

# St George's University Hospitals NHS Foundation Trust

## Inspection report

St Georges Hospital  
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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

Requires improvement 

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

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.

# Summary of findings

## Background to the trust

St George's University Hospitals NHS Foundation Trust is a combined healthcare service. The trust provides secondary and tertiary acute hospital services and community services to the local population. The Trust is a teaching trust with two hospital locations; St George's Hospital, Tooting, and Queen Mary's Hospital, Roehampton. The main acute site is St George's Hospital, which provides general and specialist services and has an emergency department, major trauma centre and hyper-acute stroke unit. We visited both locations during this inspection.

St George's University Hospitals NHS Foundation Trust has 1083 beds; 995 at St George's Hospital and 88 at Queen Mary's Hospital. The beds at St George's Hospital include acute, medical, surgical, maternity, and critical care. The beds at Queen Mary's Hospital are for people with limb amputations who require neurorehabilitation and others for the sub-acute care, treatment and rehabilitation of older people.

The hospitals are both in the London Borough of Wandsworth. The lead clinical commissioning group is Wandsworth, who co-ordinates the commissioning activities on behalf of the other local clinical commissioning groups such as Merton and Lambeth.

The trust provides all eight acute core services: urgent and emergency care; medical care; surgery; critical care; services for children and young people; maternity; outpatients and end of life care. In addition, the trust provides the additional services of gynaecology and diagnostic imaging. The trust provides three community core services: community inpatients; community adults and community children, young people and families.

St George's University Hospitals NHS Foundation Trust serves a population of 1.3 million across south west London. A large number of services, such as cardiothoracic medicine and surgery, neurosciences and renal transplantation, also cover significant populations from Surrey and Sussex, totalling around 3.5 million people.

The number of staff employed by the trust as of March 2018 was 8,801 staff.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as **Requires improvement**  **

## What this trust does

St George's University Hospitals NHS Foundation Trust provides acute district general and specialist services to the whole population of South West London more specialist services and for the population of Surrey and Sussex. St George's Hospital in Tooting is the only trust location which provides accident and emergency department services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

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

At Queen Mary's Hospital, we inspected community inpatients, surgery and outpatients.

We selected the services for inclusion in this inspection based on those that were 'inadequate' or 'requires improvement' as a result of our findings at the previous inspection carried out in June 2016. Intelligence information we held on these areas indicated the need for re-inspection. However, although community end of life services was rated as 'inadequate' at the previous inspection, the trust no longer provide these services.

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

## What we found

Our overall findings indicated that many areas made improvements. Of the services inspected, all were rated as requires improvement.

Overall, we rated safe, effective, responsive and well-led as requires improvement. We rated caring as good. We rated St George's Hospital, Queen Mary's Hospital and the community services all as requires improvement.

There was a relatively new executive team in place and they were addressing the many challenges facing the trust. The trust was in special measures for both quality and safety. The trust was meeting the 62 day cancer standard and the two-week standard. The trust was not meeting the accident and emergency four hour wait target and was not reporting Referral to Treatment (RTT) data to NHS England.

We found the urgent and emergency services at St George's Hospital remained as requires improvement. Effective and responsive decreased from good to requires improvement. Safe and well-led remained as requires improvement. Caring remained as good.

Medical care at St George's Hospital remained as requires improvement. Safe improved from inadequate to requires improvement. Caring, responsive and well-led all improved from requires improvement to good. Effective remained as requires improvement.

Surgery at St George's Hospital remained as requires improvement. However, safe improved from inadequate to requires improvement. Effective and responsive remained as requires improvement. Caring remained as good and well-led improved from requires improvement to good.

Services for children and young people remained as requires improvement. Safe and well-led remained as requires improvement; and effective, caring and responsive remained as good.

We previously inspected outpatients at St George's Hospital jointly with diagnostic imaging, so we cannot compare our new ratings directly with previous ratings. Safe and responsive were rated as requires improvement. Caring was rated as good. Well-led was rated as inadequate. We did not rate effective.

# Summary of findings

Community inpatients at Queen Mary's Hospital improved from inadequate to requires improvement. Safe and well-led improved from inadequate to requires improvement. Effective and responsive improved from requires improvement to good and caring remained as good.

It was the first time we rated surgery at Queen Mary's Hospital, so we cannot compare our new ratings directly with previous ratings. Safe, effective and well-led were rated as requires improvement. Caring and responsive were rated as good.

It was the first time we rated outpatients at Queen Mary's Hospital, so we cannot compare our new ratings directly with previous ratings. Safe, effective and well-led were rated as requires improvement. Caring was rated as good. We did not rate effective.

We noted that in many areas on the St George's Hospital site, the environment was not always appropriate for the services being delivered, due to the age, structure and maintenance backlog. This area was on the trust's corporate risk register and was a major challenge for the trust.

## Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement and caring as good. We rated three of the trust's 13 services as good and ten as requires improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- We rated well-led for the trust overall as requires improvement.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website .

## Are services safe?

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

- There was variable adherence by staff to infection prevention and control procedures.
- Patient records were not always accurately recorded or stored securely and separate recording systems meant there could be difficulty in accessing records when patients moved between wards.
- Several clinical areas on the St George's Hospital site were in need of significant improvement and maintenance.
- Equipment was not always available for use and there were delays in equipment being repaired.
- Safeguarding assessments for children and adults in accident and emergency were not always completed.
- Providing holistic care to patients living with mental illness was in need of improvement.

However:

- Managers investigated incidents and shared lessons learned to their respective teams to prevent them happening again.
- Staff were managing the risks to patients well. Staff monitored changes in the patients' conditions using nationally recognised systems and escalated deteriorating patients. The majority of patients had risk assessments completed and reviewed regularly from admission to discharge.
- Staff were aware of Duty of candour and were able to give examples of when they had displayed this with patients and relatives.

# Summary of findings

- Medicines were stored securely and staff followed appropriate procedures for controlled drugs.
- At St George's Hospital, progress had been made to ensure outpatient records were tracked and could be located for clinicians.

## Are services effective?

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

- Staff had limited knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in many areas and we found staff did not always complete the required documentation fully or consistently. This was similar to what we found at the previous comprehensive inspection.
- Staff appraisal rates were below the trust's target in many areas.
- The trust performed worse than the national average in respect of the proportion of patients receiving surgery on the day of or day after admission.
- St George's Hospital was in the bottom 25% of trusts in terms of the proportion of patients not developing pressure ulcers.
- St George's Hospital performed worse than the national average of Patient Reported Outcomes Measures (PROMS) in respect of groin hernias, varicose veins, hip replacements and knee replacements.
- Pain scores tools were not consistently completed and records demonstrated that timely pain relief was not always administered. We found this was similar at the last inspection.
- There was a lack of local clinical audits and information on patient outcomes in some areas.

However:

- Multidisciplinary team (MDT) working was well established in the organisation and formed an integral part of patient care.
- Many areas provided care and treatment based on national guidance. There was strong evidence of a good education and research culture within the cardiac investigation unit and the therapies department.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Most patients received clear explanations before and after procedures.

Patients were cared for by appropriately qualified staff. Nurses had gone through an induction and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.

## Are services caring?

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

- Staff were observed to be caring, compassionate and attentive in their interactions with patients.
- Feedback from patients was overwhelmingly positive and confirmed staff treated them with dignity and compassion.
- Patients told us staff respected their needs and most patients felt involved in their care.
- Staff took time to ensure patients and their families understood the treatment.
- Children and young people, as well as their families had access to counselling services and psychological support.

# Summary of findings

- Staff communicated with patients and those close to them in a way they could understand and took time to answer their questions.

However:

- There were instances where patients' privacy and dignity were compromised within the emergency department, the infusion suite in the outpatients department at St George's Hospital and the Frederick Hewitt paediatric ward.

## Are services responsive?

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

- Referral to treatment data was still not being reported to NHS England. An external review of the data quality in June 2016 identified that patients were not being treated in chronological order, as a result of a high number of unknown start times of a patient's referral journey. In addition, the trust's Elective Care Recovery Programme (ECRP) identified a large number of patients where the trust cannot say with certainty that they had been treated or were at the correct stage of their pathway.
- There were increasing numbers of medical patients being cared for on surgical wards and this continued to be a challenge for the trust.
- The Department of Health and Social Care accident and emergency standard for 95% of patients to be admitted, transferred or discharged within four hours, was consistently not met between January 2017 and December 2017.
- The trust consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to receiving treatment was no more than one hour.
- The monthly median of the percentage of patients leaving the trust's urgent and emergency care services before being seen for treatment between January to November 2017 was worse than the England average in five out of 11 months.
- The trust performed consistently worse than the England average in terms of the percentage of patients who were not treated within 28 days after a cancelled operation. Whilst there had been an improvement in the first quarter of 2017/18 (April to June 2017), there was a deterioration in the second quarter.
- Most clinics in the outpatients department at St George's Hospital overran due to the high demand for clinic slots, meaning patients waited longer than they needed to for their appointment. Waiting times were not always displayed in a way that was accessible to less mobile patients.
- The system for booking appointments varied and caused confusion amongst patients.
- The system for blood testing in Lanesborough Wing at St George's Hospital was unclear meaning most patients queued for the reception desk to report for their blood test. This caused long queues.

However:

- The trust had made changes designed to improve patient flow since our last inspection.
- Translation services were available when needed. A patient we spoke with told us he had been supported with his diet and prayer needs.
- From January 2017 to December 2017, only three of the trust's patients waited more than four hours from the decision to admit until being admitted. The trust's performance for this metric was much better than the England average.
- The service ran ad hoc clinics to try and meet breach dates and ran clinics on Saturdays when there was a high demand.

# Summary of findings

- The specialist seating service provided extra equipment such as adding a box for a patient with a complex posture to put a bottle of water and their mobile phone inside without the patient asking for it.
- Children and young people had access to same day and next day clinics. GPs could obtain advice from paediatricians via a hotline.
- Children and young people had access to interpreting services so that they could make decisions about their care.
- The hospital school was rated as 'outstanding' by Ofsted and teachers at the school provided educational and learning support to children and young people across the hospital.
- There was a discharge co-ordinator nursing team within the directorate who worked with local authority and community nursing colleagues for complex discharges.
- There were a range of support teams available including dementia, learning disability and mental health liaison to meet patients' individual needs.
- There was access to face to face and telephone translation services and patient information leaflets could be accessed in languages other than English upon request.
- The trust had introduced an automatic text or phone reminder system which had reduced the Did Not Attend rate by approximately 7%.

## Are services well-led?

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

- The trust had an Elective Care Recovery Programme as well as a Clinical Harm Reduction Programme which were progressing. However, as RTT was still not being reported, the trust was not assured about the identification and treatment of patients referred to them.
- In the ED at St George's Hospital, staff lacked an understanding of mental health and did not know how to care for patients who were experiencing psychotic symptoms.
- Some risks were not being dealt with in a timely way and not had associated actions. The risk register for community services did not fully reflect the risks on the ward's risk register and some of the ward risks lacked suitable assurances in place.
- The Queen Mary's Hospital site required greater oversight of the quality and safety of care provided on some areas.
- There remained no overall strategy for the services for children and young people.

However:

- Some areas had clear leadership structures and vision for their services.
- There was a governance structure to support the delivery of care and treatment and staff at different levels were clear about their roles and responsibilities.
- Managers could articulate some of the challenges caused by the continuing operational pressures, and the impact this had on the quality and delivery of sustainable services; however, they had plans in place to mitigate risks or address challenges.
- Staff morale was generally good across in many services.
- Staff had access to the relevant information systems such as the incident reporting system and policies available through the intranet. Information was shared with staff through newsletters, email and ward meetings.

# Summary of findings

- Children and young people were engaged through surveys and feedback forms. Children were also engaged in various projects to design logos and to raise money for charities. Paediatric ED nursing staff were interviewed by a children's interview panel as well as going through a normal recruitment process.
- A Queen Mary's Hospital Clinical Partnership Meeting ensured all clinical staff involved with the hospital could meet to discuss quality and development.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in St George's Hospital and Queen Mary's Hospital.

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

## Areas for improvement

We found areas for improvement including 17 breaches of legal requirements that the trust must put right. We found 50 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 five (5) requirement notices to the trust.

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice at St George's Hospital.

- The orthotics department had received a Bureau Veritas certificate which was an international certificate that demonstrated excellence and a drive for continuous improvement within the department. The orthotics department also met greater than 90% of the national targets.
- The bariatric surgery team had streamlined the patient pathway for gastric bypass patients, allowing them to carry out the first day surgery gastric bypass in the UK.
- In March 2018, the cardiac surgery team was short-listed for a British Medical Journal award for Clinical Leadership Team of the year for the management of aortic aneurysm and aortic valve disease.



# Summary of findings

- In medical records, some patient notes were equipped with electronic stationery meaning they could be tracked on their journey throughout the hospital.
- In the therapies department, therapists could use software to send videos of exercises to send to their patients to complete, which staff told us had improved patient outcomes.
- The service engaged children in various projects to design logos and to raise money for charities.
- The paediatric intensive care unit had better than average patient outcomes when compared with similar units despite the high acuity of patients cared for.
- Care of children and young people living with mental health conditions on paediatric wards had improved since our last inspection. Frederick Hewitt Ward received the team of the year award for their work in Mental Health.

We found examples of outstanding practice at Queen Mary's Hospital.

- The orthotics department had received a Bureau Veritas certificate which was an international certificate that demonstrated excellence and a drive for continuous improvement within the department. The orthotics department also met greater than 90% of the national targets.
- Staff engagement and the commitment to service improvement on Gwynne Holford Ward was inclusive and enabled delivery of high-quality care. We saw innovative approaches to staffing shortages which had improved patient care.
- A pharmacist who had been trained in medicines administration was employed on Gwynne Holford Ward. This pharmacist spent time talking to patients about their medicines when they administered them. This resulted in patients having better access to information about their medicines to help them make decisions about their treatment, and they were more prepared and confident to begin self-administration of their medicines.

## Areas for improvement

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

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

#### At provider level:

- Continue with the Elective Care Recovery Programme and Clinical Harm Review Group with regards to RTT data.
- Ensure staff receive training, are aware of their responsibility and apply the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Ensure mandatory training meets the trust target of 85% in all of the mandatory areas.
- Improve the maintenance backlog of its estate, so that clinical areas are safe and fit for purpose.
- Improve the IT system, so that it was less vulnerable to unauthorised access or system breakdowns and more areas were able to prescribe electronically.

#### In the emergency department at St George's Hospital:

- Ensure the needs of people living with mental health issues are met.
- Review and monitor mental health patients who are subject to the use of restraint and/or rapid tranquillisation in line with National Institute for Health and Care guidance.

# Summary of findings

## **In surgery St George's Hospital:**

- Continue to work to ensure that theatres are fit for purpose. In addition to continuing to refurbish the theatre suite, the division must ensure that those theatres awaiting refurbishment remain fit for purpose and are adequately maintained. The division must ensure that the door to the main theatres is closable and kept closed when not in use.
- Ensure that staff actively sign the controlled drug (CD) book, rather than using a stamp.

## **In services for children and young people at St George's Hospital:**

- Ensure there are sufficient numbers of suitably qualified staff on each shift to provide safe care.
- Ensure adequate monitoring systems are in place to monitor the risk to fire safety on paediatric wards.

## **In outpatients at St George's Hospital:**

- Ensure all incidents are reported to enable appropriate oversight.
- Review the storage of medical records in all clinics to ensure that they cannot be accessed by unauthorised persons.

## **In surgery at Queen Mary's Hospital:**

- Review and ensure there is full compliance with the WHO surgical safety checklist.
- Ensure staff following the trust's policy in relation to swab and instrument count.
- Ensure staff use a recognised tool for monitoring deteriorating patients and a policy made available for the treatment/transfer of patients who deteriorate and require a higher level of care.

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

### **At provider level:**

- Speed up the implementation of an overall strategy, clinical strategy, estate strategy and workforce strategy.
- Work to improve the pace of change in order that substantial improvements to the quality and safety of patient care are evident.
- Make the Quality Improvement Plan clearer, so that the names of meetings/committees are consistent, when referring to the same one.
- Ensure that patients' pain is assessed, recorded and actioned; and their pain relief monitored, particularly for patients living with a terminal illness.
- Continually review the systems in place for infection prevention and control.
- Ensure patient records are kept securely and recorded accurately.
- Ensure governance arrangements on the Queen Mary's Hospital site are consistent with those on the St George's Hospital site.
- Improve and develop its engagement with the local sustainability and transformation partnership (STP) in South West London.
- Ensure the Workforce Race Equality Standard action plan is implemented.

## **In the emergency department at St George's Hospital:**

- Deal with the five risks linked to the environment within the ED in a timely way to meet the timescales.
- Complete and record safeguarding assessments for children and adults.

# Summary of findings

- Record patient consent and best interest decisions patients' notes.
- Ensure the management of sharps complies with Health and Safety (sharps instruments in healthcare) regulation 2013.
- Ensure the management of hazardous substances complies with Control of Substances Hazardous to Health (COSHH) regulations 2002.
- Ensure medical records are held securely and are completed consistently.
- Ensure appraisals rates for nursing staff meet the trust's target of 90%.
- Investigate and close complaints in line with the trust policy of 85% of complaints being responded to within 25 working days of receipt.
- Ensure the Department of Health's standard for 95% emergency departments to admit, transfer or discharge patients within four hours is met.
- Have specific arrangements to meet the needs of patients with dementia and have a means of identifying them.
- Meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to receiving treatment is no more than one hour.

## **In medical care St George's Hospital:**

- Ensure consistency in the use of 'Forget me not' stickers on patient records and on whiteboards to indicate that a patient was living with dementia, where appropriate.
- Improve access and flow in order to reduce bed occupancy rates to safe levels and minimise bed moves including some at nights and at weekends.
- Devise plans to improve performance in National Diabetes Inpatient Audit 2016 and National Audit of Inpatient Falls.

## **In services for children and young people at St George's Hospital:**

- Ensure the privacy and dignity of patients are protected on all paediatric wards, in particular, in the anti-ligature bay on Frederick Hewitt Ward.
- Ensure the environment on paediatric wards are routinely monitored and appropriate actions are taken to ensure patients are safe and comfortable. These include ensuring ventilation systems are in a good state of repair and bed spaces comply with the department of health building note.
- Ensure all works scheduled for the anti-ligature bay on Frederick Hewitt Ward are completed.

## **In outpatients St George's Hospital:**

- Ensure that all risks on the OPD risk register have associated actions, a date for review and a date by which actions are to be completed.
- Improve the signage and make the system for blood testing in Lanesborough Wing clearer for patients.
- Consider improving the environment in the infusion suite to make it less cramped for staff and patients.
- Review the placement of the resuscitation trolley in Lanesborough Wing, to ensure emergency equipment and drugs are readily available for all clinics.

## **In surgery at Queen Mary's Hospital:**

- Improve staff awareness of the signs and management of sepsis.

# Summary of findings

- Ensure all staff comply with local and national guidance regarding consent, including where oral consent is given.
- Create a culture where all staff are enabled to challenge/question poor/unfamiliar practice.
- Ensure staff are aware of all the potential and actual signs of physical and mental abuse.
- Review and update where appropriate, all policies in line with agreed timescales.
- Ensure information is available about the uptake of all training for all staff groups.
- Continue to work to move to an electronic rather than paper system for patient information including referrals to ensure patients records are accessible to staff who work across all sites.
- Improve the completion of staff appraisals.
- Collect and make available data on the number of cancelled procedures and the reason why they were cancelled.
- Continue to review and recruit to nursing posts to ensure there is consistent effective leadership and oversight of the day case unit.
- Review and improve staff involvement in clinical governance including audits.

## **In outpatients at Queen Mary's Hospital:**

- Obtain feedback from patients and relatives to improve the quality of the service as the feedback from the FFT was low.
- Ensure staff receive feedback from learning from incidents.
- Ensure that senior management and specialist nurses from St George's Hospital are visible and accessible by staff at Queen Mary's Hospital.
- Develop, where appropriate, action plans following audits and complete the audit cycle following audits.

## **In community inpatients at Queen Mary's Hospital:**

- Ensure staffing numbers are suitable to meet the needs of patients, including one-to-one care and patients with more complex needs.
- Improve training completion rates for mandatory training, particularly for life support modules.
- Ensure medicines are stored and managed suitably.
- Ensure that care is provided in line with current best practice guidelines.
- Ensure effective senior leadership on Mary Seacole Ward.
- Take steps to effectively reduce observed high levels of staff stress and work overload on Mary Seacole Ward.
- Ensure that risks are suitably recorded and managed between ward and divisional level.

## 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.

# Summary of findings

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

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

- Since our previous comprehensive inspection in June 2016, the trust was still not reporting RTT data to NHS England. This meant it could not be assured about the identification and treatment of patients referred to them. The trust had highlighted this as one of their most significant challenges. The trust had programmes in place to correct this issue and planned to return to reporting RTT data at the St George's Hospital site later in 2018.
- The trust did not have an overall organisational strategy, a clinical strategy or an up to date estate strategy. The trust was at the start of the process of writing its organisational and clinical strategies for 2018 to 2023.
- It was difficult for the trust to plan an estate strategy prior to the development of a clinical strategy. As a result, the trust was managing its estate on a day to day, reactive way and this was not consistent with strategic planning. There was an estimated £100 million of risk assessed backlog of maintenance work.
- The trust did not have a workforce strategy as this was still in draft. The trust's Workforce Race Equality Standard (WRES) results were poor and some indicators got worse than the previous year. The trust had a WRES action plan and published this on its website.
- The theatre refurbishment programme had been ongoing at the St George's Hospital site for the past two years. Four out of 17 theatres had now been refurbished. This was challenging for the trust and the local sector.
- The application of the Duty of candour by the trust was variable.
- There was a less robust level of assurance on the Queen Mary's Hospital site, when compared to the St George's Hospital site.
- The board assurance framework (BAF) was in a process of development. The wording of risks was not clear if it was referring to a current issue or future risk.
- The Quality Improvement Plan (QIP) provided a helpful summary of the challenges and inspection findings and described the journey to the point of publication. However, the description of the governance for the QIP was not clear, because the names of meetings/committees varied, when referring to the same one. The 'floor to board' governance section was largely about strategic risk rather than how risks were identified, mitigated and assurance gained through the various levels of the organisation.
- IT systems had been under-resourced and were vulnerable to IT breaches. Although progress had been made over the past year, this was not enough. Only 50% of wards were electronically prescribing. However, a large proportion of capital spending for 2018/19 was due to be spent on improving IT and getting the basics in place.
- The trust's engagement with their sustainability and transformation partnership (STP) in South West London was an area to be developed.
- Complaint risk assessments and evidence of complaints making a difference were not consistently seen in records we reviewed.
- At Queen Mary's Hospital, in order to contact the Patient Advice and Liaison Service (PALS) office, patients and relatives had to ring a Freephone number to raise concerns about the site. However, information about the Freephone number was not well signposted.

# Summary of findings

- One to one supervision of staff was variable. We found and were told that this was not happening very much, particularly with community midwives, who were delivering care to vulnerable women.

However:

- The trust had made progress on recruitment and retention. Staff turnover had reduced from 19% to 16% and vacancies from around 20% to 12%. Speed of recruitment had reduced from an average of 75 days to around 35 days.
- Papers for board meetings and other committees were of a reasonable standard and contained appropriate information.
- The trust board had the appropriate range of skills, knowledge and experience to perform its role. The new executive team were relatively new, with the majority in post for less than one year.
- Fit and Proper Person checks of directors were in place.
- There was a programme of board visits to clinical areas and staff fed back to us that the leaders were approachable. Board members visited the clinical areas on a monthly basis prior to board meetings.
- The trust had appointed a Freedom To Speak Up Guardian (FTSUG) and provided them with sufficient resources and support to help staff to raise concerns.
- Quality and performance was now being viewed at the executive level as equally important as finance.
- The trust received a number of accreditations. These included; St George's Hospital (July 2017) and Queen Mary's Hospital (October 2015) Endoscopy Units, were both Joint Advisory Group (JAG) accredited. All laboratories were Clinical Pathology Accredited during the ISO assessment and the MacMillan information centre obtained MacMillan Quality Environment Award accreditation in December 2016.
- Effective systems were in place to identify and learn from unanticipated deaths. The 'learning from deaths' leads began their working day in the bereavement office and met with relatives if necessary. There was evidence that reviewers checked the patient records including their care plans; however, there was no documentation of the quality of care received on the review form.

## 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 ↑ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↑ Jul 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.

## Ratings for St George's Hospital

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Outpatients	Requires improvement Jul 2018	Not rated	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
<b>Overall*</b>	Requires improvement Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Good Nov 2016
Community health services for children and young people	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Community health inpatient services	Requires improvement ↑ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↑ Jul 2018
<b>Overall*</b>	Requires improvement ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↔ Jul 2018

\*Overall ratings for community health services 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.

# Acute health services

## Background to acute health services

St George's University Hospitals NHS Foundation Trust provides all acute health services to a population of approximately 1.3 million people in south west London. St George's Hospital in Tooting, London, is the trust's main location. The hospital has 995 beds and has around 110,571 admissions each year. Services include urgent and emergency care, medical care, surgery, critical care, maternity, gynaecology, services for children and young people, neonatal intensive

care, diagnostic imaging and outpatient services.

We previously inspected all acute services at St George's Hospital at the announced comprehensive inspection in June 2016. We undertook a short notice focused inspection of medical care services and at provider level in May 2017, to follow up on a Section 29A Warning Notice, which

we issued in August 2016, following the comprehensive inspection.

Queen Mary's Hospital in Roehampton, London, is the trust's second location. The hospital has 78 beds and sees over 130,000 patients a year. Services include outpatients (adults and children and

young people), community inpatients, neurorehabilitation, limb fitting, burns dressing and dermatology, a day case unit which offers diagnostic service for endoscopy and urology.

We previously inspected Queen Mary's Hospital as part of the community inpatients core service, during the announced comprehensive inspection in June 2016.

## Summary of acute services

### Requires improvement ●

We did not rate acute services overall at last inspection in June 2016, as we did not inspect surgery and outpatients at Queen Mary's Hospital.

At this inspection, our overall rating of acute services stayed the same as the inspection in 2016. There was some improvement, but all services inspected were rated as requires improvement. We rated acute services as requires improvement because:

- The trust was still not reporting Referral to Treatment Time (RTT) data. This meant the trust could not be fully assured that all patients had received their appointments nor could they identify what stage patients were at in their treatment pathway.
- Risks were not being dealt with in a timely way. For example, in accident and emergency, some risks entered on to the register in 2014, were still waiting to be resolved.
- There was low compliance in some mandatory training modules for most staff groups and staff appraisal rates were below the trust target.

# Summary of findings

- The hospital was in the bottom 25% of trusts in terms of the proportion of patients not developing pressure ulcers.
- Knowledge and awareness among staff about the Mental Capacity Act 2005 and how to apply it in practice was limited across services.
- Some clinics had long waiting times and staff were not recording and monitoring how long patients were waiting.
- The effectiveness of local leadership varied. Although there was a senior leadership team for QMH the senior nurse in outpatients was clearly a key person whom most people sought advice and help from. Senior leaders from the directorates, based at St George's Hospital, were not so visible and some of them acknowledged this during our inspection.

However:

- The emergency department (ED) was meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 24 hour, 7 days a week cover, as the hospital was a major trauma centre. There was a good incident reporting culture and learning from incidents were shared across the hospital.
- There was effective multi-disciplinary team working in all areas.
- Staff cared for patients with compassion, involved them and those close to them in decisions about their care and took time to ensure patients and their families understood treatment. Feedback from patients we spoke with was overwhelmingly positive about the care they
- There were effective systems in place to safeguard children and young people from harm. Children were monitored to identify any deterioration in their condition. Children and young people living with mental health challenges were cared for in an anti-ligature bay on Frederick Hewitt Ward.
- There was strong evidence of a good education and research culture, particularly within the cardiac investigation unit and the therapies department.
- In medical records, some patient notes were equipped with electronic stationery meaning they could be tracked on their journey throughout the hospital.
- In the therapies department, therapists could use software to send videos of exercises to send to their patients to complete, which staff told us had improved patient outcomes.

# Queen Mary's Hospital

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Roehampton  
London  
SW15 5PN  
Tel: 02087253206  
[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Key facts and figures

Queen Mary's Hospital (QMH) provides services for adults and children and young people and sees over 130,000 patients a year. The hospital offers more than 60 services, which are provided by St George's University Hospitals NHS Foundation Trust and other NHS trusts including Kingston Hospital NHS Foundation Trust.

Services provided by Queen Mary's Hospital include outpatients (adults and children and young people), community inpatients, neurorehabilitation, limb fitting, burns dressing and dermatology, a day case unit which offers diagnostic service for endoscopy and urology. There are 78 inpatient beds and 10 day case beds.

There are two inpatient wards which provide sub-acute care, treatment and rehabilitation for older people and rehabilitation and support for adults who have had limb amputations.

The majority of services are provided on weekdays only with the inpatient wards open 24 hours a day, seven days a week.

On 6, 7 and 8 March 2018 we carried out an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity. We inspected surgery (day case unit), the two inpatient wards and the outpatients department (OPD).

During the inspection we spoke with 14 patients and four relatives. We also spoke with 37 staff and two volunteers.

## Summary of services at Queen Mary's Hospital

### Requires improvement

We have not rated this service before. We rated it as requires improvement because:

- The trust had not taken all action to mitigate risks to patients. Staff were not adhering to their own guidance and national guidance regarding checking patients prior to procedures and counting instruments and swabs at the end of a procedure.
- Staff did not always comply with infection prevention and control best practice. Some staff did not wash their hands between patients.
- Learning from incidents was not consistent across services.
- Records were not always stored securely and the uptake of mandatory training was below the trust target.

# Summary of findings

- Awareness of how to recognise actual and potential signs of abuse was variable.
- Knowledge and awareness among staff about the Mental Capacity Act 2005 and how to apply it in practice was limited across services.
- Some policies and procedures had not been reviewed and updated.
- Local audit to monitor the quality and performance services provided and compliance with best practice was limited along with action plans following audits which had been completed.
- Patients were not always kept informed about delays with their outpatient appointment.
- The trust was not reporting referral to treatment times.
- Some clinics had long waiting times and staff were not recording and monitoring how long patients were waiting.
- The effectiveness of local leadership varied. Although there was a senior leadership team for QMH the senior nurse in outpatients was clearly a key person whom most people sought advice and help from. Senior leaders from the directorates, based at St George's Hospital, were not so visible and some of them acknowledged this during our inspection.
- There was some governance activity but, some staff at QMH were not actively involved. Governance was led by individual directorates and directorate senior staff were mainly based at St George's Hospital. Much of the activity was driven and led by St George's Hospital with little focus on the specific needs of QMH.
- Senior nursing staff were available to support staff but, we found there was a lack of oversight of some services and opportunity for staff meetings where the quality and safety of the service could be reviewed and discussed. This meant that some risks, as found during this inspection, were not always identified and action taken.
- There was a sense of isolation and lack of specific professional support among staff at QMH and this was evidenced in the limited visibility of specialist/lead nurses/freedom to speak up guardian who rarely visited the hospital.

However:

- The endoscopy decontamination met national standards of good practice.
- Some staff were aware of the Duty of candour.
- Services were providing evidence-based care.
- We found action had been taken to improve the timeliness of reporting results and reduce waiting time for some services.
- Patients spoke positively about the care they received.
- We observed staff providing emotional support and reassurance before and after procedures.
- Staff maintained patient's privacy and dignity and kept them informed about their care and treatment.
- Additional clinics were made available when demand was high to reduce delays in patients having their consultation.
- Consideration of the needs of children attending the hospital were taken into account with dedicated play areas in the outpatient clinics.
- Staff spoke positively about their local managers and the support they received from them.

# Surgery

Requires improvement 

## Key facts and figures

The Day Case Unit (DCU) at Queen Mary's Hospital (QMH) provides diagnostic and surgical services in upper and lower gastroenterology, urology, plastic surgery, ophthalmology and podiatry. The unit comprises one operating theatre and two endoscopy suites. There are 10 recovery beds. The procedures are carried out with patients who are sedated, or who have received local anaesthetic. Procedures requiring a general anaesthetic are not carried out in the unit. Patients are normally discharged on the same day as the procedure.

During our inspection we visited the DCU over two days. We spoke with the DCU manager, the QMH site manager, three band 5 nurses, two technicians, five patients and two relatives.

Patients were assessed to ensure only patients with a low risk of complications are treated in the unit. Medical staff from St George's Hospital, Kingston Hospital NHS Foundation Trust and Moorfields Eye Hospital NHS Foundation Trust provided services at QMH.

The DCU is managed as part of St George's University Hospital Foundation Trust. The current hospital was rebuilt in 2006 on land adjacent to the old hospital site, which first opened as a hospital in 1925. The DCU provides services for the local population of Roehampton and patients referred to St George's University Hospital Foundation Trust, Kingston Hospital NHS Foundation Trust and Moorfields Eye Hospital NHS Foundation Trust.

The unit carries out approximately 5525 endoscopies per annum.

GPs are able to make direct access referrals for gastroscopies.

Occasionally, patients are admitted to an inpatient bed the day before, or following their procedure. This happens if the person lives alone and they are unable to complete the necessary preparation for the procedure. Patients who live alone are also admitted to a bed on the community in-patient ward if they have no one to accompany them home following sedation.

The DCU is open five days a week with treatment sessions held in the morning and the afternoon.

The service treats adults only.

## Summary of this service

We have not rated this service before. We rated it as requires improvement because:

- More action needs to be taken to mitigate risks to patients and ensure they receive safe care.
- Senior nursing staff were available to support staff. However, we found there was a lack of oversight of the service and opportunity for staff meetings, where the quality and safety of the service could be reviewed and discussed.
- Staff did not have a good understanding of the Mental Capacity Act (2005) and how it should be applied in practice.
- Information about the uptake of some training was not available.
- Not all policies and procedures had been updated in line with agreed timescales.
- Governance structures needed to be improved including the involvement of nursing staff.

# Surgery

- When we spoke with staff they told us the culture did not encourage nursing staff to challenge or question poor or unfamiliar practice.
- The culture did not encourage nursing staff to challenge/question poor/unfamiliar practice.

However:

- The service complied with national standards for quality and safety and was accredited by the Joint Advisory Group.
- The endoscopy decontamination process had improved to comply with national standards of best practice.
- Patients felt fully involved in all stages of their treatment and well informed about what to expect.
- Patients were treated with kindness and compassion.
- The service was experiencing difficulty recruiting to vacant posts and it was difficult to release staff for training and development.

## Is the service safe?

**Requires improvement** ●

We have not rated this service before. We rated safe as requires improvement because:

- The service was not fully compliant with the World Health Organisation (WHO) surgical safety checklist.
- The procedures in theatre for the swab and instrument count did not follow the department's guidelines.
- Staff had limited awareness of the physical and mental signs of abuse. They were aware of the obvious signs of possible abuse such as bruising but not the more subtle signs.
- Completion of mandatory training was below the trust's standard.

However:

- There were effective mechanisms for selecting patients suitable for procedures carried out with sedation or local anaesthetic.
- The endoscopy decontamination unit met national standards of good practice.
- Staff had good awareness on safeguarding policies and procedures.
- Records we reviewed were clear, up-to-date and contained all relevant information. Records were stored securely.
- Equipment was clean and safety checks were complete.

## Is the service effective?

**Requires improvement** ●

We have not rated this service before. We rated effective as requires improvement because:

- Local guidelines for surgery were out of date. They had not been reviewed by the review date.
- Staff were not clear about the requirements of the Mental Capacity Act 2005 and its potential relevance for their work in caring for vulnerable patients.

# Surgery

- There was little evidence of local clinical audits being undertaken.

However:

- The service was re accredited by the Joint Advisory Group (JAG) for endoscopy in December 2017. This is a national audit which reviews the service against national quality indicators.
- The unit participated in national audits.
- A surveillance programme was in place which monitored patients' symptoms.
- Patients were assessed over the telephone prior to admission and provided with the medicines they needed to prepare for the procedure.
- Patients received clear explanations about the procedures they were about to undergo and after the procedure in recovery.
- Staff understood the importance of ensuring patients' nutritional needs were met.

## Is the service caring?

**Good** ●

We have not rated this service before. We rated caring as good because:

- Patients felt well cared for. They told us they felt involved all stages prior to treatment, during and afterwards in recovery.
- We observed staff reassuring patients during their procedure and afterwards in recovery.
- Staff maintained patient's dignity by ensuring they were covered with a blanket whilst the procedure was underway.
- The service arranged for patients to be admitted if they lived alone and no one to accompany them home.

However:

- The day case unit contributed to the trust's Friends and Family Test but there were no results available for the DCU.

## Is the service responsive?

**Good** ●

We have not rated this service before. We rated responsive as good because:

- Patients were supported to make arrangements following their surgery and advised about what to expect on discharge.
- If cancer was suspected following an investigation, staff contacted the specialist nurse and faxed the endoscopy report and booked a CT scan before the patient left the unit.
- Nursing staff assessed patients over the phone once the referral had been reviewed.
- The waiting time for routine non urgent referrals was five weeks.
- The service followed up patients referred on a two week pathway, if they did not attend for their appointment. This meant that where there was suspicion of cancer, patients did not miss their investigations.



# Surgery

- A wide range of information leaflets were on display in the main waiting area. Leaflets were individually tailored to provide information about each of the procedures carried out by the unit and more specific advice.

However:

- The service was not always able to meet patients' individual needs. Information about patients booked directly on to lists was limited and meant the service was not always aware of patients' needs when they arrived.
- We asked for information about the number of cancelled procedures but this information was not provided.

## Is the service well-led?

**Requires improvement** ●

We have not rated this service before. We rated well-led as requires improvement because:

- There was a governance framework but, given some of the problems identified during the inspection, more oversight of the quality and safety of care provided by the day case unit was needed.
- The quality and performance report did not include any information about the day case unit.
- A range of senior nursing staff were available to support staff but, we found there was a lack of oversight of some aspects of quality and safety and time for staff to meet and review the service provided.
- Staff progression was limited because the majority of staff were on the same grade.

However:

- A service level agreement had been developed to cover the provision of medical cover from other local trusts.
- A QMH senior leadership team had devolved authority from the medical director, chief nurse and chief operating officer to hold clinical divisions to account for delivery of services at QMH.
- A QMH Clinical Partnership Meeting provided an opportunity for all clinical staff involved with the hospital to meet and discuss quality and development.
- Staff spoke highly about clinical and managerial leadership within the department.

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

Queen Mary's Hospital runs a range of outpatient services for children, young people and adults, including urology, ophthalmology, rheumatology, audiology, cardiovascular, gynaecology, vascular, prosthetic, orthotic, and dermatology clinics. Approximately 3,000 patients a week are seen in the outpatients departments. The general manager and matron told us that there were approximately five paediatric clinics per week and roughly 10 children were seen per clinic.

During our inspection we visited the orthotics, prosthetics, phlebotomy, urology, rheumatology, dermatology, diabetes, paediatric, cardiology, wheelchair and special seating departments. We spoke with thirty members of staff including the head of nursing, the divisional chair, matron, lead nurse, general manager, band 5 nurses, doctors, healthcare assistants and allied health professionals. We also spoke with nine patients, two relatives and two volunteers.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated this service as requires improvement because:

- The service was not always responsive to patients needs and was not recording waiting times or reporting referral to treatment times (RTTs). There was a plan for the trust to start reporting RTTs in January 2019.
- There was a poor general understanding and implementation of the principles of the Mental Capacity Act 2005.
- Staff felt senior leadership was not always visible, as some leaders were based at the St George's site and did not visit the Queen Mary's site often.
- The paediatric clinic did not have a separate children's area and this had not been included in their risk register.
- Waiting times for appointments for patients were long and they were not always informed by staff of the delay.
- Many of the problems faced were due to poor IT systems. The new IT system was due to be fully implemented in 18 months to help resolve these issues.
- The 'did not attend' rate for the trust's outpatients service at Queen Mary's Hospital was higher than the England average.

However:

- The service provided care and treatment based on national guidance.
- Patients were treated with kindness and compassion and felt involved in their decision making processes.

## Is the service safe?

**Requires improvement** ●

# Outpatients

We rated safe as requires improvement because:

- Staff were unaware of learning from incidents that took place.
- Records were not always stored securely.
- Equipment was visibly clean; however, we did not see cleaning stickers on all equipment that was checked.
- Trust targets for mandatory training were not always met.
- Personal protective equipment (PPE) was available but not always used.
- Staff did not always follow the infection prevention and control policy. On a few occasions we observed that staff did not wash their hands between seeing patients.

However:

- Staff were aware of policies and procedures in relation to medical emergencies.
- Staff had good awareness on safeguarding policies and procedures.
- Records we reviewed were clear, up-to-date and contained all relevant information.
- Staff were aware of duty of candour and were able to give examples of when they had displayed this with patients and relatives.

## Is the service effective?

**Not sufficient evidence to rate** ●

Not sufficient evidence to rate.

- Staff had poor general understanding of the Mental Capacity Act 2005.
- QMH outpatients had many problems with information technology (IT). The new IT system was not due to be fully implemented for eighteen months.
- The follow-up to new rate for the trust's outpatients service at Queen Mary's Hospital was lower than the England average.
- The 'did not attend' rate for the trust's outpatients service at Queen Mary's Hospital was higher than the England average.
- There was a lack of action plans following the patient waiting time audits.

However:

- The service provided care and treatment based on national guidance. The orthotics department had received a Bureau Veritas certificate which was an international certificate that demonstrated excellence and a drive for continuous improvement within the department.
- The urology clinic had created a rapid assessment unit within the prostate cancer service. This was a one stop clinic where a patient with suspected prostate cancer could be fully diagnosed within one day.
- Waiting lists for patients using the wheelchair service had reduced significantly from October 2017 to March 2018.
- Multi-disciplinary team working was well embedded.

# Outpatients

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We observed volunteers from the friends who met and greeted patients and visitors in the two reception areas
- Staff respected patient's privacy and dignity.
- Staff provided emotional support to patients to minimise their distress. People told us that they felt that staff understood the emotional impact of their conditions.

However:

- The trust had a very low response rate from the friends and family test (FFT).
- Waiting times for appointments for some patients were long and they were not always informed by staff of the delay.
- In the orthotics and diabetic clinic reception area, part of the waiting area was close to the reception desk. This meant that patients could overhear conversations which should be kept private.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- The trust was not reporting referral to treatment times (RTTs). The administration manager told us that RTTs would be easier to track once the IT system was implemented.
- From quarter 3 of 2016/17 to quarter 2 of 2017/18, the trust consistently failed to meet the 93% operational standard for patients to be seen within two weeks of an urgent GP referral for suspected cancer.
- The phlebotomy clinic looked chaotic due to other clinics running alongside the service and we observed waiting times of up to two and a half hours for patients.
- The matron told us that receptionists and nurses reviewed the clinic lists and were able to determine what the maximum waiting times were. However, they did not have a tracking system to record how many patients waited for the maximum waiting time.

However:

- The service ran ad hoc clinics to try and meet breach dates and ran clinics on Saturdays when there was a high demand.
- The service had created children's play areas to keep children entertained.
- Volunteers also played the piano at the entrance of the hospital which added to the friendly, relaxing atmosphere. Books were also available at the entrance of the hospital for patients to read and there was a museum on the lower ground floor for patients or their relatives to visit.

# Outpatients

- The specialist seating service provided extra equipment such as adding a box for a patient with a complex posture to put a bottle of water and their mobile phone inside without the patient asking for it.

## Is the service well-led?

**Requires improvement** ●

We rated well led as requires improvement because:

- Staff we spoke with felt that the leadership from QMH were supportive; however, senior leadership from the St George's site was not visible. QMH staff felt they were 'forgotten' as senior leaders were based at St George's Hospital and they had more advanced and efficient IT systems.
- Staff from QMH had also not seen any other nurses from the St George's Hospital site such as the learning disability, mental health and dementia specialist nurses and the freedom to speak up guardian.
- Staff were unaware of the changes of the new directorate and what it meant for them.
- There was lack of awareness of the risk register from junior and senior members of staff.
- Not reporting referral to treatment times (RTTs) meant that the trust did not have oversight of patient treatment journeys. The trust had planned to start reporting RTTs again in January 2019.

However:

- Staff felt supported and motivated and there was a positive culture within the workplace.
- The senior management team reviewed the staff survey in outpatients in June 2017 and had developed an action plan to respond to the concerns raised.
- The hospital director was involved in running monthly roadshows. This was an opportunity for staff to ask questions and receive answers from the hospital director and other senior managers.

## Outstanding practice

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

## Areas for improvement

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

# St George's Hospital (Tooting)

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[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Key facts and figures

St George's Hospital is located in Tooting, London and managed by St George's University Hospitals NHS Foundation NHS Trust. The hospital serves a population of around 1.3 million people in South West London, with services commissioned by Wandsworth, Merton and Lambeth Clinical Commissioning Groups.

The hospital has 995 beds, including;

- 63 children's (excluding cots)

There are also 10 day surgery beds.

St George's Hospital operates 24 hours per day and has an accident and emergency department and a major trauma centre. The hospital provides acute hospital services and specialist care for the most complex of injuries and illnesses, including trauma, surgery, neurology, cardiothoracic medicine, renal transplantation, cancer care and stroke.

In 2017/18 St Georges Hospital had 149,260 emergency attendances, 110,571 admissions and 646,928 outpatient attendances a year.

During the inspection, we spoke with over 109 patients, relatives and carers, over 177 members of staff from various disciplines. We reviewed over 96 sets of patient records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at St George's Hospital (Tooting)

**Requires improvement** ● → ←

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

- The Department of Health and Social Care standard for 95% of patients in accident and emergency to be admitted, transferred or discharged within four hours, was consistently not met between January 2017 and December 2017.
- From quarter 3 of 2016/17 to quarter 2 of 2017/18, the trust consistently failed to meet the 93% operational standard for patients to be seen within two weeks of an urgent GP referral for suspected cancer.
- The environment in theatres remained a significant issue. Theatres were old and in need of significant improvement and maintenance. This presented an increased risk of infection as well as a risk of theatres becoming unusable due to urgent maintenance requirements.

# Summary of findings

- The trust was still not reporting Referral to Treatment Time (RTT) data. This meant the trust could not be fully assured that all patients had received their appointments nor could they identify what stage patients were at in their treatment pathway.
- There was a lack of recording of information about physical restraint and the administration rapid tranquillisation to patients. This meant the trust could not be assured that these practices were being reviewed and monitored or were in line with NICE guidance.
- Risks were not being dealt with in a timely way. For example, in accident and emergency, some risks entered on to the register in 2014, were still waiting to be resolved.
- There was low compliance in some mandatory training modules for most staff groups and staff appraisal rates were below the trust target.
- Medical records were not always held securely and were not completed consistently with gaps in documentation. There were three separate recording systems in place, which meant there could be difficulty in accessing records when patients were moved between wards. We found this was similar at the last inspection.
- Some staff had limited knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and some staff did not always complete the required documentation fully or consistently. We found this was similar at the last inspection.
- Pain score tools were not consistently completed and records demonstrated that timely pain relief was not always administered to patients. We found this was similar at the last inspection.
- Some complaints were not investigated and closed in line with the trust policy of 85% of complaints being responded to within 25 working days of receipt.
- The hospital was in the bottom 25% of trusts in terms of the proportion of patients not developing pressure ulcers.
- The paediatric service was not meeting guidelines for consultants to review patients within 14 hours of admission.
- In the outpatients department, nasoendoscopes were occasionally decontaminated in a way that was not in line with best practice guidance, as a result of problems with formal sterilisation equipment. This meant there was a risk that a patient could have a procedure carried out with a nasoendoscope that had not been formally sterilised and this was not always reported as an incident.

However:

- The emergency department (ED) was meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 24 hour, 7 days a week cover, as the hospital was a major trauma centre. **I**
- There was a good incident reporting culture and learning from incidents were shared across the hospital.
- There was effective multi-disciplinary team working in all areas.
- Staff cared for patients with compassion, involved them and those close to them in decisions about their care and took time to ensure patients and their families understood treatment. Feedback from patients we spoke with was overwhelmingly positive about the care they received.
- Paediatric ED nursing staff were interviewed by a children's interview panel as well as going through a normal recruitment process. The children were usually service users who had been treated by the ED.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs ensuring people could access the service when they needed it. The trust had robust processes in place to manage flow through the hospital.

# Summary of findings

- There were effective systems in place to safeguard children and young people from harm. Children were monitored to identify any deterioration in their condition. Children and young people living with mental health challenges were cared for in an anti-ligature bay on Frederick Hewitt Ward.
- There was strong evidence of a good education and research culture, particularly within the cardiac investigation unit and the therapies department.
- The trust had introduced an automatic text or phone reminder system which had reduced the 'Did Not Attend' rate of appointments by approximately 7%.
- The hospital had improved the process to ensure there was a complete set of contemporaneous patient notes on site during clinic appointments through a scanning system and had tracked down 1,081 missing files since August 2017.
- In medical records, some patient notes were equipped with electronic stationery meaning they could be tracked on their journey throughout the hospital.
- In the therapies department, therapists could use software to send videos of exercises to send to their patients to complete, which staff told us had improved patient outcomes.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

St George's Hospital provides urgent and emergency care services which are open 24 hours a day, 365 days per year. The hospital provides services to the local populations within South west London including the London boroughs of Wandsworth, Merton, Lambeth and Surrey. St George's emergency department (ED) is a trauma receiving unit for emergency adult, paediatric and maternity patients.

Between April 2016 to March 2017, the ED had 169,825 attendances. In the twelve month period from April 2017 to March 2018 the ED had 146,543 attendances. Of these 33,112 (22.5%) were children and young people under the age of 17 years.

Patients present to the department by walking into the reception area, arriving by ambulance via a dedicated ambulance-only entrance or by the Helicopter Emergency Medical Service (HEMS). Patients transporting themselves to the department were seen by a streaming nurse who would triage them.

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

During the inspection the trust was on OPAL Level 4 and the ED was under additional pressure due to the increased volume of patients. We were careful in our approach to interviewing staff and gathering of observational evidence so as not to disrupt the work of the department.

During this inspection we spoke with 34 staff from a range of clinical and non-clinical roles and of varying grades. We spoke with 19 patients and three relatives. We reviewed 23 patient records, including seven related to children and young people. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

- Our overall rating of this service stayed the same. We rated it as requires improvement because:
- The Department of Health's standards for 95% emergency departments to admit, transfer or discharge patients within four hours was consistently not met between January 2017 and December 2017.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust consistently failed to meet the standard.
- From January to November 2017, the monthly median percentage of patients leaving the trust's urgent and emergency care services before being seen for treatment was worse than the England average in five out of 11 months.
- The holistic needs of people living with mental health issues were not always met.
- The lack of recording of information about restraint and rapid tranquillisation meant that the trust could not be assured that this practice was being reviewed and monitored and was in line with NICE guidance.

# Urgent and emergency services

- The risk register had eight risks identified including five risks linked to the environment, however, risks were not being dealt with in a timely way with some risk being entered on to the risk register in 2014 and were still waiting to be resolved.
- The ED had two dedicated cubicles for patients who presented with mental health needs that were not compliant for patients with mental health needs.
- Mandatory training in key skills was below the trust's target of 85%.
- Safeguarding assessments for children and adults were not always completed in records.
- The management of sharps did not always comply with Health and Safety (sharps instruments in healthcare) regulation 2013.
- The management of hazardous substances did not always comply with Control of Substances Hazardous to Health (COSHH) regulations 2002.
- Medical records were not always held securely and were not completed consistently with gaps in documentation. We found this was similar at the last inspection.
- The ED did not have specific arrangements to identify and meet the needs of patients living with dementia.
- Appraisals rates for nursing staff were below the trust target of 90%. As of October 2017, 26% of nursing staff had not had an appraisal.
- Staff had limited knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found this was similar at the last inspection
- Patients' consent was not always recorded and where decisions had been taken in a patient's best interest these were not always recorded in patients notes.
- Pain score tools were not consistently completed and records demonstrated that timely pain relief was not always administered. We found this was similar at the last inspection.
- Complaints were not investigated and closed in line with the trust policy of 85% of complaints being responded to within 25 working days of receipt.
- Not all the issues identified in the last inspection had been addressed for example we had concerns about ED staff's limited knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and found no capacity assessment had been documented within records where this should have been appropriate.
- There was a need for stability in the department due to the high turnover of senior nursing staff over the past six years.

However:

- The ED was meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 24 hour 7 days a week cover as the ED was a major trauma centre. I
- There was effective multi-disciplinary team working across the ED.
- The ED participated in Royal College of Emergency Medicine (RCEM) audits. Re-audits of moderate and acute severe asthma, consultant sign off demonstrated an improvement in patient outcomes.
- Staff provided treatment and care in a kind and compassionate way and treated people with respect.
- In November 2017, 84% of patients indicated they would recommend the service provided in the emergency department in the Friend and Family Test (FFT).

# Urgent and emergency services

- The emergency department had a relative's room where families could go to discuss issues with medical staff or amongst themselves relating to loved ones care or emotional support.
- Staff took time to ensure patients and their families understood treatment. We observed doctors speaking respectfully and professionally about next steps for patients.
- The trust scored "about the same as" other trusts for all three Emergency Department Survey questions relevant to the responsive domain in 2016.
- From January 2017 to December 2017, only three of the trust's patients waited more than four hours from the decision to admit until being admitted. The trust's performance for this metric was much better than the England average.
- Paediatric ED nursing staff were interviewed by a children's interview panel as well as going through a normal recruitment process. The children were usually service users who had been through the ED journey.
- Staff had secure access to the trust intranet which gave them access to trust news, policies and procedures and their training and personal development records.

## Is the service safe?

**Requires improvement** ● → ←

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

- The ED had two dedicated cubicles for patients who presented with mental health needs that were not compliant for patients with mental health needs.
- Staffing levels for nurses in the paediatric ED were not always in line with The Royal College of Paediatrics and Children's Health (RCPCH).
- Mandatory training in key skills was below the trust target of 85%.
- Safeguarding assessments for children and adults were not always completed.
- The management of sharps did not always comply with Health and Safety (sharps instruments in healthcare) regulation 2013.
- The management of hazardous substances did not always comply with Control of Substances Hazardous to Health (COSHH) regulations 2002.
- Medical records were not held securely and were not completed consistently with gaps in documentation. We found this was similar at the last inspection.
- Documentation used to record if a patient's condition was deteriorating was not always fully completed.

However:

- The ED was meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 24 hour 7 days a week cover as the ED was a major trauma centre.

## Is the service effective?

**Requires improvement** ● ↓

# Urgent and emergency services

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

- Appraisals rates for nursing staff were below the trust target of 90%. As of October 2017 26% of nursing staff had not had an appraisal.
- Staff had limited knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found this was similar at the last inspection
- Patients' consent was not always recorded and where decisions had been taken in a patient's best interest these were not recorded in patients notes.
- The holistic needs of people living with mental health issues were not always met.
- Pain scores tools were not consistently completed and records demonstrated that timely pain relief was not always administered. We found this was similar at the last inspection.

However:

- There was effective multi-disciplinary team working across the ED.
- The ED participated in Royal College of Emergency Medicine (RCEM) audits. Re-audits of moderate and acute severe asthma, consultant sign off demonstrated an improvement in patient outcomes.

## Is the service caring?

**Good** ● → ←

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

- Staff provided treatment and care in a kind and compassionate way and treated people with respect.
- In November 2017, 84% of patients indicated they would recommend the service provided in the emergency department in the Friend and Family Test (FFT).
- The emergency department had a relative's room where families could go to discuss issues with medical staff or amongst themselves relating to loved ones care or emotional support.
- Staff took time to ensure patients and their families understood treatment. We observed doctors speaking respectfully and professionally about next steps for patients.

However:

- There were three instances where patients had their dignity compromised. A patient being moved within the emergency department had their thighs exposed; and two patients in the waiting room were stripped to the waist having their blood pressure taken.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The Department of Health and Social Care accident and emergency standard, for 95% of patients to be admitted, transferred or discharged within four hours, was consistently not met between January 2017 and December 2017.

# Urgent and emergency services

- Complaints were not investigated and closed in line with the trust policy of 85% of complaints being responded to within 25 working days of receipt.
- The ED did not have specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust consistently failed to meet the standard.
- From January to November 2017, the monthly median of the percentage of patients leaving the trust's urgent and emergency care services before being seen for treatment was worse than the England average in five out of 11 months.

However:

- The trust scored "about the same as" other trusts for all three Emergency Department Survey questions relevant to the responsive domain in 2016.
- From January 2017 to December 2017, only three of the trust's patients waited more than four hours from the decision to admit until being admitted. The trust's performance for this metric was much better than the England average.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The systems for monitoring and improving the quality and safety of care and treatment provided were not effective. Some issues identified in the last inspection report had not been addressed, but there had been some early signs of improvement.
- The ED was part of the medicine and cardiovascular division and staff commented on the need for stability, as there had been five heads of nursing and six matrons over the last six years in the department.
- The head of nursing and general manager were relatively new in post. Staff were positive about the head of nursing, who was very clear about what needed to be done and was working hard to deliver the necessary improvements. However, the ED would need more support to drive the improvements needed.
- Staff lacked an understanding of mental health and did not know how to care for patients who were experiencing psychotic symptoms.
- The lack of recording of information about restraint and rapid tranquillisation meant that the trust could not be assured that this practice was being reviewed and monitored and was in line with NICE guidance.
- The risk register had eight risks identified including five risks linked to the environment. These risks were not being dealt with in a timely way.

However:

- Paediatric ED nursing staff were interviewed by a children's interview panel as well as going through a normal recruitment process. The children were usually service users who had been through the ED journey.
- Staff had secure access to the trust intranet which gave them access to trust news, policies and procedures and their training and personal development records.

# Urgent and emergency services

## Areas for improvement

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

-

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

St George's Hospital NHS Trust provided a range of medical services including older peoples care. The Hospital serves a population of 1.3 million across southwest London and provided a large number of services, such as cardiothoracic medicine, neurosciences and renal transplantation. The hospital also provided services to some parts of Surrey and Sussex, thus totalling around 3.5 million people it provided care and treatment.

The hospital had 423 beds across 18 medical wards and these included a variety of different specialities such as cardiology, neurology, gastroenterology, respiratory, stroke care, older peoples care and endoscopy.

The trust had 44,881 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 16,645 (37.1%), 3,323 (7.4%) were elective, and the remaining 24,913 (55.5%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology with 13,924 admissions
- General medicine with 10,877 admissions
- Neurology with 7,660 admissions

*(Source: CQC Insight)*

The medical services are managed by the medicine and cardiovascular services division. The division includes the medical wards, cardiology and the acute medical unit.

During this inspection we visited the acute medical unit, general medical wards, neurosciences day unit and the discharge lounge.

We spoke to 42 patients and relatives. We also spoke with 33 members of staff, including senior managers, specialist nurses, registered nurses, student nurses, healthcare assistants, junior doctors, consultants, allied health professionals. We observed care and treatment and looked at 28 patient care records.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions. During the inspection, we visited all 18 wards, this included the acute medical wards and the elderly care wards.

## Summary of this service

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

- There was low compliance in some mandatory training modules for most staff groups and appraisals and safeguarding training was below the trust target.
- We reviewed the documentation for Mental Capacity Act assessments and Deprivation of Liberty Safeguards and found most staff did not always complete the required documentation fully or consistently.
- The trust reported that their Mental Capacity Act (MCA) training which incorporates Deprivation of Liberty Safeguards (DoLS) training was a "non-standard" training provided to all staff group. This meant staff were not applying the concept of MCA and DoLS consistently across the medical directorate.

# Medical care (including older people's care)

- There were no consistency in the use of 'Forget me not' stickers on patient records and on whiteboards to indicate that a patient was living with dementia in some wards where dementia patients were been cared for.
- The planned number of registered nurses and healthcare assistants on the medical wards was not always achieved. The hospital relied heavily on the use of bank and agency staff due to a high number of vacancies.
- The trusts performance was variable in the national audit of inpatient falls, the national heart failure audit and the national lung cancer audit. In the lung cancer audit, the trust did not meet the audit minimum standard of 90% of patients seen by a Cancer Nurse Specialist.
- The trust performed poorly in the National Diabetes Inpatient Audit 2016 and National Audit of Inpatient Falls.
- In the heart failure audit, the trust achieved only 1.1% score for the referral to cardiac rehabilitation against the national score of 12.1%.
- There were inconsistent pain assessments for patients on some wards we visited during the inspection.

However:

- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs ensuring people could access the service when they needed it.
- Staff recognised incidents and reported them appropriately. The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- Staff were attentive and provided compassionate care. Feedback from patients we spoke with was positive; that staff treated them well and with kindness.
- Staff cared for patients with compassion, involved them and those close to them in decisions about their care and provided emotional support to ease any distress.
- Staff spoke of good teamwork and we saw examples of multidisciplinary teamwork on all the wards we visited.
- The trust had robust processes in place to manage patients flow through the hospital.
- Staff told us that their line managers were visible, approachable and supportive. We saw positive leadership at ward and team level. Staff were aware of the trust's vision and values, and we saw these displayed on various locations within the hospital.
- Governance arrangements were robust and heads of nursing attended divisional governance meetings and matrons attend directorate governance meetings.
- Ward managers were aware of the risks to their service.

## Is the service safe?

**Requires improvement** ● ↑

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

- The percentage of staff who completed infection prevention and control was low. There was variable adherence to infection prevention and control procedures. Isolation doors were not always closed, staff were not always bare below elbow, and there were no cleaning schedules in place.
- The percentage of staff who had information governance training was low and care records were not stored securely, increasing the risk of unauthorised access.



# Medical care (including older people's care)

- Equipment was not always available for use and there were delays in equipment being repaired.
- There was insufficient medical and nursing staff with required skill mix to meet the needs of the patients on a day to day basis. The actual number of nurses and healthcare assistants were less than the planned number on some occasions.

However:

- Staff had a good understanding of their response to major incidents. We witnessed staff responding to a fire alarm on Heberden Ward. Staff responded extremely well, following procedures and maintaining the safety of patients, staff and visitors.
- Staff were managing the risks to patients well. Staff monitored changes in the patients' conditions using nationally recognised systems and escalated deteriorating patients. The majority of patients had risk assessments completed and reviewed regularly from admission to discharge.
- Managers investigated incidents and shared lessons learned to their respective teams to prevent them happening again.

## Is the service effective?

**Requires improvement** ● → ←

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

- Patient outcomes were variable. The trust performance had stayed the same in the most recent Sentinel Stroke National Audit Programme.
- We reviewed the documentation for Mental Capacity Act assessments and Deprivation of Liberty Safeguards and found staff did not always complete the required documentation fully or consistently.
- There were inconsistent pain assessments for patients on some wards we visited during the inspection. Patients' pain was not assessed, recorded and actioned; and their pain relief were not monitored for effectiveness, particularly for patients with terminal illness.
- Clinical staff appraisal rates were below trust average in some wards and departments within the medical division.

However:

- The service provided care and treatment based on national guidance and there was evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service audited 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.
- Some managers appraised staff's work performance and held supervision meetings with them to provide support.
- Nursing staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Clinical staff from different departments and divisions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide patient care.

# Medical care (including older people's care)

## Is the service caring?

Good  

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

- Staff were observed to be caring, compassionate and attentive in their interactions with patients.
- Feedback from patients was positive and confirmed staff treated them well and with dignity and compassion.
- Staff clearly understood the effects of a patient's condition both socially and emotionally.
- Staff took time to explain information and provide support for patients' and their relatives.
- Patients told us staff respected their needs and most patients felt involved in their care.

## Is the service responsive?

Good  

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

- Services were planned to meet the needs of the local population.
- The trust had made changes designed to improve patient flow since our last inspection.
- Translation services were available when needed. A patient we spoke with told us he had been supported with his diet and prayer needs.
- We saw that the details of complaints and how learning from complaints was shared with staff through huddles and safety meetings.

However:

- There were increasing numbers of medical patients being cared for on surgical wards and this continued to be a challenge for the trust.
- There were issues with higher bed occupancy rates and bed moves including some at nights and at weekends.

## Is the service well-led?

Good  

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

- There were clear leadership structures across the medicine and cardiovascular division and each speciality had a clinical lead. Senior managers we spoke with told us of the vision for the services.
- Managers could articulate some of the challenges caused by the continuing operational pressures, and the impact this had on the quality and delivery of sustainable services, however, they had plans in place to mitigate risks or address challenges.

# Medical care (including older people's care)

- We noted that morale was good across the services and staff described good team working and supportive management.
- Governance was managed through operational management meetings in the service and senior staff attended weekly patient safety meetings. There was a governance structure to support the delivery of care and treatment and staff at different levels were clear about their roles and responsibilities.
- A risk register was in place and the patient safety team would notify staff when risks required review. What we found on the risk register matched what was found during the onsite inspection. Senior managers were aware of the main risks to the service including staffing and IT infrastructure.
- Staff had access to the relevant information systems such as the incident reporting system and policies available through the intranet. Information was shared with staff through newsletters, email and ward meetings.

## Areas for improvement

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

# Surgery

Requires improvement   

## Key facts and figures

The surgical specialties at St George's Hospital, Tooting (the hospital) include trauma and orthopaedics, plastics, urology, neurosurgery, cardiac, vascular, ear nose and throat (ENT), colorectal, and maxillofacial. The hospital provides surgical services to local residents from the London Boroughs of Wandsworth and Merton.

There are specialist surgical services providing treatment regionally, and in some cases nationally, including neurosurgery, cardiac surgery, bariatric surgery (for patients who are severely overweight) and urology cancer treatments.

The hospital is the major trauma centre for South West London and Surrey and receives patients with multiple serious injuries, such as head injuries, internal injuries and multiple fractures by helicopter and ambulance.

There are 31 operating theatres in the hospital, although two of these are operated and staffed by Moorfields Eye Hospital. These include four specialist cardiac theatres, four neurosurgery theatres and a hybrid theatre for vascular surgery and interventional radiology procedures. There are two trauma theatres available at all times and a theatre for general emergency surgery. Each of the theatre suites has recovery areas. There is a unit for assessing patients before they come for surgery, and an admissions lounge for patients coming to the hospital on the day of surgery. There are 14 wards with surgical patients. The day surgery unit is self-contained, with five theatres, a recovery area and seats for patient waiting for discharge.

Therapists in dietetics, physiotherapy, occupational therapy and speech and language therapy (SALT) work with surgical patients to optimise recovery. The surgery, theatre, neurosciences and cancer division (the surgical division) oversees the theatre and anaesthetics, surgical, and neurosciences directorates, which are sub-divided into care groups for each specialty.

The major trauma directorate in the division co-ordinates the trauma network for south-west London and Surrey.

During our inspection in March 2018 we visited all of the theatre suits and each of the surgical wards. In addition, we visited the day surgery unit. We reviewed 25 patient records, and spoke to approximately 40 staff, including ward clerks, domestic staff, healthcare assistants, all grades of nurses, theatre staff, clinical nurse specialists, general managers, junior doctors, surgical and

anaesthetic consultants and divisional leaders.

In addition, we spoke with 10 patient and their relatives.

We reviewed national data about surgical services in England and information provided by the trust, such as policies, audits, risk registers, incident data, and plans for developments.

## Summary of this service

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

- The environment in theatres remained a significant issue. Theatres were old and in need of significant improvement and maintenance. This presented an increased risk of infection as well as a risk of theatres becoming unusable due to urgent maintenance requirements.

# Surgery

- The environment throughout the directorate was cluttered, with equipment, both disused and in use, stored in corridors.
- Patient records were not always fully completed.
- There were three separate recording systems in place, which meant there could be difficulty in accessing records when patients were moved between wards.
- Records were not always securely stored and we observed staff leaving computer screens unlocked with patient identifiable data on them.
- The directorate performed worse than the national average in respect of the proportion of patients receiving treatment on the day of or day after admission.
- The hospital performed worse than the national average of Patient Reported Outcomes Measures (PROMS) in respect of groin hernias, varicose veins, hip replacements and knee replacements.
- The hospital was in the bottom 25% of trusts in terms of the proportion of patients not developing pressure ulcers.

However:

- There was a good incident reporting culture, and learning from incidents were shared throughout the service.
- Staff demonstrated genuine care and compassion when speaking about patients.
- There was a non-hierarchical culture throughout the directorate. The contribution of all staff was recognised and staff at all levels felt able to raise concerns and challenge poor practice and the majority of staff spoke highly of the leadership, both at a local and directorate level. They said that they felt supported and able to escalate their concerns.

## Is the service safe?

**Requires improvement** ● ↑

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

- Whilst there had been improvements to the environment in theatres since our inspection of June 2017, and there were plans in place to refurbish all of the theatres, the environment remained a significant issue. Theatres were old and in need of significant improvement and maintenance. This presented an increased risk of infection as well as a risk of theatres becoming unusable due to urgent maintenance requirements.
- The environment throughout the directorate was cluttered, with equipment, both disused and in use, stored in corridors. In Paul Calvert Theatres in particular, there was no storage space for equipment or deliveries, with the corridor being used as the designated storage space.
- Patient records were not always fully completed. In addition, there were three separate recording systems in place, which meant there could be difficulty in accessing records when patients were moved between wards. Records were not always securely stored and we observed staff leaving computer screens unlocked with patient identifiable data on them.
- The trust were unable to provide local mandatory training completion rates for individual staff groups within the surgery, theatres, neurosciences and cancer division. However, the majority of staff we spoke with told us that their mandatory training was up to date.

However:

# Surgery

- There was a good incident reporting culture, and learning from incidents were shared throughout the service.
- Staff had a good understanding of the principles of safeguarding and when it was necessary to raise concerns. Staff had an awareness of female genital mutilation (FGM) and Child Sexual Exploitation (CSE).
- On the wards, vital signs were measured and escalated using the National Early Warning Scores (NEWS). Patients with NEWS score at a certain level were referred to the critical care outreach team.
- There was an improvement plan in place to address the environmental concerns in theatres.
- The directorate had introduced a specialist nurse practitioner role in order to provide greater expertise in the care of patients with specific conditions. This improved safety by ensuring that patients could be escalated to staff with relevant skills more quickly.

## Is the service effective?

**Requires improvement**   

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

- The directorate performed worse than the national average in respect of the proportion of patients receiving surgery on the day of or day after admission.
- The hospital was in the bottom 25% of trusts in terms of the proportion of patients not developing pressure ulcers.
- The hospital performed worse than the national average of Patient Reported Outcomes Measures (PROMS) in respect of groin hernias, varicose veins, hip replacements and knee replacements.

However:

- We saw strong multidisciplinary team working throughout the directorate. In addition, the directorate staff described a strong working relationship with staff working in the community.
- There were discharge co-ordinators to ensure complex discharges were effective.

## Is the service caring?

**Good**   

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

- Staff demonstrated genuine care and compassion when speaking about patients.
- We observed positive interactions between staff and patients.
- From December 2016 to November 2017 the Friends and Family Test response rate for surgery at St George's University Hospitals NHS Foundation Trust was 50%. This was better than the England average of 29% over these 12 months.
- All of the patients we spoke with told us that they had been kept informed and felt involved in the decision making processes surrounding their care. Where there were options for care, patients said that the consequences of each option had been explained to them fully.

# Surgery

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust's Elective Care Recovery Programme (ECRP) identified a large number of patients where the trust cannot say with certainty that they had been treated or were at the correct stage of their pathway.
- The trust performed consistently worse than the England average in terms of the percentage of patients who were not treated within 28 days after a cancelled operation. Whilst there had been an improvement in the first quarter of 2017/18 (April to June 2017), there was a deterioration in the second quarter.

However:

- The average length of stay for elective and non-elective surgical patients was similar to the England average October 2016 and September 2017.
- There was a positive learning culture within the directorate. Staff we spoke with were able to describe learning and actions that had arisen from complaints and concerns across the directorate and throughout the hospital.
- There was effective provision for patients with learning difficulties, and support for staff in providing care for them.

## Is the service well-led?

**Good** ● ↑

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

- There were clear lines of governance throughout the directorate.
- There was a non-hierarchical culture throughout the directorate. The contribution of all staff was recognised and staff at all levels felt able to raise concerns and challenge poor practice.
- After a period of instability, there was a stable senior leadership team within the directorate.
- The majority of staff spoke highly of the leadership, both at a local and directorate level. They said that they felt supported and able to escalate their concerns.
- Where concerns were raised about a member of staff within the directorate, the leadership team had a standard operating procedure of speaking to that member of staff on the same day that the complaint was raised, in order to deal with concerns promptly and effectively.
- The senior leadership had a clear overview of risk within the directorate and worked proactively to manage and mitigate it.

However:

- Whilst the senior leadership team was working towards addressing the concerns identified in respect of the hospital environment, progress towards achieving the aims set out was slow, albeit that many of the factors impacting on the speed of progress were outside of the direct control of the surgical leadership.
- There remained issues with the IT systems; although the senior leadership team told us that there was a trust-wide plan to upgrade the systems.

# Surgery

## Outstanding practice

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

## Areas for improvement

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



# Services for children and young people

Requires improvement   

## Key facts and figures

Children services at St Georges Hospital serves the South West London Boroughs of Wandsworth and Merton. The trust provides paediatric service to the local population as well as providing highly specialised regional services wider population.

There were 9,770 admissions from October 2016 to September 2017. Forty-six of these were emergency admissions, 44% were day cases and 10% were planned admissions.

The trust provides outreach clinics for tertiary specialities including respiratory medicine, diabetes, gastroenterology, infectious diseases, oncology (as a joint principal treatment centre with Royal Marsden Hospital), neurology, endocrinology, surgery, urology, neurosurgery, trauma and orthopaedics, ear nose and throat.

There are two paediatric medical wards; Frederick Hewitt Ward, a 17 bedded ward for general medicine; and Pinckney Ward, a 15 bedded ward which cared for children with infectious diseases and oncology.

Nicholls Ward is a 19 bedded paediatric surgical ward caring for patients from the local population. It also provides specialist and tertiary surgery for patients beyond its local population. Jungle Ward is a day case unit for patients undergoing minor surgery. It also took in a few patients admitted for trauma and orthopaedics as emergencies.

The paediatric intensive care unit (PICU) consists of six intensive care beds and six high dependency beds. The unit supports both local and tertiary services.

The neonatal service at St Georges Hospital is the regional centre for the South West London Neonatal Network. The neonatal unit consists of 12 intensive care beds, 12 high dependency beds and 14 special care units.

Paediatric outpatients are seen in the paediatric outpatient department located in the Dragon Centre. This consists of 14 clinic rooms with specialist clinics such as neurology, urology, rheumatology, gastroenterology, endocrinology and diabetes, respiratory medicine, asthma and allergy.

The Dragon Centre also housed the Child Development Centre (CDC). The CDC offered specialist advice and treatment for children and young people (aged zero to 16 years) with potential or actual development or problems. The CDC team included consultant paediatricians, clinical psychologists, occupational therapists, speech therapists and physiotherapist.

The service had launched the Blue Sky Centre for children and young people's ambulatory care a week prior to our inspection. The centre opened with the aim of reducing admissions into the emergency department or paediatric wards. The centre cares for children who had appropriate conditions for ambulatory care. The unit could care for up to six children at a time.

During our inspection, we spoke with 30 members of staff including consultants, doctors, nurses, play specialists and domestic staff. We spoke to 11 parents, and three children and young people who were using the service at the time of our inspection. We observed care and treatment and looked at 13 patient records and 13 medication charts.

## Summary of this service

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

# Services for children and young people

- Many problems that we found during previous inspections still existed; there were insufficient staffing levels on paediatric wards. The percentage of staff qualified in the speciality were still below recommended guidelines for the neonatal unit. Long standing risks to paediatric and neonatal staffing remained on the risk register since our last inspection and there had been little or no improvements in this area.
- There was no clear strategy for children and young people's service.
- Some nurses told us they felt 'bullied and intimidated' to admit patients to the inpatient ward even when they felt it was unsafe to do so.
- The service was not meeting guidelines for consultants to review patients within 14 hours of admission.
- Spaces between beds on Jungle Ward did not comply with recommended guidelines.
- There were insufficient controls in place to address the risks to fire safety on some of the inpatient wards.
- Air conditioning on Frederick Hewitt Ward was unreliable and we noted excess levels of heat on the ward.
- Curtains used on the anti-ligature bay on Frederick Hewitt Ward were transparent. This compromised patients' privacy and dignity.
- Nursing staff did not feel supported by the divisional leadership team.

However:

- There were effective systems in place to safeguard children and young people from harm. Staff attendance at level three safeguarding training had improved significantly from the last inspection and was meeting the trust's target of 85%.
- Children were monitored to identify any deterioration in their condition. Patients with mental health conditions were now cared for in an anti-ligature bay on Frederick Hewitt Ward.
- The results of investigations into incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.
- The service contributed to a wide range of national audits and undertook local audits to monitor and improve patient care.
- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- Patients had access to same day and next day clinics and an ambulatory care centre had been set up to ease patient flow from the emergency department.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were still high level of staffing vacancies on the neonatal unit and paediatric wards, which meant the service had high use of agency and bank staff. Agency staff were not able to carry out all the procedures undertaken by permanent staff and contributed to delays in caring for patients. In addition, staffing levels on the inpatient wards were often below the established level required for the shift.

# Services for children and young people

- The neonatal unit was not meeting national standards requiring 70% of nurses to be qualified in the specialty. Only 40% of nurses were qualified in the specialty.
- The service was not meeting guidelines for consultants to review patients within 14 hours of admission.
- Spaces between beds on Jungle Ward did not comply with the recommended guidelines.

However:

- There were effective systems in place to safeguard children and young people from harm. Staff attendance at level three safeguarding training had improved significantly from the last inspection and was meeting the trust's target of 85%.
- Medicines were stored securely and staff followed appropriate procedures for controlled drugs.
- We observed staff complied with infection prevention and control guidelines, although results from audits showed this was inconsistent.
- Patient records were comprehensive and appropriate risk assessments were completed.
- An anti-ligature bay had been created on Frederick Hewitt Ward for children and young people with mental health conditions.

## Is the service effective?

Good   

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

- Policies and procedures were developed in line with national guidance and best practice. Guidelines were easily accessible on the trust intranet page and staff were able to demonstrate ease of access.
- Patients were cared for by appropriately qualified staff. Nurses had gone through an induction and achieved specific competencies before being able to care for patients independently. Medical staff received regular training as well as support from consultants.
- The service participated in national audits, which meant its services could be benchmarked against other trusts. There was a program of local audits to monitor and improve patient care. Patient outcomes were mostly above the national average.
- There was effective multidisciplinary working between teams based in the trust and with other organisations and networks.

However:

- The paediatric diabetes audit showed that the proportions of patients receiving all key care processes annually, was worse than the national average.

## Is the service caring?

Good   

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

# Services for children and young people

- Staff provided a caring, kind and compassionate service, which involved patients in their care and we received numerous positive comments from children and their families.
- Observations of care showed staff maintained patients' privacy and dignity on most wards visited, and patients and their families were involved in their care.
- Staff were skilled in communicating with children and young people. Staff used communication aids where necessary to ensure children were informed about all aspects of their care.
- Children and young people, as well as their families had access to counselling services and psychological support.

However:

- Curtains used on the anti-ligature bay on Frederick Hewitt Ward were transparent. This compromised patients' privacy and dignity.

## Is the service responsive?

**Good** ● → ←

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

- Services were planned to meet the needs of local people. The hospital delivered a broad range of services for children and young people, including a number of highly specialist paediatric services.
- Children and young people had access to same day and next day clinics. GPs could obtain advice from paediatricians via a hotline.
- There were effective transition arrangements in place for children with complex conditions.
- Children and young people had access to interpreting services so that they could make decisions about their care.
- The hospital school was rated as 'outstanding' by Ofsted and teachers at the school provided educational and learning support to children and young people across the hospital.
- The hospital play team provided a very comprehensive programme of play support to children across all paediatric clinical areas.

## Is the service well-led?

**Requires improvement** ● → ←

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

- At the previous inspection, we found there was no clear strategy for the service. At this inspection, we found there was still no overall strategy for the service.
- We received mixed feedback about the leadership of the unit. Whilst it was clear that staff felt supported by senior ward staff, nursing staff expressed lack of support from more senior staff.
- Long standing risks to paediatric and neonatal staffing remained on the risk register since our last inspection and there had been little or no improvements in this area.

# Services for children and young people

- Nursing staff felt they did not have a voice when pressured to accept more patients on the ward and told us they sometimes felt 'bullied and intimidated' to do so.

However:

- There was a robust governance structure in place and feedback from governance meetings were disseminated to staff.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Requires improvement ●

## Key facts and figures

The outpatients department (OPD) at St. George's Hospital (SGH) was located across the hospital. The OPD was open Monday to Friday 8.30am to 5pm approximately, with some clinics offering appointments at the weekend.

The trust provided information which stated St George's Hospital (excluding Queen Mary's Hospital) had 648,163 first and follow-up outpatient appointments from October 2016 to September 2017.

The trust ran a wide range of outpatient clinics including a chest clinic, dermatology, cardiology, neurology, gastroenterology, care of the elderly, haematology and oncology, breast care and rheumatology. There were surgical clinics for ear, nose and throat, colorectal, vascular, orthopaedics and trauma.

During our inspection a team of specialist advisors, a lead inspector and an expert by experience visited the main outpatients area, dermatology, rheumatology, urology, cardio investigations, neurology, breast care outpatients, haematology and oncology, trauma and orthopaedics, phlebotomy, and the therapy services department.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we inspected all domains and key questions.

We spoke with 21 patients, relatives and carers. We spoke with approximately 40 members of staff including managers, nursing staff of all grades, doctors, therapists, reception and medical records staff, and healthcare assistants. We observed care in outpatient clinics and looked at seven sets of patient records. We received comments from our staff 'drop in' events and from patients and the public directly.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated this service as requires improvement because:

- Referral to Treatment Time (RTT) data was still not being reported. This meant that OPD could not yet be fully assured that all patients had received their appointments or could not identify what stage patients were at in their treatment pathway. Although there was an Elective Care Recovery Programme designed to restart reporting of RTT data, this lack of assurance had a negative impact on our ratings for the responsive and well led domains in the OPD.
- There was one resuscitation trolley shared by seven clinics in Lanesborough Wing. This meant that in some clinics, the resuscitation trolley was a distance away and would have to be brought to the patient through a busy area.
- Nasoendoscopes were occasionally decontaminated in a way that was not in line with best practice guidance, as a result of problems with formal sterilisation equipment. This meant there was a risk that a patient could have a procedure carried out with a nasoendoscope that had not been formally sterilised and this was not always reported as an incident.
- Staff told us it was difficult to meet the demand of overbooked clinics with the baseline staffing levels available.
- Confidential medical records were not always stored securely, which meant they could be accessible to unauthorised persons.
- There was a lack of local audits and information on patient outcomes.

# Outpatients

- The cramped environment in the infusion suite had a negative impact on patient privacy and dignity, particularly when full.
- From quarter 3 of 2016/17 to quarter 2 of 2017/18, the trust consistently failed to meet the 93% operational standard for patients to be seen within two weeks of an urgent GP referral for suspected cancer.
- The system for blood testing in Lanesborough Wing was unclear which caused confusion amongst patients and long queues at the reception desk.
- Most clinics overran due to overbooking, and there were too many patients to be seen in too few clinic slots. This meant patients waited longer than they needed to for their appointment.
- There was not always leadership capacity to deliver high-quality and sustainable care in the OPD, due to heavy workloads for some key staff and a lack of senior staff in some areas.
- Some staff felt issues were not solved, or their personal development was not funded due to a leadership culture weighted towards achieving financial stability.
- Not all risks on the risk register had associated actions, a date for review or a date by which actions to be completed.

However:

- Staff were aware of their responsibilities to report incidents and staff told us of a culture of learning from incidents in outpatients.
- The trust had introduced daily pre-clinic briefings to discuss clinic lists and staffing which were in the process of being embedded.
- The OPD used a combination of best practice and national guidance to deliver care and treatment to patients, and staff were competent to provide this care.
- There was strong evidence of a good education and research culture within the cardiac investigation unit and the therapies department.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff interacted with patients and their families in a kind and compassionate manner, and patients spoke positively about the care they received.
- There were a range of support teams available including dementia, learning disability and mental health liaison to meet patient's individual needs.
- The trust had introduced an automatic text or phone reminder system which had reduced the Did Not Attend rate by approximately 7%.
- Staff told us there had been an increase in the visibility of leadership from the trust board in the OPD since our last inspection.
- The hospital had improved the process to ensure there was a complete set of contemporaneous patient notes on site during clinic appointments through a scanning system and had tracked down 1,081 missing files since August 2017.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

# Outpatients

- Staff told us if there was a problem with sterilisation equipment in the hospital they decontaminated nasoendoscopes locally within the Ear Nose and Throat clinic, which was not in line with best practice guidance. This meant that patients could have a procedure with a nasoendoscope that had not been centrally decontaminated.
- There was one resuscitation trolley shared by seven clinics. This meant that in some clinics, the resuscitation trolley was a distance away and would have to be brought to the patient through a busy area. Not all clinic consultation rooms had emergency call bells.
- Staff told us it was difficult to meet the demand of overbooked clinics with the staffing levels available.
- Confidential medical records were not always stored securely, which meant they could be accessible to unauthorised persons.
- The infusion suite in Clinic C was a cramped environment. The door was narrow making it difficult for the resuscitation trolley to be brought in to the suite. Staff told us they had continuously requested a mini resus trolley to enable them to attend to patients inside the suite, but this had not been fulfilled.
- In the infusion suite staff told us they did not know how to use a cytotoxic spillage kit. This meant there was a risk that appropriate action would not be taken in the event of a cytotoxic spillage.

However:

- Staff were aware of their responsibilities to report incidents and some staff told us of a culture of learning from incidents in outpatients. However, staff did not always report incidents, particularly for decontamination of nasoendoscopes.
- The trust had introduced daily pre-clinic briefings to discuss clinic lists and staffing which were in the process of being embedded.
- Progress had been made to ensure patient records were tracked and could be located for clinicians.

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate effective:

- The OPD used a combination of best practice and national guidance to deliver care and treatment to patients, and staff were competent to provide this care.
- There was strong evidence of a good education and research culture within the cardiac investigation unit and the therapies department.
- Staff received a corporate induction to the trust and a local induction to the area they worked in. We saw completed local induction checklists which reflected this.
- Staff we spoke with told us they received an appraisal and it was useful.
- There were regular multidisciplinary team (MDT) meetings in outpatients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care or where to go for advice.

However:



# Outpatients

- There was a lack of local audits and information on patient outcomes.

## Is the service caring?

**Good** ●

We rated caring it as good because:

- Staff interacted with patients and their families in a kind and compassionate manner, and patients spoke positively about the care they received.
- Staff understood their role in providing emotional support to patients. There was chaplaincy and clinical psychologist support available for patients.
- Patients told us they felt informed of on-going plans and treatment and had the opportunity to be involved in decisions about their care.
- Staff communicated with patients and those close to them in a way they could understand and took time to answer their questions.

However:

- The cramped environment in the infusion suite had a negative impact on patient privacy and dignity, particularly when full.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- Referral to treatment data was still not being reported to NHS England. An external review of the data quality in June 2016 identified that patients were not being treated in chronological order, as a result of a high number of unknown start times of a patient's referral journey.
- From quarter 3 of 2016/17 to quarter 2 of 2017/18, the trust consistently failed to meet the 93% operational standard for patients to be seen within two weeks of an urgent GP referral for suspected cancer.
- Most clinics overran due to the high demand for clinic slots, meaning patients waited longer than they needed to for their appointment. Waiting times were not always displayed in a way that was accessible to less mobile patients.
- The system for booking appointments varied which caused confusion amongst patients. Most new appointments were booked by an external call centre, but some new and most follow-up appointments were dealt with by the specialities themselves. Staff reported that more staff were needed to handle this workload, as the system relied upon staff being able to answer the phones, who were also required to complete other tasks
- The system for blood testing in Lanesborough Wing was unclear meaning most patients queued for the reception desk to report for their blood test. This caused long queues. Staff had raised this as an issue with management but action had not been taken.
- We requested the percentage of clinics cancelled from the trust, who told us they had sent it. However, at the time of writing this report, this information was not found or resent by the trust.

# Outpatients

- We requested the percentage of patients waiting longer than 30 minutes to see a clinician from the trust who told us they had sent it. However, at the time of writing this report, this information was not found or resent by the trust. The trust provided some information, however it was an audit for a select number of days in May and June 2017, therefore, we were unable to make a judgement from it.

However:

- There were a range of support teams available including dementia, learning disability and mental health liaison to meet patient's individual needs.
- There was access to face to face and telephone translation services and patient information leaflets could be accessed in languages other than English upon request.
- The trust had introduced an automatic text or phone reminder system which had reduced the Did Not Attend rate by approximately 7%.

## Is the service well-led?

**Inadequate** ●

We rated well led as inadequate because:

- There was not always leadership capacity to deliver high-quality and sustainable care in the OPD, due to heavy workloads for some key staff and a lack of senior staff in some areas.
- The trust had an Elective Care Recovery Programme in place which was progressing slowly. However, as RTT was still not being reported this meant the OPD was not fully assured about the identification and treatment of patients referred to them. So far, five cases of severe harm and two cases of moderate harm to patients had been identified, as a result of delays in making their follow up appointments.
- There was an OPD transformation team in place, however at the time of our inspection the trust did not have an explicit strategy for the OPD at St George's Hospital, although one was being developed.
- There was a lack of oversight of occasions when nasoendoscopes were not decontaminated in line with best practice guidance, due to insufficient incident reporting.
- Staff felt issues were not solved, or their development was not funded due to financial pressures on the trust.
- Not all risks on the risk register had associated actions, a date for review or a date by which actions to be completed.

However:

- The hospital had improved the process to ensure there was a complete set of contemporaneous patient notes on site during clinic appointments through a scanning system and had tracked down 1,081 missing files since August 2017.

## Outstanding practice

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

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides community services for adults and community services for children, young people and families, which includes sexual health services. There are community inpatient beds at Queen Mary's Hospital. The trust no longer provides community end of life care services. Community health services are provided from the trust's hospital locations and a variety of health centres, clinics and GP surgeries across the London Borough of Wandsworth.

We previously inspected community health services during the announced comprehensive inspection in June 2016. On this occasion, we only inspected the community inpatient service.

## Summary of community health services

### Requires improvement ●

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

- Nursing staffing shortages on Mary Seacole Ward were having an impact on patient care. Staff were unable to meet the needs of patients, particularly patients requiring one to one care.
- There were a number of vacancies in the nursing management on Mary Seacole Ward and there was a lack of leadership for the staff. While cover arrangements were in place, leadership arrangements lacked stability and clarity and shortages meant there was limited time for senior staff to cover managerial duties.
- Patient records on Mary Seacole Ward were inconsistent. Fluid balance charts were incomplete and hydration recording was incomplete meaning patients were at greater risk of dehydration and urinary tract infections.
- Services were not meeting the trust target for basic or intermediate life support training. This meant that there was a risk that not all staff had the skills needed to respond to patients requiring life support.
- Medicines on Mary Seacole Ward were not always managed in line with best practice. Some controlled drugs had their labels obliterated by a pen and the medicines resource folder in the room contained out of date policies which could increase the risk of incorrect medication or staff not following correct trust guidelines.
- Overall appraisal completion rates were low and below the trust target of 90% for Mary Seacole Ward. This meant that managers were not supporting all staff to deliver effective care and treatment or giving staff opportunities to discuss development.
- Best practice guidance was not always being followed. Inconsistency of patient records on Mary Seacole Ward meant that patient needs were not being accurately recorded and best practice guidelines not followed.
- Morale on Mary Seacole Ward was low among some staff groups. Staff described feeling a lack of acknowledgement of the pressures on the ward and did not feel their concerns were being addressed.
- The risk register for community services did not fully reflect the risks on the ward's risk register and some of the ward risks lacked suitable assurances in place.

# Summary of findings

However:

- Improvements had been made on Gwynne Holford Ward since the previous inspection. Leadership had stabilised and staff felt supported. Staff were engaged and there was a clear management support structure in place.
- Multidisciplinary team (MDT) working was well established on both wards and formed an integral part of patient care.
- Both wards had comprehensive multidisciplinary assessments for patients, care was patient centred and there was a holistic approach to treatment.
- There was a strong ethos of continuous learning and improvement on Gwynne Holford Ward. Staff were engaged and supported to contribute to service improvement and we saw several examples of innovative approaches and practices.
- Staff actively involved patients and their family in their treatment. Patients spoke positively of the staff and the care which was provided and described staff as supportive, friendly and compassionate.
- Staff understood how to report incidents and feedback was shared with staff. Safety performance was regularly reported on and clearly displayed on both wards.

# Community health inpatient services

Requires improvement  

## Key facts and figures

Adult community inpatient services are provided in two inpatient wards at Queen Mary's Hospital, Roehampton. Mary Seacole Ward has 42 beds and provides sub-acute care, treatment and rehabilitation for older people. Gwynne Holford Ward has 36 beds and provides rehabilitation and support for adults who have had limb amputations or who require neurorehabilitation. Mary Seacole Ward is in the trust's community services division, whilst Gwynne Holford Ward is in the trust's surgery, theatres, neurosciences and cancer division.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection, we reviewed information from a wide range of sources to get a balanced view of the hospital. We reviewed data supplied by the trust and visited both wards in the hospital. We spoke with 15 patients and three relatives. We also observed care being delivered by staff. We visited the two community inpatient wards at Queen Mary's Hospital and looked at the quality of the environment and observed how staff cared for patients. We looked at a range of policies, procedures and other documents relating to the running of the service. We held a drop-in session before the inspection where staff from both wards could talk to inspectors and share their experiences of working at the trust. We spoke with over 33 members of staff working in a wide variety of roles at the hospital.

## Summary of this service

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

- Nursing staffing shortages on Mary Seacole Ward were having an impact on patient care. Staff were unable to meet the needs of patients, particularly patients requiring one to one care.
- There were a number of vacancies in the nursing management on Mary Seacole Ward and there was a lack of leadership for the staff. While cover arrangements were in place, leadership arrangements lacked stability and clarity and shortages meant there was limited time for senior staff to cover managerial duties.
- Patient records on Mary Seacole Ward were inconsistent. Fluid balance charts were incomplete and hydration recording was incomplete meaning patients were at greater risk of dehydration and urinary tract infections.
- Services were not meeting the trust target for basic or intermediate life support training. This meant that there was a risk that not all staff had the skills needed to respond to patients requiring life support.
- Medicines on Mary Seacole Ward were not always managed in line with best practice. Some controlled drugs had their labels obliterated by a pen and the medicines resource folder in the room contained out of date policies which could increase the risk of incorrect medication or staff not following correct trust guidelines.
- Overall appraisal completion rates were low and below the trust target of 90% for Mary Seacole Ward. This meant that managers were not supporting all staff to deliver effective care and treatment or giving staff opportunities to discuss development.
- Best practice guidance was not always being followed. Inconsistency of patient records on Mary Seacole Ward meant that patient needs were not being accurately recorded and best practice guidelines not followed.
- Morale on Mary Seacole Ward was low among some staff groups. Staff described feeling a lack of acknowledgement of the pressures on the ward and did not feel their concerns were being addressed.

# Community health inpatient services

- The risk register for community services did not fully reflect the risks on the ward's risk register and some of the ward risks lacked suitable assurances in place.

However:

- Improvements had been made on Gwynne Holford Ward since the previous inspection. Leadership had stabilised and staff felt supported. Staff were engaged and there was a clear management support structure in place.
- Multidisciplinary team (MDT) working was well established on both wards and formed an integral part of patient care. Both wards had comprehensive multidisciplinary assessments for patients, care was patient centred and there was a holistic approach to treatment.
- There was a strong ethos of continuous learning and improvement on Gwynne Holford Ward. Staff were engaged and supported to contribute to service improvement and we saw several examples of innovative approaches and practices.
- Staff actively involved patients and their family in their treatment. Patients spoke positively of the staff and the care which was provided and described staff as supportive, friendly and compassionate.
- Staff understood how to report incidents and feedback was shared with staff. Safety performance was regularly reported on and clearly displayed on both wards.

## Is the service safe?

**Requires improvement** ● ↑

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

- Nursing staffing shortages on Mary Seacole Ward was having an impact on patient care. Staff were unable to meet the needs of patients, particularly patients requiring one to one care.
- Patient records on Mary Seacole Ward were inconsistent. Fluid balance charts were incomplete and hydration recording was incomplete meaning patients were at greater risk of dehydration and urinary tract infections.
- Services were not meeting the trust target for basic or intermediate life support training. This meant that there was a risk that not all staff had the skills needed to respond to patients requiring life support.
- Medicines on Mary Seacole Ward were not suitably managed. Some controlled drugs had their labels obliterated by a pen and the medicines resource folder in the room contained out of date policies which could increase the risk of incorrect medication or staff not following correct trust guidelines.

However:

- Both wards were clean and tidy and demonstrated good compliance with hand hygiene and infection prevention and control audits.
- Safety performance was regularly reported on and clearly displayed on both wards.
- Staff understood how to report incidents and feedback was shared with staff.

## Is the service effective?

**Good** ● ↑

# Community health inpatient services

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

- Multidisciplinary team (MDT) working was well established on both wards and formed an integral part of patient care.
- Services assessed patient needs and delivered care and treatment in line with evidence-based guidance. Services incorporated British Society of Rehabilitation Medicine (BSRM) Standards for Rehabilitation Services into service design and patient treatment.
- Senior staff were actively engaged with other rehabilitation units in the region and were aware of how the service benchmarked against similar units.
- Although the trust was unable to provide detailed information for training completion rates in the Mental Capacity Act (MCA), staff we spoke with on both wards demonstrated a good awareness and understanding of consent, MCA and Deprivation of Liberty Safeguards (DoLS).

However:

- Best practice guidance was not always being followed. Inconsistency of patient records on Mary Seacole ward meant that patient needs were not being accurately recorded and best practice guidelines not followed.
- Overall appraisal completion rates were low and below the trust target of 90% on Mary Seacole Ward. This meant that managers were not supporting all staff to deliver effective care and treatment or giving staff opportunities to discuss development.

## Is the service caring?

Good   

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

- Patients spoke positively of the staff and the care they received, describing staff as supportive, friendly and compassionate. Patients on Gwynne Holford Ward in particular spoke incredibly highly of the staff and care they received. We observed staff taking the time to interact with patients and those close to them, building relationships which were strong, caring, respectful and supportive.
- Care was patient centred and there was a holistic approach to treatment.
- Staff actively involved patients and their family in their treatment. Staff we spoke to made efforts to involve patients in decision making about their care.
- During the inspection, we saw staff closing curtains and doors when providing care to protect patients' privacy and dignity. Patients we spoke with told us that staff protected their privacy and were respectful of their needs.
- Both wards scored highly in the friends and family test. In January 2018, 100% of patients on both wards said they would recommend the ward.

However:

- Staffing shortages on Mary Seacole Ward meant that some patients did not receive the level of care or input they required, such as mouth care.

# Community health inpatient services

## Is the service responsive?

**Good** ● ↑

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

- Both wards had low numbers of complaints. Managers on the wards engaged patients to discuss issues as they arose and patients we spoke to described staff as approachable and told us they felt comfortable raising concerns.
- Both wards had clear discharge planning processes to ensure flow through the wards. Services worked collaboratively with local and additional community services to support patients after discharge from the ward.
- Both wards had developed systems of referral screening to ensure patient referrals were appropriate. These systems were designed to ensure patients were admitted to the right service and avoid waits for treatment where possible.
- Both wards had comprehensive multidisciplinary assessments for patients. The assessment tools and clinics were patient centred and used a range of clinical input to ensure patient needs were clearly identified.

However:

- Staff on Mary Seacole Ward were unable to meet all the needs of all patients. Staffing shortages meant that patients who required one to one nursing care or additional support did not always receive the care they needed.
- Although staff identified patients with dementia on Mary Seacole Ward, some staff we spoke with were unclear on the number of patients with dementia in their bay and some patient records we reviewed did not have relevant dementia documentation such as a dementia passport.

## Is the service well-led?

**Requires improvement** ● ↑

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

- There were a number of vacancies in the nursing leadership on Mary Seacole Ward and there was a lack of leadership for the staff. While some cover arrangements were in place, staffing shortages among staff nurses and senior staff nurses meant there was limited time for senior staff to cover managerial duties.
- Morale on Mary Seacole Ward was low among some staff groups. Staff described feeling a lack of acknowledgement of the pressures on the ward and did not feel that concerns were being addressed.
- There were high levels of work overload on Mary Seacole Ward. During the inspection, we saw nursing staff struggling to manage the number of patients and their workload.
- The risk register for community services did not fully reflect the risks on the ward's risk register and some of the ward risks lacked suitable assurances in place.

However:

- Leadership on Gwynne Holford Ward had stabilised and staff felt supported. Staff were engaged and there was a clear management support structure in place.



# Community health inpatient services

- There was a strong ethos of continuous learning and improvement on Gwynne Holford Ward. Staff were engaged and supported to contribute to service improvement and we saw several examples of innovative approaches and practices.

## Outstanding practice

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

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures

#### Regulation

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

This section is primarily information for the provider

# Requirement notices

Treatment of disease, disorder or injury

## Regulated activity

Accommodation for persons who require treatment for substance misuse

Family planning services

## Regulation

Regulation 5 (Registration) Regulations 2009 Registered manager condition

# Our inspection team

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

The team included an inspection manager, 12 inspectors, an assistant inspector, 12 specialist advisers, and two experts by experience.

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