Epsom and St Helier University Hospitals NHS Trust

St Helier Hospital and Queen Mary's Hospital for Children

Quality Report

St Helier Hospital
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This report describes our judgement of the quality of care at this hospital. 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.

Summary of findings

Letter from the Chief Inspector of Hospitals

This is a report on a focused inspection we undertook at St Helier Hospital on 29 and 30 October 2018. The purpose of this inspection was to follow up on concerns raised by HM Coroner, in relation to patients being treated for hyponatraemia (low sodium blood levels), and the internal communication of abnormal pathology results. We also received concerns about the safety of mental health patients in the emergency department, nurse staffing levels in medical care wards, and the safeguarding of patients being discharged from hospital, in particular from ward A6. The concerns raised related to both Epsom General Hospital and St Helier Hospital.

Our key findings were as follows:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw recently adapted guidance on quality standards for the treatment of patients with hyponatraemia and these were embedded in practice.
- Medical staff across the emergency department (ED), acute medical unit (AMU) and the medical wards, received training in the management of patients with hyponatraemia.
- There was a trust wide standardised approach to the detection of deteriorating patients using the National Early Warning Score (NEWS) system and staff knew what action to take when the score was above 4.
- Pathology results needed to deliver safe care and treatment were available to staff in a timely and accessible way. There was a trust wide standard operating procedure for communicating abnormal blood results to appropriate staff.
- Staff received effective training in safety systems, processes and practices. The trust trained staff in the Mental Health Act (MHA) and Safeguarding Adults.
- The design, maintenance and use of facilities and premises was satisfactory. There was a designated room for interviewing patients with mental health needs in the ED at St Helier Hospital.
- ED staff identified adults at risk of causing harm to themselves. Patients assessed as being at risk of suicide or self-harm, received early referrals to the mental health liaison team. Policies and procedures were in place for extra observation or supervision of patients with acute mental health needs.

However:

- Some wards did not use a checklist when discharging patients and this could result in parts of the process being missed.

Professor Ted Baker
Chief Inspector of Hospitals

St Helier Hospital and Queen Mary's Hospital for Children

Detailed findings

Services we looked: Urgent and emergency services; Medical care (including older people's care

Detailed findings

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Background to St Helier Hospital and Queen Mary's Hospital for Children

St Helier Hospital and Queen Mary's Hospital for Children are two hospitals on the same site managed by Epsom and St Helier University Hospitals NHS Trust.

The hospital serves a population of around 420,000 people in South West London, with services commissioned by Sutton and Merton Clinical Commissioning Groups.

The hospital has 518 beds, including;

• 35 children's (excluding cots)

There are also 115 day case beds.

St Helier Hospital and Queen Mary's Hospital for Children, operates 24 hours per day and has an accident and emergency department. The hospital has approximately 93,416 emergency attendances (including the Emergency Eye Service) each year. In 2017, there were 59,252 admissions and 358,630 outpatient attendances.

Our inspection team

Our inspection team included;

One CQC inspector and a specialist advisor (emergency care).

The inspection was overseen by Helen Rawlings – Head of Hospital Inspection.

How we carried out this inspection

This inspection was unannounced and triggered by concerns raised by HM Coroner in relation to the treatment of patients with hyponatraemia and the internal communication of abnormal pathology results. We also received concerns about the safety of mental health patients in the emergency department, nurse staffing levels and the safeguarding of patients being discharged from hospital, in particular from ward A6. The concerns related to both Epsom General Hospital and St Helier Hospital. Both sites were visited during the inspection. Areas visited included Accident and Emergency, Acute Medical Unit (AMU), medical wards, and the pathology laboratories.

Urgent and emergency services

Safe	
Effective	
Overall	

Information about the service

St Helier Hospital provides urgent and emergency care services and is open 24 hours a day, 365 days per year. Services are provided to the local populations within areas of the London Boroughs of Sutton and Merton.

The emergency department (ED) is a trauma receiving unit and all emergency surgery is undertaken at St Helier Hospital. The hospital receives emergency adult, paediatric and maternity patients.

For December 2017 to November 2018, 94,290 patients attended the ED (including the Emergency Eye service) at St Helier Hospital. Of these, 24,272 (25.7%) were ages 17 or under.

Patients present to the department either by walking into the reception area or arrive by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department booked into reception before being seen by the triage nurse. (The triage nurse will evaluate the patient's condition, as well as any changes and will determine their priority for treatment).

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

Summary of findings

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw recently adapted guidance on quality standards for the treatment of patients with hyponatraemia, and these were embedded in practice.
- Medical staff across the emergency department (ED), received training in the management of patients with hyponatraemia.
- There was a trust wide standardised approach to the detection of deteriorating patients using the National Early Warning Score (NEWS) system and staff knew what action to take when the score was above 4.
- Pathology results needed to deliver safe care and treatment were available to staff in a timely and accessible way. There was a trust wide standard operating procedure document for communicating abnormal blood results to appropriate staff.
- Staff received effective training in safety systems, processes and practices. The trust trained staff in the Mental Health Act (MHA) and Safeguarding Adults.
- The design, maintenance and use of facilities and premises was satisfactory. There was a designated room for interviewing patients with mental health needs in the ED at St Helier Hospital.
- ED staff identified adults at risk of causing harm to themselves. Patients assessed as being at risk of suicide or self-harm, received early referrals to the mental health liaison team. Policies and procedures were in place for extra observation or supervision of patients with acute mental health needs.

Urgent and emergency services

Are urgent and emergency services safe?

Mandatory Training

- Staff received effective training in safety systems, processes and practices. The trust trained staff in the Mental Health Act (MHA) and supporting patients with mental health needs. This training was delivered by the psychiatric liaison service which targeted staff in the emergency department (ED) as a priority. Staff we spoke with in ED told us they had received level one and level two adult safeguarding training, which covered the Mental Capacity Act and Deprivation of Liberty. This meant staff were aware of the potential needs of people with mental health conditions. We saw evidence that 85.83% of ED staff had received Safeguarding Adults Awareness training, which is above the trust target of 85%.
- Medical staff told us they had received training in the management of patients with hyponatraemia as part of their training programme. We saw evidence of this in the form of the Foundation doctors training schedule.

Assessing and responding to patient risk

- ED staff identified adults at risk of causing harm to themselves. Staff worked in partnership with the mental health team to ensure patients were helped, supported and protected. A mental health nurse was available at St Helier Hospital through the psychiatric liaison service 24 hours a day, seven days a week.
- Staff supported patients with mental health needs through the psychiatric liaison service and by hiring bank and agency mental health nurses. We saw that on the St Helier site, the mental health liaison team were available on site 24 hours a day, seven days a week. ED staff told us that patients were assessed within one hour of referral.
- There were policies and procedures for extra observation or supervision of patients. Staff told us registered mental health nurses were not always available to nurse patients on a one-to-one basis. We were told that on these occasions, trust staff would supervise the patients, with security support as required. This meant the patients who required one-to-one nursing were supervised at all times. Staff felt they were able to escalate the need for additional staff. We were told that out of hours, the site manager utilised nursing staff within the hospital to provide the additional support in line with the trusts safe staffing policy.
- We saw a hospital wide standardised approach to the detection of the deteriorating patient. We saw recently updated trust policies on managing the acutely unwell patients including those with hyponatraemia, as well as a handbook of emergency medicine. Medical staff we spoke with were fully aware of the policies and guidelines, and told us that they were easily accessible to all staff, including locum staff, through the trust's intranet. We saw the escalation of patients, including those with hyponatraemia, clearly documented in both medical and nursing notes, and discussed at handover.

Records

- Pathology information needed to deliver safe care and treatment was available to staff in a timely and accessible way. Staff we spoke with in the laboratories told us they did not have difficulties in notifying clinicians of abnormal results. We were shown all pathology requests had a documented extension and bleep number for the requesting clinician. Laboratory staff told us in the event of an abnormal blood result, they would try to contact the requesting clinician using both their phone number and bleep number. If they failed to contact the clinician, they would contact the relevant consultant via the trust's switchboard. We were shown a three-screen computer system, which prompted the staff to call the clinician before the results could be released onto the general results system. We were told that in the event a clinician could not be contacted, the result would be released into the general system, and they would continue to try and contact the clinician. We saw a standard operating procedure that highlighted the steps needed to be taken when telephoning results, including steps to take if unable to contact the clinician. The current procedure was more robust than previously and minimised the risk of clinicians not being notified of abnormal blood results in a timely manner.
- Information needed for ongoing care was shared appropriately, and in a timely way when people moved between teams and services. We observed the

handover between ED staff and medical clinicians when transferring the care of patients. On reviewing medical notes, we saw advice from specialists were documented, including recommendations for treatment, and saw these recommendations were followed up by the treating clinicians.

Are urgent and emergency services effective?
(for example, treatment is effective)

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw recently adapted guidance on quality standards for the treatment of patients with hyponatraemia. Staff we spoke to were aware of the new guidelines and had received training on its use. We found medical plans were clearly documented in line with the guidance, including fully completed fluid balance charts.
- We saw evidence of a recently updated handbook of medical emergencies. Staff told us the handbook had recently become more easily accessible, and was available to all staff though a one click process on the intranet. This meant the guidance was able to be located quickly and easily by all staff, including locums. Staff we spoke with were aware of the new handbook and were able to show us how to access it.

Medical care (including older people's care)

Safe	
Effective	
Overall	

Information about the service

St Helier Hospital provides a comprehensive medical service incorporating all the key medical specialties including diabetes and endocrinology, rheumatology, elderly care, cardiology, stroke, gastroenterology, dermatology, haematology, oncology and respiratory medicine.

Summary of findings

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw recently adapted guidance on quality standards for the treatment of patients with hyponatraemia, and these were embedded in practice.
- Medical staff across the acute medical unit (AMU) and the medical wards, received training in the management of patients with hyponatraemia.
- There was a trust wide standardised approach to the detection of deteriorating patients using the National Early Warning Score (NEWS) system and staff knew what action to take when the score was above 4.
- Pathology results needed to deliver safe care and treatment were available to staff in a timely and accessible way. There was a trust wide standard operating procedure for communicating abnormal blood results to appropriate staff.

However:

- Some wards did not use a checklist when discharging patients and this could result in parts of the process being missed.

Medical care (including older people's care)

Are medical care services safe?

Nurse Staffing

- On some medical care wards, there were not always enough nursing staff with the right qualification, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. On ward B6 we saw that there was one less trained nurse on duty than planned. This meant the nurse in charge needed to care for a cohort of patients instead of attending to managerial duties. Nursing staff told us that this occurs regularly. We saw medical care wards had a nursing vacancy rate of 24%. However, this vacancy rate had improved in the previous 12 months, when there was a 31.4% vacancy rate.
- Staff told us the trust mitigated the risk to patients through the use of bank and agency staff. However, we noted that in September 2018, 49% of the bank and agency shifts were unfilled, and in October 2018, 42% of the bank and agency shifts were unfilled, meaning patients were being put at risk of harm.
- Managers were aware of the nurse staffing issues within medical care wards. We saw evidence of nurse staffing being highlighted in the trusts' risk register. We saw the trust's action plan to increase nurse staffing.
- We saw there was an ongoing rolling recruitment drive for both nurses and healthcare assistants. The chief nurse told us the trust had recently recruited 80 healthcare assistants, with an aim to recruit 100 in total. We were told of monetary incentives being offered to substantive staff to help recruit other nurses into full time posts. We saw a senior nurse rota to deal with staffing issues had been recently introduced. This meant that there was a senior nurse on site out-of-hours with a focus on supporting the wards with staffing out-of-hours. Staff we spoke with told us this had helped to fill staffing gaps.
- Nursing staff on ward A6 told us staffing had improved since our visit in June 2018, when the nursing vacancy rate was more than 50%, and few bank and agency shifts were being filled. During this inspection, we were shown that the vacancy had reduced to 30%. Staff on ward A6 reported that bank and agency shifts were now being filled regularly due to the shifts being released two weeks in advance, compared to 24 hours previously. We were told the ward had recently recruited two more nurses, and several healthcare assistants and they were waiting for them to start their employment. Staff told us that the recent changes had improved staffing on the ward, which resulted in improved care and had reduced complaints.

Assessing and responding to patient risk

- We saw a hospital wide standardised approach to the detection of the deteriorating patient. We saw recently updated trust policies on managing the acutely unwell patients including those with hyponatraemia, as well as a handbook of emergency medicine. Medical staff we spoke with were fully aware of the policies and guidelines, and told us that they were easily accessible to all staff, including locum staff, through the trust's intranet. We saw the escalation of patients, including those with hyponatraemia, clearly documented in both medical and nursing notes, and discussed at handover.

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Medical care (including older people's care)

- Information needed for ongoing care was shared appropriately, and in a timely way when people moved between teams and services. We observed the handover between ED staff and medical clinicians when transferring the care of patients. On reviewing medical notes, we saw advice from specialists were documented, including recommendations for treatment, and saw these recommendations were followed up by the treating clinicians. However, on the medical wards, we saw discharge documentation was not always completed. Some wards we visited did not use a discharge checklist when discharging patients. Staff told us they relied on individual knowledge of knowing what tasks needed to be completed to facilitate a safe discharge. This meant that steps in the discharge process could be missed, which could lead to patients being unsafely discharged.

Are medical care services effective?

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw recently adapted guidance on quality standards for the treatment of patients with hyponatraemia. Staff we spoke to were aware of the new guidelines and had received training on its use. We found medical plans were clearly documented in line with the guidance, including fully completed fluid balance charts.

- We saw evidence of a recently updated handbook of medical emergencies. Staff told us the handbook had recently become more easily accessible, and was available to all staff though a one click process on the intranet. This meant the guidance was able to be located quickly and easily by all staff, including locums. Staff we spoke with were aware of the new handbook and were able to show us how to access it.