

# Guy's and St Thomas' NHS Foundation Trust

## Quality Report

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

## Ratings

### Overall rating for this trust

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Guy's and St Thomas' NHS Foundation Trust is a large provider of acute and specialist services for residents of Lambeth and Southwark, across London, the South East and further afield. The trust operates from two acute sites; Guy's Hospital, St Thomas' Hospital and a range of community locations. The Evelina London Children's Hospital is part of St Thomas' Hospital. The boroughs of Lambeth and Southwark are particularly deprived

The trust has 1,277 beds including 1090 general and acute, 75 maternity and 112 critical care beds.

There were 182,720 A&E attendances at the trust in 2014/15 and 79,700 inpatient admissions. Of the inpatient admissions, 28,084 were elective and 51,616 were non-elective. In 2014/15 there were 1,187, 182 (total attendances) outpatient appointments.

We carried out an announced inspection between 7 and 10 September 2015. We also undertook unannounced visits on 21st, 22nd, 23rd and 26th September.

This was the first inspection of Guy's and St Thomas' NHS Foundation Trust under the new methodology. We have rated the trust as good overall with Guy's Hospital, St Thomas' Hospital and community services rated as good. In relation to core services most were rated good with services for children and young people and the Emergency Department at St Thomas' Hospital rated as outstanding. Community services for adults and medical care at Guy's Hospital were rated as requiring improvement.

.Our key findings were as follows:

- During our inspection we found staff to be highly committed to the trust and delivering high quality patient care.
- We saw staff provided compassionate and patients were positive about the care they received and felt staff treated them with dignity and respect.
- The trust had vacancies across all staff groups, but was recruiting staff and staffing levels were maintained in services through the use of bank and agency staff.
- Staff were aware of how to recognise if a child or adult was being abused and received good support from the trust's safeguarding team.
- The trust had an incident reporting process and staff were reporting incidents and receiving feedback. More work was needed to complete investigations into serious incidents in a timely manner and share learning across directorates.
- The trust had not fully implemented the five steps to safer surgery.
- We observed effective infection prevention and control practices in the majority of areas we inspected. In some community services it required improvement and space between beds in some of the critical care units was limited.
- Patient care was informed by national guidance and best practice guidelines and staff had access to policies and procedures.
- Patients had their nutritional needs met and received support with eating and drinking.
- There was good team and multidisciplinary working across all staff groups and with clinical commissioning groups, voluntary organisations and social services to deliver effective patient care.
- Staff had attended training on the Mental Capacity Act 2005, but some staff, in both inpatients and community services, were unsure how to translate the principles into practice.
- Staff understood and responded to the needs of the different population groups the trust served and worked hard to meet the needs of individual patients.
- Patients were largely treated in timely manner with the trust meeting national access targets. However the trust had not met the 62 day cancer access target since 2013.
- Patient movement through the hospital was well managed with systems to ensure delays in seeing patients in the Emergency Department and when patients were well enough to be discharged were minimised. The number of cancelled operations was low.
- The trust had a backlog of complaints, some with a significant delayed response times. Action had been taken to reduce the backlog and improve response times and the quality of responses.

# Summary of findings

- Executive and non executive members of the trust were visible in most areas. Community staff knew who they were but, felt they were less visible with the exception of the Chief Nurse.
- The trust had a clear vision and strategy which staff were aware of and fully engaged in delivering.
- The trust was committed to public engagement and national and individual service surveys indicated that patients had a positive experience when using the trust. The trust had a good working relationship with the Council of Governors who felt involved and able to fulfil their role.
- Governance was devolved to the services/directorates and although there was oversight at trust level this needed to be strengthened.
- Staff were positive about how their local and senior managers engaged with them. They were supported in their personal development and were empowered and supported to initiate improvements in services.
- The trust was in the process of rolling out the electronic patient record and aligning the IT systems. In some community and acute inpatient services staff were using both handwritten and electronic records.
- The trust was facing financial challenges for the first time along with increasing demands on services. Although some action had been taken robust plans were not in place to address the cost savings that needed to be delivered.

We saw several areas of outstanding practice including: trust wide

- The use of 'Barbara's story' to engage with staff and enhance a compassionate approach to patient care.
- The trust wide engagement of staff in a culture of improvement and compassionate care that lead to a proud and empowered workforce.

At St Thomas' Hospital

- The use of 'Barbara's story' to engage with staff and enhance a compassionate approach to patient care.
- The specialist support units active within the urgent and emergency department including alcohol, toxicology, homeless, youth support and play therapy for children.
- The role of the security team in the emergency department was embedded into the day to day

working of the department. The team was multi-lingual and trained in effective de-escalation techniques and demonstrated outstanding empathy to patients.

- The provision of 'reflection time' to staff within the urgent and emergency department.
- The approach to communication with and support of dementia and complex needs patients via well designed communication boxes and a specialising team.
- The ward environment and signage afforded dementia patients.
- The Proactive Older Patient service.
- The multidisciplinary team support for families attending the neonatal unit.
- The paediatric cardiology service had introduced a home monitoring programme for infants following single ventricle palliation surgery (Norwood 1 operation or hybrid procedure). This allowed these patients to safely live at home with their families while they recovered and prepared for the second stage of their treatment.
- Supportive practice of the mortuary and bereavement team.
- The SPCT was effective and provided face to face support seven days per week, up to 9pm, with calls taken until 11pm and a consultant providing out of hours cover.
- The AMBER care bundle and a range of training courses for staff in end of life care such as the Sage and Thyme training model, simulation days and Schwartz rounds.
- We saw staff in the bereavement office had sourced funding to provide family members with sympathetically designed cloth bags so they had a more discreet way of taking home personal belongings of a deceased patient, rather than use a plastic hospital property bag.
- Staff in the emergency department had sourced funding and designed and produced a bereavement card that they sent to any families whose relative died in the department.

At Guy's Hospital

- The specialist SPCT was effective and provided face to face support seven days per week, up to 9pm, with calls taken up to 11pm and a consultant providing out of hours cover.

# Summary of findings

- The Amber care bundle and a range of training courses for staff in end of life care such as the Sage and Thyme training model, Simulation days and Schwartz rounds.
- The Guy's Orthopaedic Outreach Team (GOOT): a fast track discharge and multi-disciplinary support service which improved patient outcomes and reduced length of stay.
- Proactive Care of Older People Service (POPS): an award-winning service and the first of its kind in the UK. The POPS service looks after patients aged 65 years and above to improve their medical health before and after surgery by assessing them before surgery, following their care while in hospital and supporting consultants and ward staff.
- The use of 'Barbara's story' to engage with staff and enhance a compassionate approach to patient care.
- Supportive practice of the mortuary and bereavement team.
- Staff in the bereavement office had sourced funding to provide family members with sympathetically designed cloth bags so they had a more discreet way of taking home personal belongings of a deceased patient, rather than use a plastic hospital property bag.

## In Community Services

- The trust very recently introduced a specialist nurse for childhood obesity in Lambeth in response to an identified need.
- The Looked After Children (LAC) nurse specialist introduced opportunistic immunisations for looked after children, which had improved the uptake of immunisations by 22% in this group of children.
- Community services had a dedicated end of life care (EOLC) team as well as a specialist palliative care team (SPCT).
- In community services patient's families and people close to them were given a leaflet that provided clear information about the dying process to help them understand the signs of an actively dying person, why some interventions such as taking blood pressure were stopped and what to expect in the final stages of death.

- The trust had a diabetes information and education service. Staff provided education to newly diagnosed adult diabetic patients and an open telephone service for staff or patients to access expert advice.
- Patients on the Amputee Rehabilitation Unit had access to acupuncture as part of their pain management plans. Patients were complimentary about this service and felt that their pain was better managed as a result of the acupuncture service.

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

Importantly the trust must:

### At St Thomas' Hospital

- Improve governance links between directorates with surgical activity to ensure learning and concerns are shared across these directorates in a timely way.
- Ensure that all women attending the maternity department receive a venous thromboembolism risk assessment.
- Ensure that appropriate levels of midwifery staffing are available in all areas so that women are cared for in the most appropriate environment.

### At Guy's Hospital

- Improve governance links between directorates with surgical activity to ensure learning and concerns are shared across these directorates in a timely way.

In addition the trust should

### At trust level

- Continue to improve governance and assurance systems and reduce the backlog of complaints and investigations into serious incidents.
- Continue to work implement the electronic paper record and align IT systems across the services
- Continue to ensure staff attend all mandatory training

### At St Thomas' Hospital

- Review barrier nursing arrangements within HDU and ensure the environment meets infection prevention and control guidance.
- Ensure that the full 'five steps to safer surgery' are embedded in operating theatre practice.
- Continue reviewing and improving cancer performance.

# Summary of findings

- Ensure consent is clearly documented and patients are given documentation of the process. Implement the recommendations from the consent audit 2014.
- Ensure all complaints are responded to in a timely manner.
- Where appropriate utilise day surgery more to reduce the length of stay.
- Address areas of the national fracture neck of femur audit where the trust is performing below the national average.
- Ensure that staff are familiar with the mental capacity assessment process and that this is followed where appropriate.
- Ensure all staff are aware of safeguarding principles and triggers for making a referral
- Continue to increase consultant cover in maternity services
- Ensure that telephone advice given to women in maternity services is documented
- Ensure there is a system in place to check that HSA4 notifications of termination of pregnancy for fetal abnormalities are submitted to the Department of Health.
- Consider reviewing the tools staff use to assess pain and introduce a standard methodology that is consistently used and recorded.
- Consider reviewing the process for completing DNACPR form, determine a specific location where they are kept and ensure staff are aware they can be used as an interim measure on discharge until the primary care team can complete a new one.
- Consider reviewing the escalation process when delays occur with the completion of death certificates.
- Ensure all incidents in the outpatients department are investigated promptly and outcomes of the investigations recorded and shared with team to prevent recurrence.
- In the outpatients and clinical imaging departments ensure all staff are appraised regularly as prescribed by trust's policies related to staff training and development
- Ensure staff are aware how to arrange for an interpreter.
- Ensure that consultants review the results of local audits and implement strategies to ensure results continue to improve towards meeting CEM guidelines.
- Take steps to increase the number of day surgery cases to reduce bed demand and reduce length of stay. The trust should consider introducing a named day surgery clinical lead to improve coordination of day surgery and provide a single contact for surgical directorates.
- Take steps to improve the working culture within theatres to ensure that all theatre staff have fair access to learning and development opportunities.
- Continue embedding and monitoring use of the 'five steps to safer surgery' WHO surgical safety checklist, with a particular focus on pre-briefing and de-briefing.
- Ensure consent for surgery is clearly documented in patient records and patients are given adequate time and documentation to make decisions about their care in advance of their planned procedure date.
- Improve engagement with lifestyles teams in tertiary, secondary and primary care to help surgery patients with smoking cessation, weight loss or exercise programmes to improve local health outcomes.
- Review the process for completing DNACPR forms and determine a specific location where they are kept for end of life care patients .
- Improve the consistency of mental capacity assessments and the recording of them for patients receiving end of life care.
- Review the escalation process when delays occur with the completion of death certificates.
- Reduce delays in 31/62 days cancer waits (diagnosis and treatment) in Outpatients.
- In the outpatients department, ensure all staff are aware of protocols related to obtaining patients' consent; including protocols for those who might lack capacity to make a decision".
- Ensure all incidents in the outpatients department are investigated promptly and outcomes of the investigations recorded and shared with team to prevent recurrence.
- In the outpatients department, ensure all staff receive mandatory training and are appraised regularly as prescribed by trust's policies related to staff training and development.
- On Samaritan Ward, review the provision of toilet facilities for patients.
- Improve mandatory training completion by staff on the medical wards/departments.

At Guy's Hospital

# Summary of findings

- Improve performance on the number of patients starting treatment within 62 days for upper and lower gastro-intestinal illnesses.
- Ensure all staff, including staff working in outpatients departments, are provided with basic life support training.

## In community services

- Improve the amount of 'patient facing time' in the health visiting service.
- Ensure the waiting area at Mawbey Brough provides an appropriate environment for children and families.
- Review the use of wooden baby changing tables to promote improved infection control.
- Review the school nursing provision to ensure the full core service can be delivered to schools.
- Ensure that interpretation services are offered to people for whom English is not their first language.
- Take action to reduce the rate of patients who 'did not attend' appointments (DNA) among children's community services.
- Take action to improve the rate of first and second child health reviews.
- mustEnsure that consent for care and treatment is obtained in line with national guidance.
- When patients (aged 16 and over) are unable to give consent because they lack the capacity to do so, the trust should ensure staff must act in accordance with the Mental Capacity Act 2005
- Ensure that all staff undertake training in safeguarding children at the level relevant to their role.
- Ensure that there are systems in place to identify the cleanliness of equipment.
- Ensure that the environment at Dulwich Hospital is suitable for purpose.
- Review the paper and electronic records to ensure that the recordings are complete, accurate and do not contain variances and discrepancies.
- Consider training nurses in the palliative and end of life care to verify death. This would be beneficial to the bereaved as someone closely involved in their relative/friend's death would officially verify death in a timely and sensitive manner and allow the release of the patient's body to an undertakers within an appropriate timescale.
- The trust should ensure that all staff have a clear understanding of Deprivation of Liberty Safeguards (DoLS); that mental capacity is always appropriately assessed and recorded for patients who may lack capacity; and all staff know who can consent on the patient's behalf and how this information should be recorded in patients' records.
- Consider training the CNS and EOLC nurses to be independent prescribers and allow the nurses who are trained as independent prescribers to use the skills they have.
- Explore ways to allow patients, who are assessed as able, to self-medicate at Pulross Intermediate Care Centre.
- Ensure patients at Minnie Kidd House have access to specialist seating assessment.
- Ensure that all staff are up to date with their mandatory training.
- Standardise record keeping so that staff can have access to the full multidisciplinary team documentation in chronological order.
- The trust should ensure that robust arrangements are in place for the management of risk.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Background to Guy's and St Thomas' NHS Foundation Trust

Guy's and St Thomas' NHS Foundation Trust was formed in 1993 from a merger of Guy's and St Thomas' Hospitals. In April 2011 Lambeth and Southwark's community services joined the trust.

Guy's and St Thomas' NHS Foundation Trust provides inpatient and community services for residents of Lambeth and Southwark, as well as specialist services for patients from across London, the South East and further

afield. The Trust has two main acute locations, Guy's Hospital and St Thomas' Hospital. Children's services are provided by the Evelina London Children's Hospital which is located in St Thomas' Hospital.

We inspected Guy's and St Thomas' Hospitals and community health services for adults, children and young people and families, inpatients and patients receiving end of life care.

## Our inspection team

Our inspected team was led by

Chair: Ellen Armistead Deputy Chief Inspector Care Quality Commission

Team Leader: Margaret McGlynn Interim Head of Hospital Inspection Care Quality Commission

The trust was visited by a team of 55 people including: CQC inspectors and assistant inspectors, analysts and a

variety of specialists. There were consultants in emergency medicine, medical care, surgery, paediatrics, cardiology and palliative care medicine and junior doctors. The team also included midwives, as well as nurses with backgrounds in surgery, medicine, paediatrics, neonatal, critical care and palliative care, community services experience and board-level experience, student nurse and two experts by experience.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people

- End of life care
- Outpatients and diagnostic imaging

The trust also provides community services and we inspected

- Community services for adults
- Community services for children, young people and their families
- Community services for people receiving end of life care
- Community services for inpatients

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, Monitor, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

# Summary of findings

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We

held focus groups with a range of staff in the hospitals and community services, including doctors, nurses, allied health professionals, administration and other staff. We also interviewed senior members of staff at the trust.

## What people who use the trust's services say

### Public Event

- To capture the views of local people who use the trust we spent a day at a local market. We received many positive comments about most of the services. Staff were described as "caring", "friendly and helpful". People felt some areas were understaffed, surgery, maternity and outpatients and felt they were long waiting times in some clinics.

### Friends and Family Test

- The percentage of patients who indicated they would recommend the trust was above the England average and ranged between 98% in March 2014 and 95% in February 2015.

### Patient led assessments of the care environment (PLACE)

- The trust was above the England average in all measures (food, cleanliness, privacy, dignity and well being) in 2013 and 2014.

### Healthwatch

- Healthwatch Southwark and Healthwatch Lambeth provided feedback from patients and relatives about a range of services including the emergency department, cancer services, orthopaedics, ophthalmology and children's services and community services. Many of the comments were positive about the care and staff, but a few patients reported less positive experiences with reception staff and waiting times in some of the outpatient clinics.

- In community services people commented on difficulties in getting appointments at the community foot clinics. Patients were positive about their experience at the sexual health clinic at Burrell Street.

### Clinical Commissioning Groups (CCGs)

Lambeth and Southwark are the two main local commissioners but account for only 25% of the Trust's total contractual income. They were generally positive about services provided by the trust and believed quality and outcomes were good.

They commented on how the trust worked collaboratively to improve health care across the local health economy. They described the trust as "a proactive local partner" that actively engaged in discussions about how to improve services and demonstrated a commitment to collect and use patient experience to continually review and improve services.

Areas of concern were referral to treatment times including cancer care (some of which were due to late referrals from other trusts) and delays in completing investigations into serious incidents.

Community nursing was recognised as high risk, particularly the workforce, for both the trust and the CCGs. Recruitment and retention of staff is a key issue which the trust is addressing and has resulted in 60 new appointments across the two boroughs.

Commissioners felt the trust had a good grasp of the key issues and was committed to delivering excellent patient care.



# Summary of findings

## Facts and data about this trust

### Context

- Guy's and St Thomas' NHS Foundation Trust is located in south east London. It provides community, acute and tertiary services over a number of hospital and community sites.
- The trust offers a range of local services, including: a 24-hour emergency department, medicine, surgery, paediatrics, maternity, outpatient clinics and community services for adults and children as well as specialist services for patients in the boroughs of Lambeth and Southwark, the South East and further afield. Evelina London Children's Hospital (ELCH) is part of Guys and St Thomas' NHS Foundation Trust but is housed in a separate, purpose-built building with its own identity as a children's hospital.
- The borough of Lambeth ranks 29th out of 326 local authorities for deprivation (with 1st being the most deprived) and Southwark ranks 41st.
- Lambeth has a population of more than 300,000 and is one of the most densely populated areas in the country and has a relatively young profile; 51% aged 20-44 and 10.6% aged over 60.
- Southwark has a population of 293,530 with 42% aged 20-39 years old and 8% aged 65 or over which is lower than the rest of London (11%) and England average (17%).
- Life expectancy for women is worse than the England average in both Lambeth and Southwark and better than the England average for men.
- Lambeth and Southwark are below the national average (worse) for a number of public health indicators including incidence of TB, infant mortality, children under 16 living in poverty, long term unemployment, violent crime and statutory homelessness.

### Activity

- The trust has approximately 1,277 beds including 1090 general and acute, 75 maternity beds and 112 critical care beds. The Emergency Department is at St Thomas' Hospital and there is an Urgent Care Centre at Guy's Hospital.

- The trust employs 12,586 staff of which 1,747 are medical staff, 4,173 nursing with therapists, administrative and other staff making up 6,665.
- The trust has more than 2 million patient contacts per year including 859,000 in community services, 88,000 day case patients, 85,000 inpatients, 182,720 A&E attendances and over a million outpatient attendances. In 2014/2015 there were 6,865 births.

Key intelligence indicators .

### Safety

- Nine never events were reported between September 2014 and August 2015. Five related to surgery, including two that were wrong site surgery. (Never Events are serious, largely preventable patient safety incidents, which should not occur if the available, preventable measures have been implemented).
- The Strategic Executive Information System (STEIS) recorded 140 serious untoward incidents across the trust between May 2014 - April 2015 inclusive. The majority of these were patients admitted with grade 3 and grade 4 pressure ulcers.
- There were 86 cases of C Diff between September 2013 and April 2015, and six cases of MRSA.

### Effective

- The Hospital Standardised Mortality Ratio (HSMR) indicator was produced at trust level only. The ratio for July 2013-June 2014 was 78.0, with a rate of 69.8 during the week and 72.2 at the weekend. This is lower than the expected range
- The Summary Hospital-level Mortality Indicator (SHMI) was produced at trust level only. The SHMI for January 2014 to December 2014 was 0.8 which is lower than the expected range.

### Caring

- The trust performed better than the England average for seven of the 10 clinical KPI's in the National Care of the Dying Audit of Hospitals 2013/14.

# Summary of findings

- In the Cancer Patient Experience Survey 2013/14 seven out of 34 of the trust's scores were in the bottom 20% and two were in the top 20% including patients being given information about support groups.
- The trust's scores in the Inpatient Survey published in May 2015 were about the same when compared with other trusts.
- The trust's scores in the 2014 National Accident and Emergency Survey were about the same when compared with other trusts.
- Between March 2014 and February 2015 the NHS Friends and Family Test for inpatients showed the percentage of patients who would recommend the trust was above the national average.

## Responsive

- From April 2014 to December 2014 the trust consistently met the national standard of a doctor seeing 95% of patients within four hours of their arrival in the Emergency Department. From February 2015 to May 2015 the trust had not always met this standard, but had performed above the England average.
- For non-admitted patients, referral to treatment performance has been below target since September 2014. For admitted patients during the same period, the RTT standard was met consistently across medical specialties where data was available. The referral to treatment standard for incomplete pathways was consistently met throughout the period.
- Between October 2014 and September 2015, the trust performed better than the England average in relation to the percentage of people waiting fewer than 31 days from diagnosis to first definitive treatment (all cancers). They achieved 94.8% overall (October 2014 to September 2015) which was higher than the England average of 85%

- The trust has consistently failed to meet the standard for 85% of cancer patients to wait less than 62 days from urgent GP referral to first definitive treatment.

## Well Led


- The response rate for the 2014 staff survey was 35% which was below the England average of 42%.
- The results of the 2014 Department of Health NHS Staff Survey demonstrated that for the Guy's and St Thomas' NHS Foundation Trust most scores were within expectations, in line the national average over the 29 key areas covered in the survey. The trust scores were:
  - - Within expectations in 12 key areas.
  - Better than average in 11 key areas.
  - Worse than average in 6 key areas.
- The trust performed well for questions related to staff recommending it as a place to work or receive treatment, percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver and using feedback from patients to inform decisions about their department/directorate.
- The trust performed less well for the percentage of staff experiencing discrimination in the last 12 months, having equality and diversity training and feeling under pressure to attend work when feeling unwell in the last 3 months.

## Inspection History

- This is the first comprehensive inspection of Guy's and St Thomas' NHS Foundation Trust.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>The trust is rated as requires improvement for safety. Many of the services we inspected were providing safe care but, critical care and maternity and gynaecology services at St Thomas' Hospital and surgical services at both Guy's Hospital and St Thomas' Hospital were rated as requiring improvement.</p> <p>For more detailed information please refer to the reports for Guy's Hospital and St Thomas' Hospital and community services for adults.</p> <p><b>Incidents</b></p> <ul style="list-style-type: none"><li>• We found systems for reporting and learning from incidents across all services. Staff knew how to report incidents and told us it resulted in learning and feedback. However, sharing learning from Never Events across directorates was limited. Although the trust was in the highest 25% of reporters it was concerned that there was under-reporting of incidents. To address this it had initiated a trust wide awareness campaign which had resulted in an increase in reporting compared with 2014/15.</li></ul> <p><b>Duty of candour</b></p> <ul style="list-style-type: none"><li>• Prior to the introduction of the Duty of Candour regulation in April 2015 the trust had a 'Being Open' policy which included many of the principles of the Duty of Candour. The policy was revised and updated in light of the Duty of Candour Regulation.</li><li>• Training on Duty of Candour was included in mandatory training and specific workshops and an information leaflet was developed for patients, relatives and carers. Additional fields were added to the trust's incident reporting system to prompt staff to take the necessary action to comply with Duty of Candour. During the inspection we found that many staff were aware of and working in line with the Duty of Candour guidance.</li></ul> <p><b>Infection prevention and control</b></p> <ul style="list-style-type: none"><li>• The environment in the majority of areas we inspected was clean and complied with infection prevention and control guidance. The exceptions to this were in some of the critical care units at St Thomas' Hospital</li></ul>	<p><b>Requires improvement</b> </p>

# Summary of findings

## Environment

- The amount of space between each bed space was an issue in the critical care units. The overnight intensive recovery area at St Thomas' Hospital (which cared for up to 11 short stay level three or level two patients) did not have isolation facilities. At St Thomas' Hospital the trust was addressing this with the rebuild of the high dependency unit (HDU) and with a new critical care unit.
- In community services for children and young people the environment at Mawbey Brough was not child friendly.

## Records

- The trust was in the process of transferring over to the electronic patient record which meant staff were using both paper and electronic records in community and acute inpatient services. On occasion this resulted in inaccuracies in recording and staff unable to locate information. IT support had been made available for staff during the transition.

## Safeguarding

- In line with statutory guidance the trust had Named Nurses, Named Doctors and safeguarding team for child protection and safeguarding vulnerable adults. Many staff knew who they were and how to contact them and commented positively on the support and advice they received from them. Safeguarding was included in mandatory training and the uptake was good across many services with appropriate staff undertaking Level 2 and Level 3 training. The safeguarding team had a robust system for monitoring compliance with the policy and quarterly reports were submitted to the trust board.
- The trust had taken part in the Kate Lampard Assurance review into matters relating to Jimmy Savile (it was not one of the organisations involved in the investigation). Following the review it had introduced training in safeguarding for volunteers, including work experience placements, as well requiring disclosure and barring (DBS) checks. The review highlighted the trust as having a well resourced safeguarding team and the findings were reported at the Board of Directors meeting in July 2015.

# Summary of findings

## Use of five steps to safer surgery

- The trust had not fully implemented the five steps of the World Health Organisation (WHO) Surgical Safety Checklist. It had initially introduced the three central steps (sign in, time out, sign out) in 2010 and in May 2015 mandated the use of all five steps to include team briefing and de-briefing components.
- Although still not fully compliant with the first three steps an audit in August 2015 found improvement with compliance over 95%. The trust was aware that further work was required to fully implement the five steps and prior to the inspection had re-launched its approach to safer surgery checklists.

## Staffing

- The trust had vacancies across all staff groups, but staffing levels in most clinical areas were maintained at a safe level with the use of bank, agency and locum staff. Where agency staff were used there was an induction programme to help them become familiar with the environment.
- Areas where we found some specific staffing issues were the antenatal day assessment unit (ADAU) and community services. Although there had been an increase in midwifery staffing levels in the ADAU, staff at times found it difficult to keep up with the demand. In community services there were a number of nursing workforce issues; difficulty recruiting and retaining staff and 70% of the workforce over 45.
- Recruitment of staff was on-going with some success particularly in community services with over 60 new staff recruited. Retention of staff was good.
- Care was consultant led. The trust had the same percentage of consultants as the England average in many services. In maternity consultant cover was below national guidance.
- At trust level nursing, midwifery and health visitor staffing levels were monitored through the Chief Nurse's monthly workforce report to the trust board. The report focused on recruitment, areas with high vacancies and planned versus actual nursing hours.

## Assessing and responding to risk

- In maternity services we found some areas that needed to be strengthened including recording advice given to women when the dedicated telephone helpline was redirected.
- In maternity we found two IT systems were in use which did not interface with each other. This meant it was difficult for the trust

# Summary of findings

to demonstrate compliance electronically with VTE assessments. There was a lack of clarity among staff about whether or not low risk women needed a VTE assessment.

## Are services at this trust effective?

Overall we rated the effectiveness of the majority of services at the trust as good. Care was evidence based and the majority of services participated in national and local audits.

In community services for adults some staff were unsure about the process for obtaining and recording consent if a patient lacked capacity. This service was rated as requiring improvement. Effectiveness of the urgent care centre was not rated as the trust had recently taken over as the provider of the service.

For more detailed information please refer to the reports for Guy's Hospital and St Thomas' Hospital and community services.

### Evidence based care and treatment

- The trust's policies and treatment protocols were based on national guidelines from professional organisations such as the National Institute for Health and Care Excellence (NICE) and the Royal Colleges. Staff were able to access guidelines on the intranet.
- NICE and other national guidance was discussed at the trust's Risk and Quality Committee along with policies that needed to be updated.
- In maternity and gynaecology services there was no system to check that HSA4 notifications of termination of pregnancy for fetal abnormalities had been submitted to the Department of Health, which is a statutory requirement. Forms were being completed, but there was no record that they had been submitted.
- In the urgent care centre at Guy's Hospital we found limited information about patient outcomes as the trust had only recently taken over as provider of the service.
- Staff in community services for adults were unsure about the consent process when adults lacked capacity.

### Patient outcomes

- The mortality rates were below the expected range during the week and at weekends and were among the best in England.
- The trust participated in a range of national (92% in 2014/15) and local audits with variable outcomes. The trust performed

Good



# Summary of findings

well in the Sentinel Stroke National Audit Programme (SSNAP), which analyses the quality of care in stroke services and sepsis audits showed a significant improvement in patient outcomes. Where audits showed performance was below the national average action plans were developed to bring about improvement.

- The risk of readmission following emergency surgery was better than the England average, but for elective surgery it was worse than the England average. This was being continuously reviewed by consultants. For children, elective readmission rates were lower than the England average.

## **Multidisciplinary working**

- Multidisciplinary (MDT) working was embedded and effective across the trust. All services had multidisciplinary meetings and Staff spoke positively about MDT working and felt they were working towards agreed outcomes for patient.
- In the Evelina London Children's Hospital (ELCH) multi-speciality meetings took place to discuss children with complex care needs. Staff spoke positively about MDT working and felt they were working towards agreed outcomes for patient.
- Community adult services had developed close links with GP surgeries to improve the management of patients with diabetes; patients had access to drop in clinics and specialist nurses who could change and prescribe medication if needed. For children in the community an integrated model was used in the diagnosis of autism which involved the child and adolescent mental health team (CAMHS), community paediatrician, speech and language therapist and social worker.

## **Consent, Mental Capacity and Deprivation of Liberty**

- Staff had attended training on consent, mental capacity and deprivation of liberty safeguards (DoLS). Most staff we spoke with were aware of what action to take in relation to consent and capacity. Some staff in the outpatients department and adult community services, who had attended training, were unclear about what to do if a patient's capacity needed to be assessed. The trust was auditing assessments of mental capacity.

# Summary of findings

## Are services at this trust caring?

The trust is rated as outstanding overall for caring. Many of the services we inspected were rated as good, but end of life care at both Guy's Hospital and St Thomas' Hospital and services for children and young people at St Thomas' Hospital were rated as outstanding.

Throughout the inspection and across the trust it was evident that care was patient centred and staff treated patients with dignity and compassion. Patients we spoke with were positive about their experience and staff caring for them.

The trust used a range of mechanisms to obtain feedback from patients including national surveys, the Family and Friends Test (FFT) and service questionnaires. For more detailed information please refer to the reports for Guy's Hospital and St Thomas' Hospital and community services.

### Compassionate care

- We observed many interactions between staff and patients that were professional, kind and friendly. Patients told us staff were "caring" and friendly" and they felt "listened to".
- Results from the Family and Friends test (FFT) across many services were positive; in July 2015 95% of patients said they would recommend the trust. Some services, critical care, conducted their own patient surveys which indicated a high satisfaction rate.
- Staff in the ELCH provided sensitive emotional support to children and their families. Children and their families described the staff as "friendly and "open and honest" and said it was their best experience of hospital care.
- In end of life care patients and their families said they had been treated with compassion and described staff as "going the extra mile". Questionnaires were available for relatives or friends of those who had died. Many relatives who completed the questionnaire felt the care offered was excellent and their dying relative or friend was treated with respect and dignity.

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

- Across the trust patients and relatives told us they were involved in discussions and decisions about their care and treatment and we observed staff spending time with patients discussing their care and explaining test results. We found examples of the different and appropriate ways patients were involved in their care

Outstanding





# Summary of findings

- In medical services we observed nursing and therapy staff introducing themselves to patients. Drop in clinics had been introduced on some wards for relatives to meet the consultants and ward manager. Relative passports had been introduced which enabled carers to become more actively involved in decision making and caring for their relative.
- In critical care, diaries were started for patients who were ventilated for longer than 72 hours and meetings were held with relatives where they could ask questions about their relative's care.
- Children and families were actively involved in their care and treatment, making informed decisions based on the information and explanations provided by staff. Young people told us they felt involved in decisions about their care and the transition arrangements to adult services. Parents felt confident to ask questions and their views were listened to.

## Emotional support

- There was a trust wide chaplaincy and spiritual support service available seven days per week, along with counsellors and bereavement teams for individual services. Children and young people in the ELCH and in community services could be referred to other services including the child and adolescent mental health team. Patients had access to a range of specialist nurses for support for example palliative care, stroke and diabetes care.
- As well as ward staff and specialist nurses providing emotional support, in maternity services women had access to a psychologist and for those who had experienced a still birth or sudden death there was a dedicated bereavement midwife. Their partners could also stay overnight.
- Patients told us they felt staff were approachable and they could talk to them about their fears and anxieties.

## Are services at this trust responsive?

Overall we rated responsiveness of services at this trust as good. Most services were rated as good but the Emergency Department (ED) and medical care at St Thomas' Hospital were rated as outstanding. Outpatients at Guy's Hospital and St Thomas' Hospital were rated as requiring improvement. This was mainly due to the trust consistently not meeting the standard for 85% of cancer patients to wait less than 62 days from urgent GP referral to first definitive treatment. For more detailed information please refer to the reports for Guy's Hospital and St Thomas' Hospital and community services.

Good



# Summary of findings

The trust was aware of the different population groups it served. We found services looked for innovative ways to meet the challenging and complex needs of the different patient groups and the increasing demand on services.

We found service integration across community and hospital services promoted continuity of care for patients. Staff were proactive in managing flow across the trust and services had regular meetings throughout the day to review the bed state and escalate action as necessary.

## **Service planning and delivery to meet the needs of local people**

- We found examples of where the trust had worked with commissioners, voluntary organisations and local authorities to develop services to meet the needs of local people. It managed to combine meeting the needs of local people with providing specialist services.
- Where gaps in the provision of services had been identified the trust and local commissioners had taken action to address them. An example of this was the establishment of the Amputee Rehabilitation Unit for people with lower limb amputations.
- The ED served a population of homeless people and worked with the local authority crisis team and alcohol dependency team to ensure they received appropriate support on discharge. The London Alcohol Recovery team provided a team from Thursday to Sunday for patients who may be intoxicated. Support was also available from a registered mental health nurse.
- To assist patients and visitors find their way around the hospital sites the trust had developed a 'way finding strategy'. As a part of this initiative the trust had implemented a way finding app named 'my visit' which helped people find their way to and throughout the hospital sites.
- The school in the ELCH taught children from aged 2-19 years. Children and young people who were too unwell to leave the ward they could have bedside teaching. The school had been rated Outstanding by Ofsted.
- Discussions were underway with a local registry office to establish if a service could be provided from the hospital so that bereaved families could collect a death certificate and register a death at the same time and at the same location.

# Summary of findings

## Meeting people's individual needs

- For patients who had a learning disability a range of support and enabling resources were available for them. Staff had access to a nurse specialist who provided support and implemented resources for staff and patients including hospital passports.
- For patients living with dementia the 'This is Me' document had been designed to obtain information to assist staff in providing care designed to meet their needs. There was a specialist team to support staff caring for patients living with dementia and guidance was also available.
- The specialist palliative care team liaised with colleagues in the learning disability team to explore ways to better inform patients with a learning disability of their prognosis and to develop joint team training.
- Interpreter services were available for patients for whom English was not their first language. In most services staff told us they were able to access support over the phone or face to face.

## Access and flow

- The ED was proactive in planning ahead and managing surges in activity. At the time of the inspection the department was undergoing a major rebuild and action had been taken to minimise disruption to patient access and the quality of care provided.
- Between April and December 2014 the ED had consistently met the national standard of a doctor seeing 95% of patients within four hours of their arrival. From February 2015 to May 2015 it had not met this standard, but its performance was above the England average. Work had been undertaken to improve compliance with the standard including the implementation of care pathways to avoid unnecessary admissions where patients could be assisted by other teams including the homelessness or frailty team. Escalation plans for when the ED became overcrowded were effective; in September 2015 excess occupancy had been resolved within two - four hours.
- To maintain the flow of patients in medical services the trust had a 'hospital at home' service which helped with effective discharge of patients with no acute medical needs. The service had a team of specialists who supported patients in their own home.
- The trust had a site control room located at St Thomas' Hospital and bed situation meetings were held four times daily across the trust to monitor patient movement across the trust.

# Summary of findings

- In surgical services cancellation rates were low and less than 1% of cancellations occurred on the day of the operation.
- In critical care the percentage of delayed discharges was better than in other similar units. Delays were generally due to a lack of available ward beds.
- The trust had mostly met the national waiting time target of 18 weeks for non-admitted pathways and had consistently met the national waiting time target of 18 weeks for incomplete pathways. Where the trust was consistently underperforming, since April 2013, well was relation to the 62 days target ( 62 days from urgent GP referral to first definitive treatment). Its performance was worse than the England average and had continued to deteriorate. The trust was working with commissioners and other local trusts to bring about improvement and in April 2015 held a risk summit and developed a recovery plan.

## Learning from complaints and concerns

- In 2014/15 the trust recognised that the management of complaints had deteriorated both in terms of response times and the quality of responses. It carried out a review of its processes and benchmarked them against best practice and out of this an action plan was developed. The trust is currently implementing the plan. The complaints handling improvement plan is monitored through the Trust Risk and Quality Committee and regular reports are sent to the local Clinical Commissioning Group.
- Although there trust had a central complaints team the emphasis was on devolving responsibility and enabling services to manage and respond to complaints. The central complaints team provided support and feedback on the quality of responses and reducing the number of outstanding complaints. At the time of the of the inspection it had achieved some success and the number of complaints over six months old had been reduced from 35 to 18.
- During the inspection we reviewed twenty complaints spanning 2014/15 covering a range of services. The response times ranged from 13 to 192 days. Interim letters had been sent to some of the complainants with more detailed responses at a later date.

## Are services at this trust well-led?

The trust is rated overall as good for well led. The majority of services were rated as good with the ED and services for children and young people at St Thomas' Hospital rated as outstanding.

Good



# Summary of findings

Community services for adults were rated as requiring improvement. For more detailed information please refer to the reports for Guy's Hospital and St Thomas' Hospital and community services.

Across all services we found evidence of clear supportive leadership which engaged staff in delivering high quality and safe care. There was a strong focus on innovation and improvement across all staff groups and at all levels that was patient centred. Staff were empowered to make changes in their services. Many staff we spoke with were positive about the leadership at board level particularly the support provided by the Chief Nurse.

The trust had a devolved approach to governance and in the majority of services governance structures were embedded with dedicated leads and staff groups aware of the processes. At trust level, although there were a range of committees and we could see from minutes that items were escalated, discussions with executives demonstrated an over reliance, without the necessary assurance, that issues were being addressed at service level.

There was a strong ethos of staff engagement and staff were proud to work for the trust. We found morale and job satisfaction was good among all staff groups.

The trust worked collaboratively with commissioners, GPs, voluntary organisations and other NHS trusts to improve the delivery of patient care both in the trust and the wider health community.

## **Vision and strategy**

- The trust's vision is to provide "world class clinical care, education, and research that improves the health of the local community and of the wider populations that we serve". To achieve this the trust has a five year clinical strategy, 2014-2019, which is aligned to its corporate strategy. This is underpinned by a set of values developed in collaboration with staff. The trust had developed a programme to engage staff in delivering the strategy
- The strategy focused on clinical leadership, transforming the way some key services are delivered, specialist and local services and strengthening partnership working and patient engagement.
- Staff we spoke with were aware of the trust's vision and how their work and individual service strategy supported the trust's overarching strategy. They were aware of the values and we observed them translated into practice across the services we visited.

# Summary of findings

## Governance, risk management and quality measurement

- The governance system generally functioned well at service/directorate level. Performance dashboards were used and senior staff had the information they needed to have oversight of services. At trust level oversight and assurance mechanisms were not as effective as they could be.
- The trust had taken some action to improve governance and assurance at board level. Governance had been enhanced with the establishment of the Quality and Performance Committee which was chaired by a non executive director. The first meeting took place in April 2015. The committee had responsibility for reviewing quality in the context of in-year operational and financial performance. Risks, complaints, infection prevention and control and safeguarding reports were all reviewed at the committee. The integrated quality and performance report, based on the five domains, safe, effective, caring, responsive and well led, included actions taken and an update on progress.
- The trust had a backlog of serious incidents that needed to be investigated. There had been some progress in completing investigations into serious incidents and at the time of the inspection there were seven outstanding with the oldest dating back to December 2014.
- Nine never events were reported between September 2014 and August 2015, of which five were related to surgery. All of them had been investigated with two reports waiting for approval. Although investigations had been undertaken there were limited mechanisms to share learning at all levels across the directorates undertaking surgery.
- A review of the trust risk register, as at July 2015, found that many had been reviewed and updated, but some risks were long standing and although they had been reviewed, the review dates had not been updated. The initial and current rating was recorded.
- During discussions with executive and non executive directors there was a lack of clarity about the trust's key risks; responses varied from reporting of incidents, surgical safety, workforce and financial challenge. The trust was able to demonstrate a number of quality improvement initiatives and projects, all of which were appropriate and supported by credible actions to achieve. However this was leading to differing accounts of improvement priorities across the trust and as such there was a risk that there was no clear journey of improvement.

# Summary of findings

- The trust was working to strengthen its management of risk. There were a number of trust level committees focused on risk all with clearly defined responsibilities which were aligned; Trust Management Executive (TME) and Trust Management Executive Risk Working Group were responsible for monitoring the trust level risk register. The TME Risk Working Group had been established to support and strengthen the TME in its monitoring role.
- In 2014 the trust began implementing an electronic record system and initially the project had a strong IT focus and was IT led. During the roll out a number of problems were raised including how the change impacted on working and clinical practices which hadn't been anticipated. Some staff were having to work extra hours to input the information into the system. In response to the problems the roll out was halted and an external review was carried out. The review found that implementing the system was the right way forward, but some improvements were needed. The programme was recommenced with 24 hour 7 day IT support for staff available in the trust. Rather than the programme being IT led, a nurse and clinical consultant joined the implementation programme to ensure a more comprehensive approach.
- To improve quality and safety the Chief Nurse had introduced the "Safe In Our Hands" ward accreditation programme. Using the five domains, safe, effective, caring, responsive and well led, wards are assessed against standards and best practice for dignity and safeguarding. It also provided information about staff appraisals, vacancies and retention and if the team were aware of their clinical performance. The process involved interviews with ward staff and patients and observations of patient care. In May 2015 105 clinical areas had completed the self assessment questionnaire and provisionally 24 areas had achieved gold, 59 silver and 17 bronze.
- Alongside this was the weekly "Safe in our Hands" forum where nurses and other staff could share and discuss improvement and challenges in delivering care. Staff could attend in person or via IT links.

## Leadership of the trust

- The trust had an established executive team; the Chair and Chief Executive had been in post for four and seven years respectively. The Chief Nurse had been in post for ten years and the longest serving member was the Director of Finance with seventeen years service. On October 1 2015 the Chief

# Summary of findings

Executive stood down from his role and the Chief Operating Officer became the Acting Chief Executive. The Chief Executive has remained at the trust as a member of the board in an interim part time role.

- The non executive directors were a balance of those who had been in post for seven years with those more recently appointed and had been in post for one or two years. The non executives had lead roles and all had a role in maintaining quality and improvement.
- The executive team were visible and undertook ward visits to clinical areas and senior nurses worked on the wards during "clinical Friday". Some staff felt they were less visible in community services. Staff in some areas told us about the support they received from the executive team when there was an increase in demand. They also spoke positively about the visibility and approachability of the Chief Nurse.
- The trust had built a good relationship with the council of governors who felt they were open, responsive and engaged with them appropriately.
- Directorate/service management was structured around clinical services rather than sites. Each clinical directorate had a triumvirate leadership team. The exception to this was the ELCH which given the size and range of services provided had a more comprehensive structure including a director of nursing and a medical director.
- At directorate/service level staff felt supported by their individual managers and met with them regularly. Junior doctors and student nurses were positive about their experience and felt senior staff and consultants were available and approachable.

## **Culture within the trust**

- Across all staff groups we found there was a strong commitment to the trust combined with delivering the highest quality care for patients.
- The trust's scores were in the top 20% in the 2014 staff survey for questions related to staff recommending it as a place to work or receive treatment and the percentage of staff feeling satisfied with the quality of work and patient care they were able to deliver.
- During interviews with staff and discussions at focus groups many staff told us they were proud to work for the trust with several staff travelling long distances just to continue working at the trust which they stated was very supportive. Staff



# Summary of findings

travelled from as far as Scotland and Ireland and some chose to travel to London rather than work at their local hospital which was much closer to home. Staff felt valued and found the work "rewarding".

- The trust was committed to developing staff, encouraging and empowering them to make improvements. It also provided them with the skills and support to make improvements.
- The trust had introduced a 'Speak up' campaign which encouraged staff to raise concerns and we found an open and transparent culture and strong team working across the hospitals and community services. Staff told us they felt they could raise concerns and felt confident they would be addressed. They were encouraged to report incidents and told us they felt able to acknowledge when they "got something wrong".
- Clinical commissioning groups and other key stakeholders told us the trust recognised and were open when they found areas that needed improving. They were positive about how the trust engaged with them in terms of taking action to bring about improvement and reporting on progress.

## Fit and proper persons

- The trust had an appropriate recruitment process to ensure it complied with the regulation. It had introduced a Fit and proper persons requirements declaration form. The declaration was completed annually as part of the performance development review process.

## Public and staff engagement

- The trust had a patient and public engagement team and a strategy (supported by an implementation plan) for 2014-2017. The strategy was developed with staff, patients, council of governors and local Healthwatch bodies and progress against was reported at the Board of Directors meeting.
- The trust had a patient and public engagement team but it was clear that this was everyone's responsibility and the role of the team was to support services develop their own mechanisms to engage patients and the public. The team told us the number of requests for support was increasing as staff became more confident and comfortable engaging with patients.
- In addition to national surveys and the Family and Friends Test, we found other examples in services of how the trust engaged patients and members of the public. In surgery there was a patient experience group made up of representatives that inputted into changes to the service. The ELCH gathered information about young people's experience through a group

# Summary of findings

known as 'Evelina Pride'. This group was supported by the paediatric psychology team to report what they liked and what they would like to change in relation to services. Results and actions was shared across children's services on 'you said - we did' boards, in bulletins and on Facebook pages.

- Local commissioners commented on the trust's commitment to collect and use patient experience to continually review and improve services.
- In the NHS staff survey 2014 the trust's score was in the top 20% for overall staff engagement. At service level staff were engaged through team meetings, newsletters and in specific projects. For example in critical care, development plans for the new 20-bedded high dependency unit were given to staff for comments. The trust had introduced a 'Speak up' campaign which encouraged staff to raise concerns.
- Staff awards were allocated on a trust-wide basis, for example there was the 'Going the Extra Mile' award for staff who performed beyond the call of duty and a 'Fit for the Future' award for particularly proactive and forward-thinking staff.

## **Innovation, improvement and sustainability**

- The trust was facing a financial deficit position for the first time and as such needed to address transformational change to ensure cash releasing savings strategies. Some work had been undertaken, but robust plans to address the issue of capacity and capability of the clinical workforce to deliver challenging cost improvement plans were not in place.
- The trust is a member of King's Health Partners (KHP) and Academic Health Science Centre and is a major centre for NHS funded research. It has a strong record of innovation and improvement.
- The trust has significant involvement in clinical trials and was participating in 120 adult trials and trails for children at the time of the inspection.
- Staff were supported to be innovative and improve services. We found a range of innovations and improvements across the trust from new services such as the first South Thames paediatric rheumatology service and a home monitoring programme for children following specific types of cardiac surgery to the nurse endoscopy initiative which supported patients on the cancer and colorectal pathways. Staff were supported to undertake research degrees which led to improvements in patient care and service delivery..
- To raise awareness of dementia and see it from the patient's perspective the trust had developed a dementia training

# Summary of findings

film,"Barbara's story". All staff had seen the film and an evaluation found it had resulted in changes in how staff carried out their role. The film has been used nationally and internationally by health providers.

- The trust worked in partnership with local commissioning groups and authorities, voluntary groups and local NHS trusts to improve integration of care. Since taking over community services in 2011, all children's services are managed by the ELCH. Integration is also being promoted through staff rotating through community and inpatient services and across hospital sites.
- To meet current and future demands on services the trust was investing in a new building for cancer services and refurbishing the ED at St Thomas' Hospital. All of this, along with investing in IT, must be balanced with achieving financial efficiencies.
- To improve efficiency while maintaining quality and safety the "Fit for the Future" programme was established in 2013. The programme supports staff across services to transform how care is delivered to improve efficiency while maintaining quality and safety.

# Overview of ratings

## Our ratings for St Thomas' Hospital

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

# Overview of ratings

## Our ratings for Guy's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	N/A	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

## Our ratings for Community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health services for adults	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community services for inpatients	Good	Good	Good	Good	Good	Good
Community services end of life care	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Overview of ratings

## Our ratings for Guy's and St Thomas' NHS Foundation Trust

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

### Notes

# Outstanding practice and areas for improvement

## Outstanding practice

We saw several areas of outstanding practice including:

- The use of 'Barbara's story' to engage with staff and enhance a compassionate approach to patient care.
- The specialist support units active within the urgent and emergency department including alcohol, toxicology, homeless, youth support and play therapy for children.
- The role of the security team in the emergency department was embedded into the day to day working of the department. The team was multi-lingual and trained in effective de-escalation techniques and demonstrated outstanding empathy to patients.
- The provision of 'reflection time' to staff within the urgent and emergency department.
- The approach to communication with and support of dementia and complex needs patients via well designed communication boxes and a specialising team.
- The ward environment and signage afforded dementia patients.
- The Proactive Older Patient (POP) team
- The multidisciplinary team support for families attending the neonatal unit.
- The paediatric cardiology service had introduced a home monitoring programme for infants following single ventricle palliation surgery (Norwood 1 operation or hybrid procedure). This allowed these patients to safely live at home with their families while they recovered and prepared for the second stage of their treatment.
- Supportive practice of the mortuary and bereavement team.
- The trust wide engagement of staff in a culture of improvement and compassionate care that lead to a proud and empowered workforce.
- The vascular service was innovative, well run and had an outstanding international and national reputation due to the patient outcomes.
- The pelvic floor unit treated approximately 1000 patients a year. It was well resourced and a service that the rest of the UK aspired to replicate.
- The SPCT was effective and provided face to face support seven days per week, up to 9pm, with calls taken until 11pm and a consultant providing out of hours cover.
- There was exemplary leadership of the SPCT, with staff commenting senior managers were visible, approachable and willing to help out. They also provided consistent and prompt guidance and support.
- The AMBER care bundle and a range of training courses for staff in end of life care such as the Sage and Thyme training model, simulation days and Schwartz rounds.
- Staff commented positively on the 'no blame' culture and felt they were encouraged to challenge and learn.
- We saw patients were respected and valued as individuals and were empowered as partners in their care.
- Care was based on individual need. We saw, for example, that staff had arranged for the painting materials belonging to one patient nearing the end of life to be brought to the ward so they could continue with their art.
- Staff were highly motivated to offer care that was compassionate, kind and promoted patient's dignity.
- We saw staff in the bereavement office had sourced funding to provide family members with sympathetically designed cloth bags so they had a more discreet way of taking home personal belongings of a deceased patient, rather than use a plastic hospital property bag.
- Staff in the emergency department had sourced funding and designed and produced a bereavement card that they sent to any families whose relative died in the department.
- The Guy's Orthopaedic Outreach Team (GOOT): a fast track discharge and multi-disciplinary support service which improved patient outcomes and reduced length of stay.
- The safeguarding team had strong links with external agencies. We visited the Multi-agency safeguarding hub (MASH) office in Southwark where the team of safeguarding nurse specialists spend a week each in rotation. This ensured that important information was

# Outstanding practice and areas for improvement

shared between agencies. The trust's safeguarding team was represented at the monthly meetings of the multi-agency risk assessment conference (MARAC), the multi-agency sexual exploitation group (MASE) and on local authority Local Safeguarding Children Boards.

- All the staff we spoke with were knowledgeable about the risk of female genital mutilation (FGM). Staff told us they have benefited from advice and training from the FGM Consultant and Public Health Specialist who established, and still leads, the African Well Woman's Clinic at Guy's and St Thomas' in 1997, which has the UK's busiest FGM clinic.
- The trust very recently introduced a specialist nurse for childhood obesity in Lambeth in response to an identified need.
- The Looked After Children (LAC) nurse specialist introduced opportunistic immunisations for looked after children, which improved the uptake of immunisations by 22% in this group of children.
- The trust had implemented routine discreet enquiries about the experience of domestic violence to all women in families they had contact with during the course of their work.
- Community services had a dedicated end of life care (EOLC) team as well as a specialist palliative care team (SPCT). The SPCT supported patients who had complex illnesses and deaths and were not generally involved with patients who were dying through non-complex illnesses or old age. The EOLC team supported this patient group and the community nurses supporting them in their home.
- Every day community nurses held a safety meeting. They discussed patients who were identified as being at end of life (last 12 months or less of life) and shared any changes, issues or concerns.
- The SPCTs multidisciplinary team meeting involved all members of the team who presented their patients and responded to challenges and offers of support from colleagues who may have different expertise or experiences and may help difficult or new situations.
- In community services patient's families and people close to them were given a leaflet that provided clear information about the dying process to help them understand the signs of an actively dying person, why some interventions such as taking blood pressure were stopped and what to expect in the final stages of death.
- The trust had a diabetes information and education service. (Desmond) Staff provided education to newly diagnosed adult diabetic patients and an open telephone service for staff or patients to access expert advice. The team had been able to identify localities where additional education of patients could improve the management of their condition.
- Amputee Rehabilitation Unit had a robust multidisciplinary action plan to address the high risks of falls in this patient group and reduce the number of falls on the unit.
- Patients on the Amputee Rehabilitation Unit had access to acupuncture as part of their pain management plans. Patients were complimentary about this service and felt that their pain was better managed as a result of the acupuncture service.

## Areas for improvement

### Action the trust MUST take to improve

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



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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.