evident that care was fully assessed and delivered for patients with complex needs, there was no formal care passport for patients or carers. We were told that the community teams do complete care passports which can be bought in by the patient and used by the paediatric team. This was not in line with recently recommended National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Chronic Neurodisability: Each and Every Need published March 2018. We also found there was no specialist nurse championing disabilities within children and young person's services.

Is the service well-led?

Good ● ↑

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

- During our previous inspection in 2015 there were several new members of the leadership team. This had started to bring about changes and staff were optimistic about the future of the department. During this inspection we saw this had fully embedded and that the division had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The senior staff we spoke to understood the challenges and could identify what changes were needed to address them. An example of this is the planned paediatric assessment unit to help with the flow and staffing of the department.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. These plans and actions were monitored as part of routine business planning processes throughout the year. This showed a long-term commitment for improving and building on the vision and strategy which had input from divisional staff.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff universally felt supported by their managers and each other. We saw a collaborative team who worked together to ensure they were delivering the best care to their patients.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Clinical effectiveness and clinical audit were central to the delivery of the clinical governance agenda.
- Paediatric risks were documented on the trust wide risk register and we saw evidence that these were being reviewed and updated regularly. Currently staffing was the top risk associated with the division, and a driver for the introduction of the paediatric assessment unit.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The division recently won a bid to enhance the role of project lead for the 'We can talk' project. This project included young people coming to talk and engage with staff during training sessions.
- The trust's board undertook walkabouts around the hospital focused on discussion on patient related quality and safety issues. Staff reported that they gave them access to the board and allowed an informal means of engaging to find local solutions to issues and to seek resolution through current reporting structures.
- We spoke to staff throughout the division who could explain and demonstrate how to access information through the trust's comprehensive intranet pages. This was accessible to all staff including agency staff who were given a login as part of their induction. This ensured staff could access up to date policies, guidance and training opportunities.

Services for children and young people

- We saw that test results and x-rays were also available online for instant review by consultants. This was demonstrated to us during a routine handover where staff could view test result and x-rays displayed on a large screen for maximum input from all staff.
- Staff felt engaged with the division and the services they delivered. Many of the quality improvement initiatives were led by staff and had had a positive impact on morale and the service offered.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

- In the NICU, a consultant, had developed a 'Developmental care round', this occurred weekly and involved a multidisciplinary team of staff with the aim of supporting families and identifying where extra support may be needed. This had been a positive addition to the department and had recently been commended by Bliss. Bliss is a leading UK charity for babies born premature or sick.
- The services for children and young people employed two registered mental health nurses who worked across the division to ensure the needs of children suffering with mental health issues needs were met. They were also the main point of contact for the Child and Adolescent Mental Health Services (CAMHS) and an effective relationship had been formed as a result.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Actions the trust SHOULD task:

- The trust should consider updating bathroom facilities to minimise the infection control risk.
- The trust people should ensure medicine charts and medicines reconciliation is carried out daily.
- The trust should ensure all dirty utilities are kept locked if they contain dangerous chemicals.

Ashford Hospital

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Key facts and figures

Ashford and St Peter's NHS Foundation Trust was formed from the merger of two hospital sites in 1998 and achieved foundation trust status in 2010. Services are provided on two hospital sites, St Peter's Hospital (Chertsey) and Ashford Hospital (Ashford, Surrey).

The trust has 575 beds, of which 501 are general and acute beds, including 13 critical care beds. These are supported by 15 operating theatres. The trust provides a full range of general hospital services and some specialist services such as neonatal intensive care and limb reconstruction surgery to a population of 410,000 people in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow and Surrey Heath.

Ashford hospital provides planned care including day surgery, in-patient rehabilitation, elective orthopaedics and out-patients.

From July 2016 to June 2017 the trust had 67,753 episodes of in-patient care, 796,024 outpatient appointments, of which 265,039 were at Ashford hospital.

The trust employs around 3,300 staff.

The trust's annual turnover is about £288 million, with surplus projected for current financial year (2018/19).

Summary of services at Ashford Hospital

Requires improvement  

Our rating of services went down. We rated them as requires improvement because:

The service had suitable premises and equipment but did not always look after them well. Emergency equipment in general outpatients and the ophthalmology clinic was not always checked in line with trust policy. Some items of clinical equipment in the ophthalmology clinic were seen to be overdue for maintenance. Overall, facilities and premises were appropriate for the services delivered. There were facilities for patients in wheelchairs in the outpatient department including disabled toilets.

Medicines and medicines-related stationary were not always managed in a way that kept people safe in relation to the storage temperatures of medicines and the tracking of prescription forms.

Summary of findings

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Standards of cleanliness and hygiene were generally maintained but cleaning schedules were not in use in all clinic areas such as the ophthalmology clinic.

People could access the service when they needed it. However, services did not always run on time, although patients were informed of delays. There was some overbooking in clinics which had caused delays.

Governance structures were not consistently in place to support the delivery and development of outpatient services. Arrangements for identifying, recording and managing risks, issues and mitigating actions were not consistent or comprehensive.

The trust had managers at all levels with the right skills and abilities to run a service but senior trust and divisional leaders were not perceived as visible within the outpatient department. Staff felt uncertain about the future of Ashford Hospital and did not feel engaged with the wider organisation.

However:

The trust had a vision for what it wanted to achieve and workable plans to turn it into action but there was no outpatient strategy recorded that showed how the service would develop to contribute to those strategic objectives. There was a clear set of values with quality of care and meeting patients' needs as the top priority.

The service managed patient safety incidents well. Lessons were learned and improvements made when things went wrong. Staff recognised incidents and reported them appropriately but not all staff had received feedback on incidents reported and outpatient team meetings did not include safety incidents as a standing agenda item.

Staff kept appropriate records of patients' care and treatment. People's individual care records, including clinical data was written and managed in a way that kept people safe.

The service took account of patients' individual needs. Patient's physical, mental health and social needs were holistically assessed and staff delivered patient care in line with evidence based and best practice guidelines. There was evidence of multidisciplinary working with all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment.

The trust collected, analysed, managed and used information well to support all its activities. Information about patient outcomes were recorded after each clinic appointment and there were processes to audit these to promote quality improvements. The trust closely monitored cancellations in fewer than six weeks' notice and referral to treatment times.

People were treated with compassion, kindness, dignity and respect when receiving care.

There were processes to manage current and future performance which were regularly reviewed and improved. There were clear and robust service performance measures, which were reported and monitored.

We did not inspect all core services. The previous rating for those services we did not inspect were taken into account when working out the overall trust ratings for this inspection.

Outpatients

Requires improvement   

Key facts and figures

Outpatient services at the trust are delivered over two main sites, Ashford Hospital and St Peter's Hospital. Woking Hospital also provides some outpatient services. There are satellite clinics at Cobham.

Outpatient services include new patient and follow up consultant and nurse led clinics.

Outpatients provide treatment clinics, including minor operations for dermatology and maxillary facial (including orthodontics). Specialist bariatric services are also provided.

Adult and Paediatric services are delivered in separate areas and there is a specific dementia friendly environment on the Ashford site. The trust has a purpose built diabetes centre providing community and acute outpatient care in one area, encouraging collaboration and joint working with other agencies.

The trust had 539,052 first and follow up outpatient appointments from February 2017 to January 2018. Of these, 265,039 were at Ashford hospital. This was about average compared to other trusts. Medical specialities represented 37% of attendances. Surgical specialities represented 31% and ophthalmology 10%.

During our inspection we visited the outpatient clinics for respiratory, orthopaedics, gastroenterology, urology, maxillofacial, endocrinology, breast care, dermatology, cardiology, gynaecology and ophthalmology. We met with six patients and carers and spoke with 23 staff. Staff we spoke with included outpatient managers and sisters, staff nurses, matrons, a clinical site nurse practitioner, a breast care clinical nurse specialist, healthcare assistants, reception staff, appointment team leaders, an associate director of operations and consultants.

Summary of this service

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

- Standards of cleanliness and hygiene were maintained in some areas; however cleaning schedules were not in use in all clinic areas such as the ophthalmology clinic.
- Emergency equipment in general outpatients and the ophthalmology clinic was not always checked in line with trust policy. Some items of clinical equipment in the ophthalmology clinic were seen to be overdue for maintenance.
- Medicines and medicines-related stationary were not always managed in a way that kept people safe in relation to the storage temperatures of medicines and the tracking of prescription forms.
- Not all staff had received feedback on incidents reported and outpatient team meetings did not include safety incidents as a standing agenda item.
- The trust had not participated in the national benchmarking programme for outpatient departments in 2017.
- Services did not always run on time, although patients were informed of delays. There was evidence of some overbooking in clinics which staff reported had caused delays. Managers told us that action was being taken to address the overbooking of clinics.
- Senior trust and divisional leaders were not visible within the outpatient department. Staff in general outpatients were uncertain about who to report to outside of their immediate line managers.

Outpatients

- There was no outpatient strategy recorded in line with the trust wide strategy. Staff felt uncertain about the future of Ashford Hospital and did not feel engaged with the wider organisation.
- Governance structures were not consistently in place to support the delivery and development of outpatient services.
- Arrangements for identifying, recording and managing risks, issues and mitigating actions were not consistent or comprehensive.

However:

- Safeguarding training attendance for nurses was above trust target.
- People's individual care records, including clinical data was written and managed in a way that kept people safe.
- Lessons were learned and improvements made when things went wrong.
- Patient's physical, mental health and social needs were holistically assessed and staff delivered patient care in line with evidence based care and best practice guidelines.
- Information about patient outcomes were recorded after each clinic appointment and there were processes to audit these to promote quality improvements. This supported efforts to reduce the volume of patients potentially lost to follow up. The follow-up to new rate for Ashford Hospital was consistently better than the England average.
- There was evidence of multidisciplinary working with all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment.
- People were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who are close to them and stakeholders was positive about the way staff treated people.
- Outpatient services ensured people's needs were met through the way services were organised and developed. Patients with dementia were identified through the use of a symbol on their patient record and there was a dedicated dementia waiting area.
- The facilities and premises were appropriate for the services delivered. There were facilities for patients in wheelchairs in the outpatient department including disabled toilets and a 'changing places' toilet.
- People had timely access to initial assessment, test results and diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways was better than the national average.
- Trust performance for cancer waiting times was better than the operational standard and the national average.
- Action was taken to minimise the length of time people have to wait for care, treatment of advice. There was close monitoring of waiting lists and patient follow ups.
- Delays and cancellations were explained to people and the trust closely monitored cancellations in fewer than six weeks. Data showed a reduction in cancellations in fewer than six weeks.
- Complaints were reviewed at the bi-monthly outpatient clinical governance meetings and lessons identified to improve practice.
- There was a clear vision and set of values with quality of care and meeting patients' needs as the top priority.
- Staff we spoke with during our inspection were focused on the needs of patients and the culture was centred on the needs and experience of people who use the services.
- There were processes to manage current and future performance which were regularly reviewed and improved. There were clear and robust service performance measures, which were reported and monitored.

Outpatients

Is the service safe?

Requires improvement   

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

- Standards of cleanliness and hygiene were maintained in some areas; however cleaning schedules were not in use in all clinic areas such as the ophthalmology clinic. The premises were visibly clean and staff washed their hands in line with guidance to prevent the spread of infection.
- The general outpatient service was provided from suitable premises, but appropriately maintained and monitored equipment was not always available. Emergency equipment in general outpatients and the ophthalmology clinic was not always checked in line with trust policy. Some items of clinical equipment in the ophthalmology clinic were overdue for maintenance; this presented a risk that properly functioning equipment may not be available when needed.
- Medicines and medicines-related stationary were not always managed in a way that kept people safe in relation the temperature of medicines stored and the tracking of prescriptions. The temperatures where medicines were stored were marginally but consistently higher than the manufacturer recommendations and tracking of prescriptions was not in line with trust policy.
- Not all staff had received feedback on incidents reported and outpatient team meetings did not include safety incidents as a standing agenda item. This meant that learning from incidents was not always shared to reduce the risk of a reoccurrence.
- Environmental risk assessments were not up to date. This meant that there was no assurance that environmental risks had been identified and mitigated. There were risk assessments for areas such as minimal handling, the use of display screen equipment and the protection of data. However, these had not been reviewed since 2016.

However:

- Staff received effective training in safety systems, processes and practices. Mandatory training attendance was monitored through the department clinical governance processes. This meant that attainment percentages were monitored and where performance fell below standard, action was taken to improve. Three out of eight mandatory training modules were better than the trust target. A further four were 2% below the trust target and one was 27% below the trust target.
- There was a strong culture of incident reporting in the department. Incidents were investigated and issues addressed.
- Safeguarding training attendance for nurses was above trust target. This meant that staff understood their responsibilities and adhered to safeguarding policies and procedures, including working in partnership with other agencies.
- Systems and processes were in place to assess, monitor and manage risks to patients. Staff had a good understanding of how to respond to risk and had clear pathways and processes to follow, including the use urgent referrals to St Peter's Hospital if required.
- People's individual care records, including clinical data was written and managed in a way that kept people safe. Clinical staff maintained accurate records in line with professional guidance and records were kept securely.

Outpatients

- Lessons were learned and improvements made when things went wrong. For example, transport issues were being addressed through liaison with the transport provider via regular meetings and weekly reports as well as in-depth analysis of each incident that had occurred. Staff understood their responsibilities to raise concerns, to report safety incidents, concerns and near misses, and to report them internally and externally.

Is the service effective?

Not sufficient evidence to rate ●

We do not rate this domain. We found that;

- Patient's physical, mental health and social needs were holistically assessed and staff delivered patient care in line with evidence based care and best practice guidelines. For example, in ophthalmology guidance from the Royal College of Ophthalmologists was used and in general outpatients National Institute for Health and Care guidance on the use of compression stockings was followed.
- Patient's nutrition, hydration and pain relief needs were met where necessary during their time in the outpatient department. We saw that patients who were delayed because of transport issues were offered refreshments.
- Information about patient outcomes were recorded after each clinic appointment and there were processes to audit these to promote quality improvements. This supported efforts to reduce the volume of patients potentially lost to follow up. The follow-up to new rate for Ashford Hospital was consistently better than the England average.
- Staff had the skills, knowledge and experience to deliver effective care, support and treatment. Staff had access to appraisals, ongoing training and assessments of competency.
- All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- National priorities to improve the population's health were supported by the service. Bariatric clinics were provided by the department and information about stopping smoking was available.
- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. Patients were given information to be able to make informed decisions about their treatment and care.

However:

- The trust had not participated in the national benchmarking programme for outpatient departments in 2017, although this was not mandatory. This meant that the trust had not measured their performance against other trusts nationally.

Is the service caring?

Good ● → ←

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

- People were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who are close to them and stakeholders was positive about the way staff treated people. We observed staff interacting with patients in a kind, caring and positive way.

Outpatients

- Publicly available published Friends and Family Test data showed that the percentage of patients who would recommend the service to their friends and family in May 2018 was 97%. This was above the 94% average for the same time period nationally.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Staff communicated well with patients so they understood their care, treatment and condition.
- We observed staff from a range of disciplines including those with a non-clinical remit speaking with patients in a kind and supportive way. This included administrative staff and volunteers.
- Staff communicated with people so that they understood their care, treatment and condition. At the end of their appointment patients were informed of the next steps, such as when they would receive test results or when their next appointment would be and with whom.

Is the service responsive?

Good   

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

- Outpatient services ensured people's needs were met through the way services were organised and developed. Patients with dementia were identified through the use of a symbol on their patient record. There was a dedicated dementia waiting area for patients who struggled to cope with busy areas and staff told us that other patients who found busy areas distressing could also use this waiting area.
- The facilities and premises were appropriate for the services delivered. There were facilities for patients in wheelchairs in the outpatient department including disabled toilets and a 'changing places' toilet.
- The 'did not attend' rate for the outpatient department at Ashford Hospital was similar to the national average. This meant that appointments were monitored and effectively utilised in line with national figures.
- People had timely access to initial assessment, test results, diagnosis and treatment. Referral to treatment times were monitored and performance for non-admitted and incomplete pathways was better than the national average. Trust performance for cancer waiting times was better than the operational standard and the national average.
- Action was taken to minimise the length of time people have to wait for care, treatment and advice. There was close monitoring of waiting lists and patient follow ups.
- Delays and cancellations were explained to people and the trust closely monitored cancellations in fewer than six weeks. Data showed a reduction in cancellations in fewer than six weeks.

However:

- Services did not always run on time, although patients were informed of delays. There was some overbooking in clinics which staff reported caused delays.

Is the service well-led?

Requires improvement   

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

Outpatients

- Senior trust and divisional leaders were not visible within the outpatient department. Staff in general outpatients were uncertain about who to report to outside of their immediate line managers.
- There was no outpatient strategy recorded in line with the trust wide strategy. Staff felt uncertain about the future of Ashford hospital and did not always feel engaged with the wider organisation.
- Governance structures were not consistently in place to support the delivery and development of outpatient services. The governance systems relating to medicines management needed to improve as medicine storage and prescription tracking did not have pharmacy oversight.
- Staff meetings did not include a review of safety incidents and complaints; staff reported that they did not always receive feedback about incidents they reported.
- Arrangements for identifying, recording and managing risks, issues and mitigating actions were not consistent or comprehensive. Risks staff told us about were not always recorded on the risk register. Risk assessments were not reviewed in a timely way.

However:

- There was a clear vision and set of values with quality of care and meeting patients' needs as the top priority.
- Staff we spoke with during our inspection were focused on the needs of patients and the culture was centred on the needs and experience of people who use the services. There was a commitment to providing high standards of care and to put patients first.
- There were processes to manage current and future performance which were regularly reviewed and improved. There was a systematic programme of internal operational audit to monitor quality and operational processes.
- There were clear and robust service performance measures, which were reported and monitored.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above. The trust must;

- Take action to ensure that medicines stored within the outpatient department are kept within the required temperature range.

The trust should;

- Have cleaning schedules within all clinic areas with records of when cleaning has taken place.
- Identify issues affecting the regular checks of emergency equipment and take action to address this.
- Review all equipment in the ophthalmology clinic so that maintenance is up to date.
- Review how medicines-related stationary is used to monitor tracking of prescriptions in outpatients, and ensure all staff involved are clear about their responsibilities.
- Include safety incidents and complaints as a standing agenda item at staff meetings so that staff receive regular feedback on incidents reported.
- Continue to review clinic times and address waiting times and overbooking of clinics.
- Review the visibility and approachability of trust and divisional leaders within the outpatient department at Ashford Hospital, ensuring that staff are clear about reporting structures and lines of accountability beyond the immediate line management arrangements.

Outpatients

- Review the strategic priorities for outpatients so that they are aligned with the trust strategy, and engaging staff in this process.
- Improve how governance structures support the delivery and development of outpatient services, particularly around the management and oversight of prescription tracking.
- Improve how risks are identified, recorded and managed so risks are assessed in a timely way in line with trust policy and ensure all relevant risks are added to the risk register and regularly reviewed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

This inspection was led by Shaun Marten - Inspection Manager. The well-led inspection was overseen by Catherine Campbell - Head of Hospital Inspections. An executive reviewer, Stephen Posey - Chief Executive supported our inspection of well-led for the trust overall.

The team included seven further inspectors, an executive reviewer, ten specialist advisers, and an expert by experience.

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