

# Guy's and St Thomas' NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

# Summary of findings

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

## Background to the trust

Guy's and St Thomas' NHS Foundation Trust is made up of two main hospital sites; Guy's Hospital situated in the borough of Southwark in central London and St Thomas' in Lambeth. The trust has a separate children and young person's hospital on the St Thomas' site, known as Evelina London Children's Hospital. There are satellite outpatient services in several locations and community services for adults, children and young people are part of the trust's portfolio.

The trust has advanced diagnostic, pathology and genetics services. These support the diverse clinical and research portfolios.

The trust is a fully integrated provider with a wide range of local and specialist services. They work in partnership with clinical, strategic and commercial agencies, including the south east London Strategic Transformation Partnership. The trust has a dedicated clinical research facility and works in partnership with King's College London. The trust is a member of an Academic Health Sciences centre with King's College, King's College Hospital and the South London and Maudsley NHS FT.

Guy's and St Thomas' Hospitals provide services to a local population that is urban, ethnically and culturally diverse and considerably more deprived than the national average. There are a range of health issues that are prevalent and contribute to the focus of service development within the trust including:

- early death from cardiovascular disease and cancer
- levels of tuberculosis are almost double the national average
- high levels of childhood obesity.
- high levels of deprivation and violent crime
- high levels of poor sexual health.

The boroughs have highly transient populations and high levels of homelessness.

There are approximately 16,200 staff working within the trust.

St Thomas' Hospital has 840 beds and Guy's Hospital has 400 beds. The Evelina London Children's Hospital has 175 beds, including 19 intensive care beds and 49 neonatal cots. There are a further 60 beds in the community.

During 2017/18, the trust had 2.5 million patient contacts, had 111,000-day case attendances, 89,000 inpatients, 1.28 million outpatients and 205,000 emergency and urgent care attendances. The trust supported women to deliver 6,567 babies through the maternity services. Patient contacts in the community was higher than 810,000.

The trust was last inspected in September 2015 and received a good rating overall in the final report, published in March 2016.

## Overall summary

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

# Summary of findings

## What this trust does

Guy's is a major elective centre for south London and provides specialities including; urology, orthopaedics, ear, nose and throat and cancer services, including radiotherapy and breast and lung surgery. It has the largest dental school in Europe and since the previous inspection has opened a cancer centre.

St Thomas' Hospital has one of the largest critical care units in the UK and one of the busiest Emergency Departments. They provide a wide range of inpatient specialities, including, women's services, acute medicine and elderly care, cardiovascular, critical care, gastro-intestinal medicine and surgery, general surgery, plastic surgery, and ophthalmology.

Evelina London Children's Hospital provides comprehensive health services from pre-birth, throughout childhood and into adult life. The children's hospital (the second largest in London and one of the 10 recognised specialist children's hospitals nationally) provides an extensive range of specialist services for children and young people with rare and complex conditions from across south London, Kent, Surrey, Sussex and the rest of the UK. This includes cardiac, renal and critical care services.

The trust provides adult community services in Lambeth and Southwark. Adults are offered a full range of services to support people in their homes and to support the early discharge for patients who are admitted. A wide range of rehabilitation and therapy services are provided including; general and specialist nursing; services for people with learning disabilities; and early intervention and prevention.

The trust has advanced diagnostic, pathology and genetics services. These support the diverse clinical and research portfolios. They are the first NHS trust to test a neighbourhood nursing model which puts patients and carers at the center of their care; a model based on one used in Holland known as Buurtzorg.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. Our inspection was routine and followed the methodology around frequency of return inspections following the initial comprehensive inspection.

We inspected community adult services, which had previously been rated as requires improvement. Using a risk-based approach we also inspected maternity services at St Thomas' Hospital and outpatients' services at both Guy's and St Thomas', which included two satellite dialysis units.

## What we found

We found significant improvements had been made in community adults. Maternity services had made some improvement. However, outpatient services required improvements at both hospital locations.

# Summary of findings

## Overall trust

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

We rated safe as requires improvement, which was as we found at our previous inspection. Effective was rated as good, the same as our previous rating. Responsive remained as good and caring as outstanding. Well-led improved to an outstanding rating. We rated two of the trust's 18 services as outstanding, 15 as good and one as requires improvement. In rating the trust, we considered the current ratings of the eight services not inspected this time.

## Are services safe?

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

- Although mandatory training was provided in a range of subjects not all staff had completed this as expected.
- Patient records including the use of risk assessments were not always completed to the expected standard in the Guy's outpatient services. Early warning observational risk scores in maternity services were not always completed consistently.
- The administration of medicines in the outpatient department at Guy's Hospital did not always meet professional standards.
- Outpatient records were not always available in advance of clinics and community staff reported not being able to access information because of differing IT systems.
- The Guy's outpatient environment was not always suitable for its use and equipment was not always fit for use.

However:

- There were enough staff with the right skills and experience to keep people safe and to deliver the required treatment and care. Staff knew their responsibilities to keep people protected from avoidable harm. Risk assessment and monitoring tools were available to help staff recognise and responded to patients whose needs changed. There was access to staff with additional skills and technical equipment in emergency situations.
- Infection prevention and control practices followed by staff helped to minimise the risk of people getting a hospital acquired infection. The environment in which people received care was visibly clean and equipment was cleaned before patient use.
- Medicines optimisation was met in most of the areas we inspected.
- There was a well-established system to report, investigate and learn from incidents, which all staff understood and felt confident to use.

## Are services effective?

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

- Treatment and care provided to people who used the services were based on national and professional guidance. The trust benchmarked the effectiveness of its services through participation in national and local audits.
- Staff ensured the nutritional needs of patients were assessed and responded to and made sure pain relief medicines were provided in accordance with their prescription.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Summary of findings

- Multidisciplinary and cooperative working was very well established in all the services we inspected. Staff worked very well together to ensure patients received the right treatment and care from appropriately skilled staff.
- Services were delivered by staff with the right skills and experiences. Staff in some areas had additional skills and expertise enabling them to deliver a highly effective service. Clinical nurse specialists provided a range of nurse-led outpatient clinics at St Thomas', and there was a wide range of clinical services available to meet the needs of patients.
- The competence of staff was reviewed and monitored by staff with the right skills and experience to do so. The trust actively promoted training and development, and regular supervision and performance reviews provided opportunities to identify new learning needs and additional training.

However:

- The trust's consent policy was not consistently followed in Guy's outpatient department.
- Outpatient services were not fully developed across the seven day week.
- There were delays in making urgent deprivation of liberty safeguard applications at times when the service was not covered, which meant patients may have been detained unlawfully.
- Appraisal targets in some areas had not met the trust's required level.

## Are services caring?

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

- There was a strong and visible culture of person-centred care which enabled staff to provide outstanding levels of compassionate care to patients.
- Staff demonstrated kindness and empathy when communicating with patients and their loved ones. People were treated with dignity and respect and were listened to.
- Staff gave information to people using the services in a manner which enabled them to raise questions, discuss opportunities and make choices about their health needs.
- The individual physical, spiritual and emotional needs of people were considered when discussing and agreeing their care. Staff were respectful and polite when providing care and they recognised the importance of involving family and loved ones where able.

## Are services responsive?

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

- The services inspected were generally planned around the needs of the local population. There was a strong focus on ensuring patients had access to the right care at the right time, and where possible this aimed at preventing avoidable admissions to hospital.
- Community service had innovative methods and established pathways to enable people to receive care closer to home. The newly developed Integrated Care, Strategic Business Unit provided a model which centred around early interventions to avoid hospital admissions, and better support for those people with long term conditions.
- There was a good system for receiving, reviewing and responding to complaints overseen by a suitably skilled team. Duty of candour was understood by staff and followed when it applied. Learning from the outcome of the complaints process was welcomed as an opportunity to improve service delivery.

# Summary of findings

- There was good provision for people who required specialist equipment or support with language and disability needs.

However:

- Key access and treatment targets were not being met for reasons sometimes outside of the trust's control. This included referral to treatment and the operational standard for patients receiving their first treatment within 62 days of an urgent GP referral in relation to cancer waiting times.
- From November 2017 to October 2018, the 'did not attend' rate in outpatients was higher than the England average.
- Patients could not always get an appointment at their preferred time and outpatient clinics often started late or ran behind time. Not all patients were made aware of delays in clinics.
- The privacy of patients attending Guy's outpatients was not always met, and the bereavement facilities in the maternity services required attention to make them more suitable for use.

## Are services well-led?

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

- The leadership capabilities, qualities and experiences at executive and service level enabled staff to respond to the needs of people who used the service in a purposeful way.
- The trust had invested in its leaders and had provided development opportunities and supportive mechanisms to enable them to flourish and deliver the requirements of their roles and respective services.
- Department leaders made sure their staff were aware of the trusts vision and strategic aims, and they worked hard to make these happen. They were aware of the local service level challenges and risks and took actions to minimise the impact on people who used the services.
- Leaders at service level contributed to the collection of performance data and communicated this to the relevant governance committees. Where required, leaders attended such meetings and presented reports, including those arising from serious incident reviews. They were open to challenge and valued this as an improvement opportunity.
- Staff valued the opportunity to learn from incidents and saw this as essential to improving services for their patients. They felt able to raise concerns in a constructive manner and that these would be considered in a fair way.
- Opportunities to make quality improvements, be creative and innovative were actively encouraged and supported by line managers and above. Staff were encouraged to develop and be involved in research programmes.
- There was a proactive approach to engagement with patients, the public, staff and local organisations. This helped in the planning and management of services to the benefit of those who used the trust.

## 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.

We have included a rating for the use of resources, which was undertaken by NHSI as part of the inspection for the first time.

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in community adults and outpatient services at both Guy's and St Thomas' Hospitals.

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

## Areas for improvement

Action the trust MUST take to improve

We told the trust it must take action to bring services into line with one legal requirement. This action related to medicines in the outpatient services at Guy's Hospital.

We found three 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. These related to the completion of mandatory training and appraisal rates. In addition, improvements were required for equipment maintenance in the outpatient department at Guy's Hospital.

We found other areas for improvement which did not suggest a minor breach of a legal requirement. For more information, see the Areas for improvement section of this report.

## Action we have taken

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

## 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 in the following areas:

### Community Adults:

The pharmacy staff trained nurses, occupational therapists and physiotherapists to conduct medicine reconciliations. This innovative practice of up-skilling the whole therapy team meant the teams were equipped to identify medicine issues promptly.

The trust had developed the neuro-rehabilitation pathway which provided neuro-navigators, staff who acted as a link person for acute trusts, specialist neuro-rehabilitation units, GP's and community teams and formed relationships with their local borough with social care and voluntary agencies. Within the first year of operation, intervention from the neuro-navigators saved over 3700 hospital bed days and almost 7000 specialist rehabilitation unit bed days by directing people to the right services at the right time.

The trust had developed Integrated Care, a strategic business unit formally launched in 2019. A range of programmes were developed included, the appointment of nursing associates as the trust rolled-out the neighbourhood nursing initiative, community teams linked to local care networks and the development of new roles such as the extensivist. This is a clinician who would work with patients in both the hospital and community and supported them if they needed to go into hospital.

# Summary of findings

The health inclusion team was a nurse-led specialist community health inclusion team which supported vulnerable people who had difficulty accessing primary care services, such as homeless people, refugees, asylum seekers and people with addictions. The health inclusion team constantly strived to find innovative ways of ensuring their unique services were safe, accessible and tailored to meet the needs of those vulnerable people they treated.

The speech and language therapists in the neuro-conditions sought to address the continued increase in referrals for the management of swallowing difficulties for residents in care homes, by designing new ways of working. This included participating in the care homes' multidisciplinary team meetings. This enabled staff to deliver training and awareness and meant the referrals were appropriately managed.

## Outpatient Services:

Staff from the diabetes and colorectal clinic had won the Nightingale Awards for their academic work based on the trust's values and reflection on clinical scenarios.

## Areas for improvement

We found areas for improvement including one breach of legal requirement that the trust must put right.

Action a trust MUST take:

- The trust must ensure staff within the skin biopsy clinic follow medicine administration procedures in line with trust policy.

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.

- The trust should improve the uptake of mandatory training, including safeguarding to meet its own expected targets.
- The trust should enable all staff have an opportunity to receive a performance review.
- The trust should continue its work aimed at improving the constitutional targets, including referral to treatment times, and reduce the number of patients with overdue follow up appointments.
- The trust should consider how local risk registers are developed in all service areas and the mitigations therein described are appropriate.
- The trust should enable the required equipment maintenance to be followed and items are checked and services according to its plan.
- The trust should make sure its staff follow the policy for medicines management and administration.
- The trust should consider how it may develop seven-day outpatient services.
- The trust should continue work to improve recruitment and retention of staff in some service areas.
- The trust should continue with the programme of improvements within the IT systems.
- The trust should consider how it can make the bereavement suite less clinical in its decoration and design it in a way that makes it homelier in maternity.
- The trust should review the timeliness of its responses to complaints from women and their partners who used maternity services, as these were taking longer than the trust's target.
- The trust should reinforce the importance of the completion of modified early obstetric warning score (MEOWs) scores, and that these are completed fully in all notes, particularly in the high dependency unit (HDU).



# Summary of findings

- The trust should consider how it can enable applications for deprivation of liberty safeguards to be made at all times.

## 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.

Our rating of well-led at the trust improved. We rated well-led as outstanding because:

- The trust was led by a highly skilled and credible team of knowledgeable people. They were passionate, ambitious and determined in their approaches to leading a successful organisation which focused on quality and sustainable care. Leaders understood the local and broader healthcare challenges and had identified the actions they could take to address these. They were aware of areas requiring improvement to enable the services to be fully effective and were addressing these through a range of activities.
- There was a well thought out and structured organisational strategy which was underpinned by the trust's values and vision for the short and longer-term. Departmental strategies were aligned to the overarching strategy, and staff knew what was expected of them in delivering the services aims. Progress on plans and the actions taken were monitored and communicated through the governance arrangements and executive committees.
- There was a very strong positive culture, which focusing on patients and getting it right for people who used the service as well as staff working within the services. The safety and wellbeing of staff was a high priority and measures had been taken to promote positive outcomes for staff. Most staff and felt valued and respected. They worked together in a very collaborative and supportive manner to the benefit of one another and people using the services.
- There was an emphasis on personal and professional development at all levels, and opportunities were provided to enable staff to progress, both within the trust and externally.
- Staff were actively encouraged to be involved in quality improvement initiatives and research activities. Such work was led by appropriately skilled and experienced individuals. Praise and recognition was given for positive contributions to service delivery.
- There was recognition of the work required to improve diversity within the organisation, particularly within the senior and executive teams. A programme of activities in this area was in progress.
- The board assurance framework, governance arrangements and systems of accountability were very well established. This ensured the quality of information was sufficiently detailed and contributed to change and positive improvements. Roles and responsibilities of executives and non-executives were clearly defined, and the accountabilities of leaders and other staff were well understood.
- There was good oversight of the arrangements with partners and third-party providers, which enabled the trust to promote and further develop co-ordinated and person-centred care, including mental health needs.
- There were clear and effective processes for managing risks, concerns and performance. The various committees considered information in a meaningful and purposeful way, providing challenge and scrutiny on the presented information. Performance was regularly monitored and reviewed as part of the governance and accountability systems. The executive board and governors had sight of information and were able to question practice and judgements made.

# Summary of findings

- Areas of poor performance and risks were captured in local and on the organisational risk register. Risks were continually reviewed and were acted upon in a considered way. Reviews and investigations informed changes in trust protocols and procedures where identified and learning was cascaded to departments as relevant.

## Use of resources

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

## 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<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Outstanding<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Outstanding<br>↑<br>Jul 2019 | Good<br>↔<br>Jul 2019 |

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

## Rating for acute services/acute trust

|  | Safe                                  | Effective             | Caring                       | Responsive            | Well-led                     | Overall               |
|--|---------------------------------------|-----------------------|------------------------------|-----------------------|------------------------------|-----------------------|
| Guy's Hospital   | Requires improvement<br>↓<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019 |
| St Thomas' Hospital  | Requires improvement<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Outstanding<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Outstanding<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 |
| Guy's and St Thomas' NHS Foundation Trust Community Services | Good<br>↔<br>Jul 2019                 | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019 |
| <b>Overall trust</b>   | Requires improvement<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Outstanding<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Outstanding<br>↑<br>Jul 2019 | Good<br>↔<br>Jul 2019 |

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

## Ratings for St Thomas' Hospital

|  | Safe                                   | Effective              | Caring                        | Responsive                       | Well-led                      | Overall                          |
|--|--|------------------------|-------------------------------|----------------------------------|-------------------------------|----------------------------------|
| Urgent and emergency services                | Good<br>→←<br>Mar 2016                 | Good<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016        | Outstanding<br>→←<br>Mar 2016    | Outstanding<br>→←<br>Mar 2016 | Outstanding<br>→←<br>Mar 2016    |
| Medical care (including older people's care) | Good<br>→←<br>Mar 2016                 | Good<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016        | Outstanding<br>→←<br>Mar 2016    | Good<br>→←<br>Mar 2016        | Good<br>→←<br>Mar 2016           |
| Surgery                                      | Requires improvement<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016        | Good<br>→←<br>Mar 2016           | Good<br>→←<br>Mar 2016        | Good<br>→←<br>Mar 2016           |
| Critical care                                | Requires improvement<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016        | Good<br>→←<br>Mar 2016           | Good<br>→←<br>Mar 2016        | Good<br>→←<br>Mar 2016           |
| Maternity                                    | Good<br>Jul 2019                       | Good<br>Jul 2019       | Good<br>Jul 2019              | Good<br>Jul 2019                 | Good<br>Jul 2019              | Good<br>Jul 2019                 |
| Services for children and young people       | Good<br>→←<br>Mar 2016                 | Good<br>→←<br>Mar 2016 | Outstanding<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016           | Outstanding<br>→←<br>Mar 2016 | Outstanding<br>→←<br>Mar 2016    |
| End of life care                             | Good<br>→←<br>Mar 2016                 | Good<br>→←<br>Mar 2016 | Outstanding<br>→←<br>Mar 2016 | Good<br>→←<br>Mar 2016           | Good<br>→←<br>Mar 2016        | Good<br>→←<br>Mar 2016           |
| Outpatients                                  | Requires improvement<br>Jul 2019       | N/A                    | Good<br>Jul 2019              | Requires improvement<br>Jul 2019 | Good<br>Jul 2019              | Requires improvement<br>Jul 2019 |
| <b>Overall*</b>                              | Requires improvement<br>→←<br>Jul 2019 | Good<br>→←<br>Jul 2019 | Outstanding<br>→←<br>Jul 2019 | Good<br>→←<br>Jul 2019           | Outstanding<br>→←<br>Jul 2019 | Good<br>→←<br>Jul 2019           |

\*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 Guy's Hospital

|  | Safe                                  | Effective             | Caring                       | Responsive                       | Well-led              | Overall                          |
|--|---------------------------------------|-----------------------|------------------------------|----------------------------------|-----------------------|----------------------------------|
| Urgent and emergency services                | Good<br>↔<br>Mar 2016                 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016            | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016            |
| Medical care (including older people's care) | Good<br>↔<br>Mar 2016                 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016            | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016            |
| Surgery                                      | Requires improvement<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016            | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016            |
| Critical care                                | Good<br>↔<br>Mar 2016                 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016            | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016            |
| End of life care                             | Good<br>↔<br>Mar 2016                 | Good<br>↔<br>Mar 2016 | Outstanding<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016            | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016            |
| Outpatients                                  | Requires improvement<br>Jul 2019      | N/A                   | Good<br>Jul 2019             | Requires improvement<br>Jul 2019 | Good<br>Jul 2019      | Requires improvement<br>Jul 2019 |
| <b>Overall*</b>                              | Requires improvement<br>↑<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019            | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019            |

\*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<br>↔<br>Jul 2019 | Good<br>↑<br>Jul 2019 | Outstanding<br>↑<br>Jul 2019 | Outstanding<br>↑<br>Jul 2019 | Outstanding<br>↑↑<br>Jul 2019 | Outstanding<br>↑↑<br>Jul 2019 |
| Community health services for children and young people | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016         | Good<br>↔<br>Mar 2016         |
| Community health inpatient services                     | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016        | Good<br>↔<br>2016             | Good<br>↔<br>Mar 2016         |
| Community end of life care                              | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016 | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016        | Good<br>↔<br>Mar 2016         | Good<br>↔<br>Mar 2016         |
| <b>Overall*</b>   | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019 | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019        | Good<br>↔<br>Jul 2019         | Good<br>↔<br>Jul 2019         |

\*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

Guy's and St Thomas' NHS Foundation Trust is made up of two main hospital sites; Guy's Hospital situated in the borough of Southwark in central London and St Thomas' in Westminster. The trust has a separate children and young person's hospital on the St Thomas' site, known as Evelina London. There are satellite outpatient services in several locations and community services for adults, children and young people are part of the trust's portfolio.

The trust has advanced diagnostic services, pathology and genetics services. These support the diverse clinical and research portfolios.

The trust is a fully integrated provider with a wide range of local and specialist services. They work in partnership with clinical, strategic and commercial agencies, including the south east London Strategic Transformation Programme. The trust has a dedicated clinical research facility and works in partnership with King's College London.

Guy's and St Thomas' provide services to a local population that is urban, ethnically and culturally diverse and considerably more deprived than the national average. There are a range of health issues that are prevalent and contribute to the focus of service development within the Trust including:

- early death from cardiovascular disease and cancer
- levels of tuberculosis are almost double the national average
- high levels of childhood obesity.
- high levels of deprivation and violent crime
- high levels of poor sexual health.

The boroughs have highly transient populations and high levels of homelessness.

There are approximately 16,200 staff working within the trust.

St Thomas' Hospital has 840 beds and Guy's Hospital has 400 beds. The Evelina has 175 beds, including 19 intensive care beds and 49 neonatal cots. There are a further 60 beds in the community.

During 2017/18, the trust had 2.5 million patient contacts, had 111,000-day case attendances, 89,000 inpatients, 1.28 million outpatients and 205,000 emergency and urgent care attendances. The trust supported women to deliver 6,567 babies through the maternity services. Patient contacts in the community was higher than 810,000.

The trust was last inspected in September 2015 and received a good rating overall in the final report, published in March 2016.

## Summary of acute services

Good   

# Summary of findings

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

We rated safe as requires improvement, which was as we found at our previous inspection. Effective was rated as good, the same as our previous rating. Responsive remained as good and caring as outstanding. Well-led improved to an outstanding rating. We rated two of the trust's 18 services as outstanding, 15 as good and one as requires improvement. In rating the trust, we considered the current ratings of the eight services not inspected this time.

## **Are services safe?**

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

- Although mandatory training was provided in a range of subjects not all staff had completed this as expected.
- Patient records including the use of risk assessments were not always completed to the expected standard in the Guy's outpatient services. Early warning observational risk scores in maternity services were not always completed consistently.
- The administration of medicines in the outpatient department at Guy's Hospital did not always meet professional standards.
- Outpatient records were not always available in advance of clinics and community staff reported not being able to access information because of differing IT systems.
- The Guy's outpatient environment was not always suitable for its use and equipment was not always fit for use.

However:

- There were enough staff with the right skills and experience to keep people safe and to deliver the required treatment and care. Staff knew their responsibilities to keep people protected from avoidable harm. Risk assessment and monitoring tools were available to help staff recognise and responded to patients whose needs changed. There was access to staff with additional skills and technical equipment in emergency situations.
- Infection prevention and control practices followed by staff helped to minimise the risk of people getting a hospital acquired infection. The environment in which people received care was visibly clean and equipment was cleaned before patient use.
- Medicines optimisation was met in most of the areas we inspected.
- There was a well-established system to report, investigate and learn from incidents, which all staff understood and felt confident to use.

## **Are services effective?**

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

- Treatment and care provided to people who used the services were based on national and professional guidance. The trust benchmarked the effectiveness of its services through participation in national and local audits.
- Staff ensured the nutritional needs of patient were assessed and responded to and made sure pain relief medicines were provided in accordance with their prescription.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Multidisciplinary and cooperative working was very well established in all the services we inspected. Staff worked very well together to ensure patients received the right treatment and care from appropriately skilled staff.



# Summary of findings

- Services were delivered by staff with the right skills and experiences. Staff in some areas had additional skills and expertise enabling them to deliver a highly effective service. Clinical nurse specialist provided a range of nurse-led outpatient clinics at St Thomas', and there was a wide range of clinical services available to meet the needs of patients.
- The competence of staff was reviewed and monitored by staff with the right skills and experience to do so. The trust actively promoted training and development, and regular supervision and performance reviews provided opportunities to identify new learning needs and additional training.

However:

- The trusts consent policy was not consistently followed in Guy's outpatient department.
- Outpatient services were not full developed across the seven day week.
- There were delays in making urgent deprivation of liberty safeguard applications at times when the service was not covered, which meant patients may have been detained unlawfully.
- Appraisal targets in some areas had not met the trusts required level.

## **Are services caring?**

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

- There was a strong and visible culture of person-centred care which enabled staff to provide outstanding levels of compassionate care to patients.
- Staff demonstrated kindness and empathy when communicating with patients and their loved ones. People were treated with dignity and respect and were listened to.
- Staff gave information to people using the services in a manner which enabled them to raise questions, discuss opportunities and make choices about their health needs.
- The individual physical, spiritual and emotional needs of people were considered when discussing and agreeing their care. Staff were respectful and polite when providing care and they recognised the importance of involving family and loved ones where able.

## **Are services responsive?**

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

- The services inspected were generally planned around the needs of the local population. There was a strong focus on ensuring patients had access to the right care at the right time, and where possible this aimed at preventing avoidable admissions to hospital.
- Community service had innovative methods and established pathways to enable people to receive care closer to home. The newly developed Integrated Care, strategic business unit provided a model which centred around early interventions to avoid hospital admissions, and better support for those people with long term conditions.
- There was a good system for receiving, reviewing and responding to complaints overseen by a suitably skilled team. Duty of candour was understood by staff and followed when it applied. Learning from the outcome of the complaints process was welcomed as an opportunity to improve service delivery.
- There was good provision for people who required specialist equipment or support with language and disability needs.

However:

# Summary of findings

- Key access and treatment targets were not being met for reasons sometimes outside of the trusts control. This included referral to treatment and the operational standard for patients receiving their first treatment within 62 days of an urgent GP referral in relation to cancer waiting times.
- From November 2017 to October 2018, the 'did not attend' rate in outpatients was higher than the England average.
- Patients could not always get an appointment at their preferred time and outpatient clinics often started late or ran behind time. Not all patients were made aware of delays in clinics.
- The privacy of patients attending Guy's outpatients was not always met, and the bereavement facilities in the maternity services required attention to make them more suitable for use.

## **Are services well-led?**

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

- The leadership capabilities, qualities and experiences at executive and service level enabled staff to respond to the needs of people who used the service in a purposeful way.
- The trust had invested in its leaders and had provided development opportunities and supportive mechanisms to enable them to flourish and deliver the requirements of their roles and respective services.
- Department leaders made sure their staff were aware of the trust's vision and strategic aims, and they worked hard to make these happen. They were aware of the local service level challenges and risks and took actions to minimise the impact on people who used the services.
- Leaders at service level contributed to the collection of performance data and communicated this to the relevant governance committees. Where required, leaders attended such meetings and presented reports, including those arising from serious incident reviews. They were open to challenge and valued this as an improvement opportunity.
- Staff valued the opportunity to learn from incidents and saw this as essential to improving services for their patients. They felt able to raise concerns in a constructive manner and that these would be considered in a fair way.
- Opportunities to make quality improvements, be creative and innovative were actively encouraged and supported by line managers and above. Staff were encouraged to develop and be involved in research programmes.
- There was a proactive approach to engagement with patients, the public, staff and local organisations. This helped in the planning and management of services to the benefit of those who used the trust.

# St Thomas' Hospital

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

## Key facts and figures

St Thomas' Hospital has one of the largest critical care units in the UK and one of the busiest Emergency Departments. They provide a wide range of inpatient specialities, including, women's services, acute medicine and elderly care, cardiovascular, critical care, gastro-intestinal medicine and surgery, general surgery, plastic surgery, and ophthalmology.

Children's services at St Thomas' Hospital are provided through a separate unit, Evelina London Children's Hospital. The children's hospital (the second largest in London and one of the 10 recognised specialist children's hospitals nationally) provides an extensive range of specialist services for children and young people with rare and complex conditions from across south London, Kent, Surrey, Sussex and the rest of the UK. This includes cardiac, renal and critical care services.

The trust provides adult community services in Lambeth and Southwark. Adult are offered a full range of services to support people in their homes and to support the early discharge for patients who are admitted. A wide range of rehabilitation and therapy services are provided including; general and specialist nursing; services for people with learning disabilities; and early intervention and prevention. St Thomas' Hospital has 840 beds and the Evelina has 175 beds.

## Summary of services at St Thomas' Hospital

Good   

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

- Patients reported staff as kind, caring and responsive to their needs. The individual physical, spiritual and emotional needs of people were considered when discussing and agreeing their care. Staff were respectful and ensured patients dignity, decisions and choices were respected as far as possible.
- The services inspected had enough staff with the right skills and experience to keep people safe and to enable the required treatment and care to be delivered. Staff had access to training and development opportunities, received supervision and support and had their performance reviewed.
- Staff understood their responsibilities to protect people from avoidable harm. The Mental Health Act 1983 and the Mental Capacity Act 2005 was understood by staff. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff worked in cooperative way across the multidisciplinary team, ensuring patients received the right treatment and care from appropriately skilled staff.

# Summary of findings

- Risk assessment and monitoring tools were available to help staff recognise and responded to patients whose needs changed. There was access to staff with additional skills and technical equipment in emergency situations.
- Infection prevention and control practices followed by staff helped to minimise the risk of people getting a hospital acquired infection. The environment in which people received care was visibly clean and equipment was cleaned before patient use.
- There was a well-established system to report, investigate and learn from incidents, which all staff understood and felt confident to use.
- The services inspected were planned around the needs of the local population. There was a strong focus on ensuring patients had access to the right care at the right time.
- Feedback from people who used the services was used to make improvements. The complaints process was overseen by a skilled team. Duty of candour was understood by staff and followed when it applied.
- Leaders at service level were suitably skilled and experienced to lead their teams and to ensure the trust's vision and strategic aims were being delivered. A culture which focused on the patient was very evident. Staff enjoyed working at the trust, where they felt valued and empowered to make improvements, be that on a personal or service level.

However:

- Mandatory training was not achieving the trust's expected rates in some areas.
- Early Warning Observational Risk scores in maternity services were not always completed consistently.
- Access and treatment targets were not being met for several reasons. This included referral to treatment and the operational standard for patients receiving their first treatment within 62 days of an urgent GP referral in relation to cancer waiting times. Did not attend rates were higher than the England average for the previous year.

# Maternity

Good 

## Key facts and figures

Guy's and St Thomas' maternity service is based on the St Thomas' Hospital site. The hospital provides a full range of maternity services.

Women have a wide range of choices for each part of their maternity pathway antenatal, post-natal and intrapartum care. Women can choose their place of birth from a homebirth, the midwife lead home from home birth centre or the obstetric lead unit.

The midwifery team provide community midwifery services in a wide range of community settings. They have specialist staff supporting women with a range of issues including substance misuse and domestic violence.

The trust is a teaching centre for both medical and midwifery students.

Between October 2017 to September 2018 there were 6,567 deliveries at the trust, with 98.6% being single births, which is the same as the England average.

During our inspection we spoke to 15 women who used the service and their relatives. We observed care in outpatient clinics and looked at eight sets of women's records.

We last inspected Guy's and St Thomas' NHS Foundation Trust maternity services in September 2015 as part of a joint maternity and gynaecology inspection. We found the combined maternity and gynaecology services was rated good overall. The purpose of this inspection was to see if maternity services performance had been maintained or if any improvements had been made by the service in the interim. We did not inspect gynaecology during this inspection.

## Summary of this service

We rated it as good because:

- Women were encouraged to discuss their choices and decision-making about the birth of their baby with the midwife. A range of options for birth, including a midwifery-led home from home birth centre and a community midwife-led home birth option.
- The service had made marked improvements in the antenatal day assessment unit which had been renamed the maternity assessment unit. Women were now seen and treated in a timely manner.
- The service had improved the completion and recording of venous thromboembolism (VTE) risk assessments for women.
- Policies and treatment protocols were informed by evidence based national guidance.
- Staff of all disciplines reported good team and line manager support and had opportunities for continuing professional development.
- Staff told us management encouraged openness. Incident reporting was embedded in practice. There were clear systems for reviewing, investigating and learning from incidents and complaints.
- There was effective multidisciplinary working with other services in the trust and with external organisations.
- There was bereavement support for women, their partners and loved ones.

# Maternity

Midwives provided care and support for vulnerable women and women with medical conditions.

- The service was well-led with a clear vision and strategy. Staff felt supported, they enjoyed working for the service and morale was high.

## Is the service safe?

**Good** ●

We rated it as good because:

- The staff we spoke with understood how to protect patients from avoidable harm and the service worked well with other agencies to do so. Staff had training on how to recognise and report avoidable harm and they knew how to apply the required actions.
- The staff followed infection prevention and control guidance and in doing so controlled infection risks well. Staff kept themselves, equipment and the premises visibly clean. Staff completed and updated risk assessments for each woman and acted where risks were identified.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed medicines safely and effectively. We saw medicines (including controlled drugs) stored securely. Controlled drugs are medicines liable for misuse that are controlled under the Misuse of Drugs legislation.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

However,

- The environment of the bereavement suits and the home from home birth centre was not designed in a homely way.
- The maternity early warning observational tool was not consistently scored in the notes we reviewed.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed the correct procedures and guidance.
- Staff monitored women's nutrition and hydration needs and supported women to feed their baby according to their preferred choice. Women had access to dietitians and breast-feeding specialist midwives.
- Staff assessed and managed women's experiences of pain and made sure they received the right intervention.
- Staff with different roles worked together as a team to benefit women. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- The maternity department provided care for the local population 24 hours a day, seven days a week.
- Staff understood how and when to assess whether women had the capacity to make decisions about their care.

# Maternity

- The service had achieved level 3 UNICEF 'Baby Friendly' accreditation.

However

- The service was not meeting key performance indicators for caesarean section rates for both elective and emergency pathways.
- The service was not meeting the trust's target for completion of staff appraisals.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for women using the maternity services with compassion. Feedback from women who spoke with us confirmed that midwives, doctors and staff treated them well and with kindness.
- Staff provided emotional support where needed and ensured women's anxieties were addressed.
- Staff involved women and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local women.
- Women and their partners could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff, however the service was slow in responding to complaints.
- The service took account of women's individual needs in planning their care.

However

- The service took slightly longer than their target time for responding to complaints. This was usually due to the complexity of the complaints.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Leaders within the maternity services had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, women, and key groups representing the local community.

# Maternity

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

## Areas for improvement

- The trust should ensure medical staff complete the required mandatory training, and the trust needs to be able to provide up to date training records for all staff groups.
- The trust should consider how it can make the bereavement suite less clinical in its decoration and design it in a way that makes it homelier in appearance to support parents who had been bereaved.
- The trust should ensure appraisal rates meet the 95% target.
- The trust should review the timeliness of its responses to complaints from women and their partners, as these were taking longer than the trust's target.
- The trust should ensure that modified early obstetric warning score (MEOWs) scores are completed fully in all notes in the high dependency unit (HDU).



# Outpatients

Requires improvement 

## Key facts and figures

The trust provides a full range of adult and paediatric outpatient services across Guy's, St Thomas' and Evelina London Children's Hospital (ELCH) for all medical and surgical specialities. Last year there were 1,281,977 attendances. St Thomas' Hospital had 697,715 outpatient appointments from November 2017 to October 2018.

All services track patients along the 18-week referral to treatment (RTT), six-week diagnostic pathway and support cancer two week wait pathways. Some adult clinics are delivered from centralised generic outpatient units: Gassiot House at St Thomas' Hospital, a unit at Guy's and Gracefield Gardens in the community. All other adult clinics are managed by individual directorates.

Diabetes, endocrinology, inherited metabolic diseases, pain, nutrition and dietetics, ENT, audiology, elderly care, general medicine, endoscopy, cardiovascular, neurology including neurophysiology and dialysis are provided at both St Thomas' Hospital and Guy's. Ophthalmology is delivered from St Thomas' Hospital, along with plastics, maternity and respiratory services.

## Summary of this service

We visited the outpatients services at St Thomas' Hospital for three unannounced inspection days from Tuesday 2 April to Thursday 4 April 2019. During our inspection we inspected clinics in the Gassiot House Outpatient Centre, the diabetes, cardiology, pain, pelvic floor, ears nose and throat, ophthalmology, colorectal, emergency vascular and chest clinics. We spoke with 45 members of staff including doctors, nurses, allied health professionals and ancillary staff. We also spoke with the outpatients leadership team, and 17 patients and relatives. We reviewed seven patient records and checked many items of clinical and non-clinical equipment.

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

We rated it as requires improvement because:

- The trust had many patients with overdue follow up appointments and it was unclear how the trust was managing the risks to these patients.
- The trust's 'did not attend' rate was higher than the England average.
- The service was not meeting the referral to treatment (RTT) targets for certain specialities.
- The trust wide data showed a backlog of patients waiting longer than 18 weeks was 9810 in February 2019 and in March 2019, the backlog was 10048. In January and February 2019, there were 32 patients waiting over 52 weeks for both months.
- The service provided mandatory training in key skills to all staff and but not all staff completed it to meet the trust targets.
- The trust was not auditing their patient waiting times from the time of first appointment from when they first checked into the appointment and the time when the patient was seen by the clinician.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.

# Outpatients

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff felt supported and motivated and there was a positive culture within the workplace.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- The trust had many patients with overdue follow up appointments and it was unclear how the trust was managing the risks to these patients.
- Mandatory training did not meet the trust's target of 95%. Allied health professionals did not meet the trust's mandatory training target for five out of nine training modules.
- Staff from some of the clinics we visited did not have level three safeguarding children training and were not able to tell us when the training would be completed.
- The trust recorded when files were not available in clinics, however, other than the cardiology, surgery and diabetes services, there were no action plans to prevent this from happening again.
- Electrical safety checks were not done for all equipment and we observed some testing overdue from February 2019.

However:

- The service prescribed, gave, recorded and stored medicines well. The pharmacy service provided effective medicines optimisation within outpatients.
- Staff adhered to the infection prevention and control policy and used control measures to prevent the spread of infection.
- Staff were aware of duty of candour and could 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.

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- There was a nurse-led emergency vascular clinic where the vascular clinical nurse specialist (CNS) was involved in the pre-assessment of patients and audit results demonstrated efficiency of the service.
- There was a CNS led pelvic floor clinic where patients were referred to via the triage system or by consultants.
- The pain clinic consisted of consultants, fellows, anaesthetic trainees, physiotherapists, nurses, advanced nurse practitioners for acute and chronic pain, psychologists, trainee psychologists and occupational therapists which meant that the multidisciplinary team was easily accessible to patients.

# Outpatients

- The headache clinic had NICE approval to use CGRP monoclonal antibodies in the form of an injectable drug which patients were taught to administer themselves.
- The eye clinic had a virtual glaucoma clinic, which patients attended for visual acuity, intra ocular pressure, and fundus checks.
- From November 2017 to October 2018, the follow-up to new rate for St Thomas' Hospital was slightly lower than the England average.

However:

- Other than the sexual health clinic, the outpatient services did not offer a seven day service for patients. There were some limited outpatient services outside of normal day time hours and on Saturdays.
- From April 2018 to November 2018, 88.4% of staff within the outpatients department at trust level received an appraisal compared to a trust target of 95%.

## Is the service caring?

**Good** 

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Most patients told us that they felt that staff understood the emotional impact of their conditions.
- Staff involved patients and those close to them in decisions about their care and treatment.
- There was a multi-faith room prayer room and chapel at St. Thomas' Hospital. The multi-faith room had a spiritual healthcare board which contained information on meditation classes, chaplaincy contacts and bereavement support.

However:

- Some patients commented that they did not feel listened to and felt that staff did not fully understand their range of conditions.
- Not all patients reported having access to aftercare advice or support leaflets.

## Is the service responsive?

**Requires improvement** 

We rated it as requires improvement because:

- From November 2017 to October 2018, the 'did not attend' rate was higher than the England average.
- Seven specialties were below the England average for incomplete pathways RTT.
- The trust wide data showed a backlog of patients waiting longer than 18 weeks was 9810 in February 2019 and in March 2019, the backlog was 10048. In January and February 2019, there were 32 patients waiting over 52 weeks for both months.

# Outpatients

- There was a large backlog of overdue follow up appointments and in March 2019, there were still over 71,020 patients waiting for an appointment to be booked.
- The trust was performing worse than the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral in relation to cancer waiting times.
- Patients we spoke with commented that waiting times in general were long.
- The trust was not auditing their patient waiting times from the time of first appointment from when they first checked into the appointment and the time when the patient was seen by the clinician.

However:

- There was information displayed and leaflets on Patient Advice and Liaison services (PALs) in clinic areas and in the knowledge and information centre.
- There were televisions and magazines in the waiting areas to keep patients occupied whilst waiting for appointments.
- The trust had introduced self-check-in kiosks and we observed a volunteer available to assist patients using this.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Staff felt supported and motivated and there was a positive culture within the workplace.
- Staff were aware of the strategy and values within the service. Staff were aware of the priorities for their own service and felt encouraged by the leadership team to contribute to positive changes in their area of work.
- Staff were actively encouraged to promote innovation and identify areas for improvement.
- The services engaged with patients, staff, and the public to plan and manage appropriate services.

However:

- Although risks were reviewed regularly with some action to mitigate, some risks on the risk register had been on there for years and had sections from the risk register which had not been completed.
- Information governance mandatory training results were 88.9% which was below the trust target of 95%.

## Outstanding practice

We found examples of outstanding practice in this service:

- Staff from the diabetes and colorectal clinic had won Nightingale Awards where they had presented academic work based the trust's values and reflection on clinical scenarios.
- Outpatient services offered nurse-led clinics with input from multidisciplinary teams to ensure efficient services for patients. Examples included the clinical nurse specialist (CNS) led pelvic floor clinic where patients were referred to via the triage system or by consultants and the emergency vascular clinic where the vascular CNS was involved in the pre-assessment of patients.

# Outpatients

## Areas for improvement

We found areas for improvement in this service:

- The trust should improve mandatory training rates for nursing staff and allied health professionals.
- The trust should collect medical staffing mandatory training rates for outpatients.
- The trust should enable staff treating children in outpatient clinics to complete level three children safeguarding training.
- The trust should consider how it can develop seven day working across outpatient services to give patients a wider choice of appointments.
- The trust should continue to address and improve the backlog of current and predicted referral to treatment times and reduce the number of patients with overdue follow up appointments.
- The trust should continue to work to improve DNA rates and 62-day cancer waiting times targets.
- The trust should enable the risk register to be fully completed with up to date risks.

# Guy's Hospital

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

## Key facts and figures

Guy's Hospital is part of Guy's and St Thomas' NHS Foundation Trust and is situated near London Bridge in the borough of Southwark in central London. Guy's Hospital provides a range of medical and surgical services for inpatients, as a day-case and outpatients.

Guy's is a major elective centre for south London and provides specialities including; urology, orthopaedics, ear, nose and throat and cancer services, including radiotherapy and breast and lung surgery. It has the largest dental school in Europe and since the previous inspection has opened a dedicated cancer centre. The hospital also has an Urgent Care Centre and provides community services within the local borough.

The hospital has 400 beds.

## Summary of services at Guy's Hospital

**Good** ● → ←

In rating the location, we took into account the previous ratings of services which were not inspected on this occasion.

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

- The hospital always had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Staffing levels were matched to patient need and clinic activities. All staff understood their responsibilities to safeguard patients from abuse and neglect and had appropriate training and support.
- There was a well-embedded incident process and learning from the investigative process was valued by staff.
- Departmental leaders had the knowledge and experience to lead and support staff. They promoted a positive culture, which valued and respected staff. There was a commitment to the improvement of waiting times, patient access and the whole patient experience.
- Staff engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively. Feedback from patients was used to develop services.

However:

# Summary of findings

- Some of the expected service delivery targets were not being met. This included the referral to treatment (RTT) targets for all the specialities and in cancer services patients receiving their first treatment within 62 days of an urgent GP referral.
- A significant number of patients had overdue follow up appointments, which posed a risk to some. Patients had long waits in some clinics and were not always offered a choice of appointments times.
- Medicine administration was not always in line with trust policy.
- Mandatory training in key skills was available to all staff but expected completion rates for this was not being met.
- The premises were not always suitable for the intended use and patients' privacy and dignity could not always be maintained. Equipment was not always safely managed.
- Staff did not always complete patient records to professional standards.

# Outpatients

**Requires improvement** ●

## Key facts and figures

The trust provides a full range of adults and paediatric outpatient services across Guy's, St Thomas' and Evelina London Children's Hospital for all medical and surgical specialities; last year there were 1,281,977 attendances, of which 961,146 were at Guy's Hospital.

All facilities are fully supported by pathology and radiology services, some offer one stop clinic. All services track patients along the 18-week referral to treatment (RTT), six-week diagnostic pathway and support cancer two week wait pathways. Guy's Hospital hosted the trust's new purpose-built cancer centre as well as McNair Centre for gynaecology, St John's Institute for dermatology, breast, thoracic, renal, haematology, urology, gastrointestinal, orthopaedics, head and neck, allergy and rheumatology services.

The dental hospital is also situated at Guy's and was the largest outpatient department at the hospital.

Our inspection was unannounced (staff did not know we were coming).

During our inspection, between 2 to 4 April 2019, we visited the following clinics:

- Dental outpatient and special care dental unit.
- McNair centre for gynaecology.
- Ear, nose and throat clinic.
- Older person's assessment unit.
- Therapies outpatient department.
- Dermatology outpatient and skin biopsy clinic.

We also visited two dialysis units – Astley Cooper and Borough Dialysis Unit.

We spoke to 34 members of staff including nurses, healthcare assistants, doctors of all grades, administrators, technicians, therapists and managers. We spoke to 10 patients and their relatives. We observed care in outpatient clinics and looked at 12 sets of patient records.

## 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 outpatients as requires improvement because:

- Medicine administration was not always in line with trust policy.
- The service was not meeting the referral to treatment (RTT) targets for all the specialities. For cancer services, the trust is performing worse than the operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- The service provided mandatory training in key skills to all staff and but did not ensure everyone completed it to meet the trust targets.
- The service did not always have suitable premises or equipment and did not always look after them well.



# Outpatients

- Documentation in paper records and medicine administration was not always in line with trust and professional standards.
- The trust had many patients with overdue follow up appointments and it was unclear how the trust was managing the risks to these patients.
- Patients' privacy and dignity was not always maintained due to the layout of some the clinical areas.
- Patients told us they regularly experienced long waits in clinic and they were not always offered a choice of appointments times.

However:

- The service had enough staff, with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- There were effective systems to protect people from avoidable harm. Learning from incidents were discussed in departmental and governance meetings and action was taken to follow up on the results of investigations.
- Leaders were very knowledgeable about their services and were committed to develop the service to improve waiting times, patient access and patient experience.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively. The views of patients were sought in several different ways and senior leaders engaged with staff to keep them informed of important changes.
- Managers promoted a positive culture that supported and valued staff.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- The service was not consistently meeting the trust target for completion of mandatory training for all staff groups. Some staff told us they struggle to book onto face to face training in a timely manner due to availability of training dates.
- The service did not always have suitable premises or equipment and did not always look after them well.
- Documentation in paper records was not always in line with trust and professional standards.
- Medicine administration was not always in line with trust policy.
- Staff did always complete local risks assessments to mitigate risks to patients attending outpatient departments.
- The trust had many patients with overdue follow up appointments and it was unclear how the trust was managing the risks to these patients.

However:

- The service had enough staff, with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- There were clear pathways and processes for the assessment of people within outpatient clinics who became unwell and needed hospital admission.

# Outpatients

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate effective. However, we found the following areas of good practice:

- The service provided care and treatment based on national guidance and benchmarked the effectiveness of its services through participation in national audits.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- There was excellent multidisciplinary working in all the outpatient areas and all staff worked well together to ensure patients received holistic care.
- The service made sure staff were competent for their roles through competency-based assessments and regular appraisals.

However:

- Staff were aware of the trust policy and procedures when a patient could not give consent. However, we saw that the policy was not always adhered to when we reviewed consent forms.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Feedback from patients confirmed that staff treated them with kindness and compassion.
- Staff provided emotional support to patients to minimise their distress. Staff at all levels understood the impact that a patient's care, treatment or condition would have on their wellbeing and those close to them and knew how to access more specialist support, if required.
- Results from the Friends and Family Test responses showed that over 90% of respondents reported they would recommend the service.
- Patients told us that staff kept them fully informed and involved them and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- The 'did not attend' rate for outpatient appointment at Guy's Hospital was higher than the national average.

# Outpatients

- The service was not meeting the referral to treatment (RTT) targets for all the specialities.
- For cancer services, the trust is performing worse than the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- Patients we spoke with told us they did not always have a choice of appointment times, and clinic mostly ran behind schedule, although they were generally kept informed of waiting times.
- Only 40% of clinics in the oncology outpatient started on time. Patient's privacy and dignity was not always maintained due to the layout of some the clinical areas.

However:

- The trust planned the delivery of services to meet the need of the local population. There were several satellite clinics to bring the care closer to home for local people.
- Services were delivered and co-ordinated to take account of the needs of different people.
- The service investigated concerns and complaints.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- The trust had a clear vision and strategy, as set out in their strategy document published last year. Staff were empowered to review their service and redesign patient pathways to achieve the trust vision and strategy.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively. The views of patients were sought in several different ways and senior leaders engaged with staff to keep them informed of important changes.
- Managers promoted a positive culture that supported and valued staff. Staff were complimentary of the support they received from their managers.
- The trust collected, analysed, managed and used information well to support all its activities.
- There were systems in place to provide oversight of RTT performance and a clear action plan to ensure the trust met the RTT targets going forward.

However:

- There was a significant number of patients who had not received their follow up appointments. We were unclear of the timescale in which the trust planned to address this backlog.
- Staff told us they regularly experienced IT issues and gave us examples of how this affected patient care and experience, such as clinics running late.
- It was unclear what plans the leadership team had in place to implement seven-day services across the outpatient departments.
- Late starts and long waiting times in clinic was a common theme from patient feedback but this was not being audited across the outpatient clinics to fully appreciate how often this was happening.

# Outpatients

- Staff in the dermatology clinic continued to administer medicines without the necessary prescription, despite this issue being highlighted to the senior staff in clinic.

## Outstanding practice

- The trust continued to be involved in national and international research and clinical trials to develop new care and treatment for a range of specialities.
- A new service, the Geriatric Oncology Liaison Development (GOLD), has been set up to work alongside the oncology service and its aim is to improve the overall medical health of patients before, during and after cancer treatment.
- Staff at the trust partner charity, Dimbleby cancer care, worked closely with the clinical teams to ensure that patients had all the information and support they needed while having cancer treatment. The support on offer included emotional and psychological support, access to complimentary therapies, benefits advice and signposting to support groups. The location of the centre on the ground floor of the cancer centre meant patient were able to walk in and access this support.

## Areas for improvement

We found areas for improvement, including one breach of legal requirement, in this service. For more information, see the Areas for improvement section of this report.

The trust **MUST**:

- The trust must ensure all staff comply with the trust policy for medicine management and administration.

The service **SHOULD**:

- The trust should continue work to improve upon referral to treatment times and reduce the number of patients with overdue follow up appointments.
- The trust should develop local risks assessment to ensure all staff in a specific area are aware of local risks and mitigating actions.
- The trust should develop seven day working across outpatient services to give patients a wider choice of appointments.
- The trust should improve compliance with the equipment maintenance programme to ensure staff are only using equipment that have been tested and serviced annually.

# Community health services

## Background to community health services

The trust provides community health services across Lambeth and Southwark. They work in partnership with colleagues within the health economy and with the local authorities and voluntary/community groups to provide holistic care.

Services are delivered from a variety of locations, including in GP practices, health centres, schools, community buildings and in patients' homes. The types of services range from health promotion through to delivery of high-quality care for complex patients in the community centres.

## Summary of community health services

**Good** ● → ←

Our rating of the community services overall stayed the same and was rated good, taking into account previous ratings from services we did not inspect this time.

We found the rating for adult community services had improved and we rated them as outstanding because:

- There was an overall common purpose and shared vision amongst staff and managers to drive improvement through integration, innovation and sustainability.
- Staff consistently delivered patient-centred treatment and took a holistic approach to meet the needs of people at each stage of their care journey.
- The strategic business unit, Integrated Care, demonstrated strong collaborative working with internal and external partners. Staff had found innovative and efficient ways to deliver more joined-up care to people who use services.
- We saw many examples where staff demonstrated outstanding compassionate care and emotional support to patients and those close to them. Staff were passionate about the care they provided.
- There was an embedded open and transparent non-blame culture when things went wrong. Staff were consistently competent and confident to assess, manage and mitigate risk.
- Staff reported a non-hierarchical culture where staff development and education were at the heart of the service.
- Staff were empowered to lead, manage and make key decisions to facilitate good patient outcomes.

However:

- There were higher levels of staffing vacancy and turnover in some teams, which were covered by bank and agency staff.
- Staff did not always have access to patient information, due to ineffective IT systems, involving multiple different programmes.

# Community health services for adults

**Outstanding** ☆ ↑↑

## Key facts and figures

Community services for adults at Guy's and St Thomas' NHS Foundation Trust are provided across Lambeth and Southwark, with some additional services in Lewisham and other areas.

The services provided by the directorate fell into six broad headings: general and specialist nursing services; local integrated rehabilitation services; services for adults with learning disabilities (AWLD); early intervention and prevention specialist services; customer services and site administration services.

Services are delivered from various locations including health centres, community inpatient units, patients' homes and a range of other community locations.

We visited several sites including Bermondsey Health Centre, Dulwich Community Hospital, Artesian Health Centre, Whittingdon Centre, Gracefield Gardens, the Ackerman Health Centre and the Pulross Clinic. We visited teams in their office bases, such as the Health Inclusion team and urgent response teams. We attended approximately 12 visits to patients in their own home. We spoke to approximately 50 members of staff of all disciplines and levels of seniority, including nurses, pharmacists and allied health professionals. We spoke with 15 patients and their relatives.

## Summary of this service

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

- There was an overall common purpose and shared vision amongst staff and managers to drive improvement through integration, innovation and sustainability.
- Staff consistently delivered patient-centred treatment and took a holistic approach to meet the needs of people at each stage of their care journey.
- The strategic business unit, Integrated Care, demonstrated strong collaborative working with internal and external partners. Staff had found innovative and efficient ways to deliver more joined-up care to people who use services.
- We saw many examples where staff demonstrated outstanding compassionate care and emotional support to patients and those close to them. Staff were passionate about the care they provided.
- There was an embedded open and transparent non-blame culture when things went wrong. Staff were consistently competent and confident to assess, manage and mitigate risk.
- Staff reported a non-hierarchical culture where staff development and education were at the heart of the service.
- Staff were empowered to lead, manage and make key decisions to facilitate good patient outcomes.
- Leaders put a strong emphasis on staff wellbeing. They listened to staff and were willing to make changes because of staff feedback. Staff safety was given high priority.

## Is the service safe?

**Good** ● → ←

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

# Community health services for adults

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. The provider had developed a strong pharmacy service to enable effective medicines optimisation within the adult community services.
- Staff understood how to protect patients from avoidable harm and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff were competent and confident to assess and respond to risks to patients.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. There was a genuine open culture where safety concerns raised by staff and patients were seen as fundamental for learning and improving the service.
- The service had suitable premises and equipment and looked after them well. They used control measures to prevent the spread of infection.

However:

- There were higher levels of staffing vacancy and turnover in some teams, which were covered by bank and agency staff.
- Staff did not always have access to patient information, due to ineffective IT systems, involving multiple different programmes.

## Is the service effective?

**Good** ● ↑

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

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The trust empowered staff to carry out mental capacity assessments. Staff sought assistance from senior members of the multidisciplinary team for complex situations concerning mental capacity. This was an improvement upon our last inspection.
- The service made sure staff were competent for their roles. The continual development of staff's skills and competency and knowledge was an integral part of the trust's approach providing high quality patient care.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff were knowledgeable of the evidence-based guidance which assisted them with their work.
- Staff of different professions worked together as a team to benefit patients. Doctors, nurses and allied health professionals supported each other to provide holistic care, using innovative and efficient methods.

## Is the service caring?

**Outstanding** ☆ ↑

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

# Community health services for adults

- Staff cared for patients with outstanding commitment. Feedback from patients confirmed that staff treated them with kindness, and with utmost respect for them as an individual.
- There was a strong and visible culture of person-centred care which in turn meant staff provided outstanding levels of compassionate care to patients. We saw staff were consistently clear, and sensitive in their communication with patients throughout the visits and appointments we observed.
- Staff provided emotional support to patients to minimise their distress. Staff took a holistic approach when treating patients and placed as much focus and support on patients emotional and social wellbeing as well as their physical care.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw many excellent examples of interactions of care when staff understood and involved patients and relatives and carers when planning and involving them in their decisions of care.
- Throughout all speciality services, staff had an inclusive approach to enhance patient experience, placing great emphasis on their emotional wellbeing.

## Is the service responsive?

**Outstanding**  

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

- People could access the service when they needed it. Leaders, managers and staff had a strong focus on ensuring patients had access to the right care at the right time, to prevent avoidable admissions to hospital. We saw the service used many innovative methods and established pathways to achieve this.
- The service took account of patients' individual needs. There was a proactive approach to understanding the needs and preferences of different groups of people and delivering care to meet their needs which was accessible and promoted equality.
- Across all services, staff constantly strived to find innovative ways of ensuring their unique services were safe, accessible and tailored to meet the needs of those vulnerable people they treated. For example, the trust had developed the neuro-rehabilitation pathway which provided neuro-navigators. They ensured patients gained timely access to the appropriate services that suited the individual's requirements.
- The trust planned and provided services in a way that met the needs of local people. The trust had developed Integrated Care, a strategic business unit launched in 2019. The aim was to develop internal and external relationships and partnerships to improve and create more joined-up services for the local population. This centred around early interventions to avoid hospital admissions, and to provide better support for those people with long term conditions.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The service was not meeting all key referral to treatment time targets. However senior leaders and managers were aware of this and had robust plans and actions ongoing to mitigate the risk that patients would not receive care at the right time.



# Community health services for adults

## Is the service well-led?

**Outstanding** ☆ ↑↑

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

- Managers at all levels in the community services had the right skills and abilities to run a service providing high-quality sustainable care. Leaders of all levels demonstrated a high level of experience, capacity and capability. There was a deeply embedded system of leadership development and succession.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a strong collaboration of team working and support across all functions and a common focus on improving the quality and sustainability of patient care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust and service strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Senior leaders aligned strategies with plans in the wider health economy.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care, by creating an environment in which excellence in clinical care would flourish.
- The staff were committed to improving services by learning from when things went well and when they went wrong. Training, research and innovation was actively promoted. Innovation was celebrated and shared locally and nationally. There was a fully embedded and systemic approach to improvement.

## Outstanding practice

We found examples of outstanding practice in this service.

- The pharmacy staff trained nurses, occupational therapists and physiotherapists to conduct medicine reconciliations. This innovative practice of up-skilling the whole therapy team meant the teams were equipped to identify medicine issues promptly.
- The trust had developed the neuro-rehabilitation pathway which provided neuro-navigators, staff who acted as a link person for acute trusts, specialist neuro-rehabilitation units, GP's and community teams and form relationships with their local borough with social care and voluntary agencies. Within the first year of operation, intervention from the neuro-navigators saved over 3700 hospital bed days and almost 7000 specialist rehabilitation unit bed days by directing people to the right services at the right time.
- The trust had developed Integrated Care, a strategic business unit formally launched in 2019. A range of programmes being developed included, the appointment of nursing associates as the trust rolled-out the neighbourhood nursing initiative, community teams linked to local care networks and the development of new roles such as the extensivist. This is a clinician role who would work with patients in both the hospital and community and supported them if they needed to go into hospital.
- The health inclusion team was a nurse-led specialist community health inclusion team which supported vulnerable people who had difficulty accessing primary care services, such as homeless people, refugees, asylum seekers and people with addictions. The health inclusion team constantly strived to find innovative ways of ensuring their unique services were safe, accessible and tailored to meet the needs of those vulnerable people they treated.

# Community health services for adults

- The speech and language therapists in the neuro-conditions sought to address the continued increase in referrals for the management of swallowing difficulties for residents in care homes, by designing new ways of working. This included participating in the homes' MDT. This enabled staff to deliver training and awareness and this meant the more appropriate referrals were managed.

## Areas for improvement

- We found areas for improvement in this service. The trust should continue work to improve recruitment and retention of staff.
- The trust should continue the programme of improvements with IT systems.

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

#### Regulation

Diagnostic and screening procedures

Management of supply of blood and blood derived products

Treatment of disease, disorder or injury

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

# Our inspection team

Amanda Williams, head of hospital inspection led this inspection. An executive reviewer, Kevin McGee, supported our inspection of well-led for the trust overall.

The inspection team included: one head of hospital, one inspection manager, six inspectors, one pharmacy inspector and 11 specialist advisers.

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.