

# Lewisham and Greenwich NHS Trust

## Inspection report

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## Ratings

### Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

# Summary of findings

## Our reports

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

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

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

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/RJ2/reports](http://www.cqc.org.uk/provider/RJ2/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/RJ2/inspection-summary](http://www.cqc.org.uk/provider/RJ2/inspection-summary)).

## Background to the trust

Lewisham and Greenwich NHS Trust was formed on 1 October 2013. It provides services to a population of more than 666,000 people living across the London boroughs of Lewisham, Greenwich and Bexley. The trust provides acute services to the people living in Greenwich and Bexley and acute and community services to people mainly living in Lewisham and has some services at Queen Mary's Hospital in Sidcup.

The trust has two hospital locations; Queen Elizabeth Hospital (QEH) in Greenwich and University Hospital Lewisham (UHL) in Lewisham. Lewisham and Greenwich NHS Trust has 857 inpatient beds including 50 children's beds and 48 day care beds. It employs over 6,500 staff.

The hospitals are located in the London Boroughs of Lewisham (UHL) and Greenwich (QEH). Services are commissioned by the respective clinical commissioning groups (CCGs) for those boroughs and the Bexley CCG at QEH.

The trust provides all eight core services at both hospitals; urgent and emergency care; medical care; surgery; critical care; services for children and young people; maternity, outpatients and end of life care. The trust also provides gynaecology and diagnostic imaging.

## Overall summary

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



# Summary of findings

## What this trust does

Lewisham and Greenwich NHS Trust provides acute and district general services to people living across the boroughs of Lewisham, Greenwich and Bexley.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

At Queen Elizabeth Hospital we inspected the core services of urgent and emergency care, medical care, surgery, critical care and services for children and young people.

At University Hospital Lewisham we inspected the core services of medical care and surgery.

We selected the services for inclusion in this inspection based on those that were rated requires improvement as a result of our findings at previous inspections carried out in September 2017 and January 2019. Information we held on these areas indicated the need for re-inspection.

## What we found

Overall, we rated safe and responsive as requires improvement. We rated effective, caring and well-led as good. Queen Elizabeth Hospital and University Hospital were both rated as requires improvement.

The executive team had made good progress in addressing some of the issues found at previous inspections but, more work was still required in some areas.

### Queen Elizabeth Hospital (QEH)

We found urgent and emergency services at QEH remained requires improvement. Safe and responsive remained the same at requires improvement. Caring and effective remained the same at good. Well-led had improved from requires improvement to good.

We found medical care had improved to good. Safe remained the same at requires improvement. Effective remained the same at good and responsive, caring and well-led had improved from requires improvement to good.

We found surgery had improved from requires improvement to good. Safe, effective, responsive and well-led had improved from requires improvement to good and caring remained at good.

We found critical care had improved from requires improvement to good. Safe and responsive had improved from requires improvement to good and caring and safe remained the same at good. Well-led had improved from requires improvement to outstanding.

# Summary of findings

We found services for children and young people remained the same at requires improvement. Safe and well-led remained the same at requires improvement and responsive had decreased from good to requires improvement. Effective and caring remained at good.

## University Hospital Lewisham (UHL)

We found medical care remained the same at requires improvement. Safe remained the same at requires improvement and effective had decreased from good to requires improvement. Caring responsive and well-led had improved from requires improvement to good.

We found surgery had improved from requires improvement to good. Safe, effective and well-led had improved from requires improvement to good. Caring and responsive remained the same at good.

## Overall trust

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

We rated safe and responsive as requires improvement. Effective, caring and well-led were rated good.

## Are services safe?

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

- We found serious concerns about the systems and processes to store medicines safely and securely in some services and serious concerns in medical care at QEH. This issue was found in previous inspections.
- The service provided mandatory training in key skills to all staff. However, some staff had not completed their mandatory training. This issue was found in previous inspections.
- Training for staff on how to recognise and report abuse was provided for staff but, some staff had not completed it.
- We found risk assessments and care records were not always completed for patients and action taken to mitigate risks including for patients with mental health needs.
- Patient records were not always up to date and a lack of consistency and low numbers in audits of patients' records.

However:

- Staffing levels, particularly in nursing, had improved significantly. Service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- We found some improvement in how the staff were monitoring and escalating concerns if a patient showed signs of deterioration. There had been improvements in the consistency of the use of tools to ensure staff were using a systematic approach to patient monitoring.

## Are services effective?

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

- Services provided care which was evidence based and in line with national guidance, such as the National Institute for Health and Care Excellence (NICE).

# Summary of findings

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- In most services we inspected staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

However:

- The trust was not meeting some national standards such as the Royal College of Emergency Medicines audits and had not developed comprehensive action plans in response to national audits.
- The trust had systems appraise staff's work performance, however in some services we found staff had not had a recent appraisal.
- In some services we inspected staff compliance with training on the Mental Capacity Act and Deprivation of Liberty Safeguards was below the trust standard.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- In the 2018 NHS inpatient surveys the trust was rated 'worse' when compared with other similar organisations for responses from patients about obtaining answers that you could understand from your doctor or nurse, getting explanations about the purpose of the medicines you were to take at home and speaking to staff about worries and fears.

## Are services responsive?

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

- People could not always access the trust's services when they needed it. Waiting times for patients to be admitted or discharged in urgent and emergency care services at Queen Elizabeth Hospital were not in line with good practice.
- Previous concerns identified in how the trust managed the urgent care pathway for children and young people had still not been fully resolved.
- Although improvements had been made to the trust's system for managing and responding to complaints some services were still not meeting the trust's timescales for completing responses.

However:

- We found services inspected planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Services we inspected were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Summary of findings

## Are services well-led?

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

- Leadership at trust level that we inspected was rated good.
- We found the leadership had improved in some services we inspected, with critical care at QEH being rated as outstanding.
- Many staff we spoke with told us their immediate line managers were supportive and visible. They felt valued and supported.
- Risk registers we reviewed were up to date and contained actions to mitigate their impact.

However:

- Although services had governance processes some of them were not as effective as they needed to be which meant concerns were not always identified and acted on.
- In services for children and young people at QEH problems with the engagement of medical staff in governance had not been resolved.

## Use of resources

Our rating stayed the same. We rated it as requires improvement because: the trust was rated requires improvement in all domains inspected.

## Combined quality and resource

Our rating stayed the same. We rated it as requires improvement because: although the trust had made improvements since the previous inspection it had not made sufficient progress in the core services or use of resources inspection.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice Queen Elizabeth Hospital in urgent and emergency care and critical care.

## Areas for improvement

Areas we found needed improvement were the safe and secure storage of medicines and intravenous fluids in medical care and the care of patients with mental health needs in urgent and emergency care at Queen Elizabeth Hospital.

## Action we have taken

We have issued two requirement notices to the trust. Our actions are related to breaches of legal requirements (Regulations 12 & 17) at Queen Elizabeth Hospital in relation to the care of patients with mental health needs in urgent and emergency care and medicines management in medical care. In services for children and young people there is an outstanding breach for Regulation 17, good governance.

# Summary of findings

## What happens next

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

## Outstanding practice

We found examples of outstanding practice Queen Elizabeth Hospital:

### Urgent and emergency care

- The educational programme offered to nurses was integrated into mandatory training and staff development. Staff were given opportunities to gain expertise and develop competence to provide care in the ED through in-house initiatives. The service offered an extensive training programme for nurses with in house training from preceptorship level to grade 7 level that worked in partnership with the service transformational programme.
- The service had a clear vision and strategy to what it wanted to achieve. Leaders, staff and the executive team were working towards the same direction.

### Critical care

- We rated well led as outstanding for critical care as we found leadership, culture and staff engagement within the service were exceptional. Leaders recognised that promoting staff wellbeing, and supporting staff engagement, were key in delivering high-quality, patient-centred care.
- The service had introduced a new online portal which contained all the relevant policies and guidelines for staff to refer to. Staff could access this via a mobile application on their phones as well as by a desktop or tablet computer. The system alerted staff automatically if a policy was approaching its review date. This had enabled the service to standardise care and treatment across both critical care units within the trust.
- Staff were asked to rate each shift they had worked as green, amber or red. Senior staff reviewed all feedback to identify ways of better supporting individuals and the team as a whole.

## Areas for improvement

### Action the trust MUST take to improve

#### In urgent and emergency care at Queen Elizabeth Hospital:

- The service must eliminate all ligature points in the mental health assessment room.
- The service must ensure safe treatment and observation of mental health patients. Risk assessments and management plans must always be clear, comprehensive, up to date and easily available to all staff caring for the patient.
- The service must ensure that the use of rapid tranquilisation is recorded, reported and monitored in line with trust policy.

#### In medical care at Queen Elizabeth Hospital:

- Continue the remedial action already undertaken to comply with the trust's policies to maintain proper and safe management of medicines.

# Summary of findings

- Ensure sustainable improvements are maintained in respect of the changes made above and review ongoing arrangements for providing pharmacy support to wards.

## **In Services for children and young people at Queen Elizabeth Hospital:**

- We stated in our previous report dated 17 August 2017, that in services for children and young people there were low levels of attendance at governance and safety boards which reduced opportunities for sharing of information to the appropriate people. During this inspection we found consultant representation at these meetings was still low.

## **Action the trust SHOULD take**

### **At provider level:**

- Review the focus of the trust's board meetings and move towards becoming more strategic.
- Move to taking a more active role in developing and leading on external strategies and plans with health and social care partners.
- Continue to develop and implement the remaining trust strategies.
- Continue to embed the changes made to the divisional leadership structure.
- Continue to implement the recommendations from the bullying and harassment report and support staff at all levels to understand work the to embed the changes.
- Continue to the work to engage with staff and patients and improve their experience of the trust.
- Review the information on white boards on wards to ensure it is in line with the trust's policy.

## **In medical care at Queen Elizabeth Hospital**

- The service should ensure mandatory training for medical and nursing staff meets the trust target of 90%.
- Ensure safeguarding training for medical and nursing staff meets the trust target of 90%.
- Review out of hours staffing levels of doctors and reduce the reliance on the use of locum cover.
- Review the trust's full capacity policy and monitor for normalisation of the 'next patient' protocol.

## **In urgent and emergency at Queen Elizabeth Hospital**

- The service should seek to assure itself that all medical staff have received the required level of training to be able to meet people's needs.
- The ED should continue to develop strategies to completely avoid use of the corridor as an escalation area
- The service should have a paediatric emergency medicine consultant with dedicated session time allocated to paediatrics in the QEH ED as per RCEM guidelines for safe staffing.
- The service should develop training and work with porters to provide patients with call bells once they are moved into the ED
- The trust should follow its standard operational policy in the use of the clinical decision unit for patients attending ED
- The service should provide clear updated information regarding waiting times that is visible to the whole ED waiting room.
- The service should update staff training for learning disability triage training.



# Summary of findings

## **In surgery at Queen Elizabeth Hospital**

- The service should work to improve compliance with mandatory and safeguarding training across surgical services.
- The service should implement robust systems to improve appraisal rates in line with the trust target.
- The service should continue to work to improve medicines management across surgical services.
- The service should continue to work to improve RTT targets and 62-day targets for patients with cancer.
- The service should continue to work with the trust to establish robust systems to manage bed pressures. These include working to reduce the number of outliers on surgical wards and inpatients on the day care unit.
- The service should collect and analyse data about the number of patients moved between wards.
- The service should continue to monitor the effectiveness of care and treatment. This include ensuring action plans are comprehensive and have timescales for completion.

## **In critical care at Queen Elizabeth Hospital**

- The trust should ensure that all staff have completed their mandatory training.
- The trust should ensure it has effective systems and processes to monitor oversight of equipment servicing, maintenance and electrical safety checks.
- The trust should consider how information systems could be improved to support record-keeping and patient care.
- The trust should continue with plans to improve allied health professional staffing levels to meet professional standards.
- The trust should consider how they manage and utilise the services of the critical care outreach team (CCOT) to best support staff and patients. The trust could utilise the services of the CCOT to better support ward staff through teaching and audit.
- The trust should review and improve its complaints response time.
- The trust should continue work to reduce the number of delayed discharges from the critical care unit.

## **In services for children and young people at Queen Elizabeth Hospital**

- The trust should ensure nursing and medical staff meet the trust's mandatory training standard for all life support training modules staff are eligible to complete.
- The service should ensure mandatory training for medical staff meets the trust's key performance indicators (KPI).
- The trust should ensure there are tailgating notices at access points to children's wards.
- The trust should ensure records audits are sufficiently representative.
- The service should ensure staff appraisals meets the trust's key performance indicator (KPI).
- The service should improve training rates for medical staff in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The service should improve key performance indicators (KPI) for average length of stay,
- The service should improve key performance indicators (KPI) for the number of children and young people discharged before 12 noon,

# Summary of findings

- The service should improve key performance indicators (KPI) for electronic discharge summaries being sent to children and young people's GPs within 24 hours,
- The service should improve key performance indicators (KPI) for the percentage of complaints responded to within agreed timescales.
- The trust should take action to reduce the numbers of children transferred from Hippo ward to paediatric ED due to Hippo ward closing.
- The service should have a documented local vision for what it wants to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

## **In medical care at University Hospital Lewisham**

- Ensure mandatory training in key skills for nursing and medical staff meets the trust target of 90%.
- Ensure safeguarding training for medical and nursing staff meets the trust target of 90%.
- Ensure hand hygiene meets the trust target 95%.
- Ensure that staff complete risk assessments consistently.
- Ensure systems and processes to safely prescribe, administer, record and store medicines are compliant with the trust's policy.
- Ensure records are up-to-date.
- Ensure nutrition assessment are complaint with the trust's policy.
- Ensure pain relief is given in a timely way.
- Ensure medical staff have an appraisal and meet the trust target of 90%.
- Ensure staff Mental Capacity Act and Deprivation of Liberty Safeguards training meets the trust target of 90%.
- Ensure patients privacy and dignity is always respected.
- Ensure patients are not being discharged at night and patients' length of stay is reduced.
- Ensure the take up of the Friends and Family tests across the wards meets the trust target of 30% and implement the plan for staff engagement.

## **In surgery at University Hospital Lewisham**

- The service should work to improve compliance with mandatory and safeguarding training across the surgical directorate.
- The service should continue work to improve access to vital surgical equipment, such as surgical stacks to improve efficiency of theatres and reduce patient waiting times.
- The service should ensure daily safety checks are always carried out on equipment that requires them.
- The service should improve the consistency of its controlled drug sign off.
- The service should continue its work to increase the number of substantive staff in role, to decrease its reliance on bank and agency staffing.
- The service should ensure its paper records are still held securely.

# Summary of findings

- The service should ensure patient privacy is maintained in public areas and consider how it uses patient information boards and what information is included on them.
- The service should continue work to reduce its list of extended waiting patients.
- The service should work to have oversight and an understanding of the number of patients deemed unfit for surgery at preassessment to understand if there are trends in inappropriate referrals.
- The service should work to increase clinical staff's awareness of accessories to support patients with dementia on the wards.
- The service should collect and analyse data about the number of patients moved between wards both in general and at night.

## Is this organisation well-led?

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

Our rating of well-led at this trust improved. We rated it as good:

- Despite some of the executive directors only having joined the trust recently the amount of progress made was encouraging and more than seen in previous inspections. A key area of progress was the recruitment of staff where there had been significant improvement.
- The chief executive was key in driving change in the trust with the support of the chair and other executive and non-executive directors.
- Medical leadership had been strengthened and medical staff were more engaged with the trust and the direction of travel.
- The newly developed trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy.
- The trust had a structure for overseeing performance, quality and risk and reviewed performance reports that included data about the services.
- The chief nurse and medical director worked effectively to progress the safety agenda. The trust was committed to improving services and learning from when things go well and when they go wrong.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- The trust recognised the training needs of managers at all levels, including themselves, and were working to provide development opportunities for the future of the organisation.
- Staff and patient engagement were now a priority for the trust and were more meaningful and visible across the trust.
- The chief executive had taken tackled the long standing and challenging issue of bullying and harassment. The trust had achieved some success in transforming the culture to one where all staff felt valued and were treated with dignity and respect.

# Summary of findings

- Staff recognised and appreciated the effort and commitment of the chief executive and executive team to change the culture and improve the experience of staff.

However:

- The trust had made improvements since the previous inspection, but some of them were fairly recent and had yet to be embedded.
- The executive team had acted to make additional investment in divisional and clinical leadership capacity during 2019-20. The benefits of these investments had not yet been fully embedded and realised.
- Recruitment to outstanding executive director posts and divisional team leaders had only recently been completed prior the inspection.
- Some of the trust's strategies were due to be completed in July 2020.
- Much of the trust's board meetings were focussed on operational issues rather than strategic. This may have been a legacy of how the previous executive team functioned and the lack of a board assurance framework.
- The approach the trust had taken to introducing change had impacted on the pace of change and the range of improvements made. Change had been incremental, although this approach should bring about more sustained improvements.
- Some staff felt the changes introduced by the chief executive had not been embraced by some managers within the divisional teams.
- Some of the core services we inspected have been rated requires improvement since 2014. Concerns about medicines management and the care of patients with mental health needs, identified at previous inspections, had not been fully addressed.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jul 2020	Good ↑ Jul 2020	Good →← Jul 2020	Requires improvement →← Jul 2020	Good ↑ Jul 2020	Requires improvement →← Jul 2020

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
University Hospital Lewisham	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020
Queen Elizabeth Hospital	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Good ↔ Jul 2020	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020
<b>Overall trust</b>	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020

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

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020
Community	Good Aug 2017	Outstanding Aug 2017	Good Aug 2017	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017
<b>Overall trust</b>	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Good ↔ Jul 2020	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for University Hospital Lewisham

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Medical care (including older people's care)	Requires improvement ↔ Jul 2020	Requires improvement ↓ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020
Surgery	Good ↑ Jul 2020	Good ↑ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Critical care	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Requires improvement Aug 2017	Good Aug 2017
Maternity	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
End of life care	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018
Outpatients	Requires improvement Aug 2017	N/A	Good Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017
<b>Overall*</b>	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020

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

## Ratings for Queen Elizabeth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jul 2020	Good → Jul 2020	Good → Jul 2020	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020
Medical care (including older people's care)	Requires improvement ↔ Jul 2020	Good → Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Surgery	Good ↑ Jul 2020	Good ↑ Jul 2020	Good → Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Critical care	Good ↑ Jul 2020	Good → Jul 2020	Good → Jul 2020	Good ↑ Jul 2020	Outstanding ↑↑ Jul 2020	Good ↑ Jul 2020
Maternity	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Requires improvement ↔ Jul 2020	Good → Jul 2020	Good → Jul 2020	Requires improvement ↓ Jul 2020	Requires improvement ↔ Jul 2020	Requires improvement ↔ Jul 2020
End of life care	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018
Outpatients	Good Aug 2017	N/A	Good Aug 2017	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017
<b>Overall*</b>	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Good → Jul 2020	Requires improvement ↔ Jul 2020	Good ↑ Jul 2020	Requires improvement ↔ Jul 2020

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Community health services for children and young people	Good Aug 2017	Outstanding Aug 2017	Good Aug 2017	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017
<b>Overall*</b>	Good Aug 2017	Outstanding Aug 2017	Good Aug 2017	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017

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



# University Hospital Lewisham

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## Key facts and figures

University Hospital Lewisham is a district general hospital providing a full range of services including emergency department, medical, surgery, critical care, maternity and gynaecology, services for children and young people, outpatients and diagnostic imaging and end of life care. The hospital has 384 beds. The main clinical commissioning group (CCG) for the hospital is Lewisham CCG.

We inspected medical care and surgery.

During the inspection, we spoke with 28 patients relatives and carers, over 58 members of staff from various disciplines and the leadership teams for each core service. We reviewed 15 sets of patient records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at University Hospital Lewisham

**Requires improvement**   

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

- Some staff had not completed their mandatory training and in medical care compliance with training in protecting people from abuse was below the trust's standard.
- Medicine audits showed medicines were not always stored safely and securely and patients did not always receive timely pain relief.
- In both services we found some staff had not had an appraisal.
- In surgery we found that action plans in response to national audits were not always comprehensive and did not always include timescales.
- The trust was not meeting referral to treatment times for patients using ophthalmology and ear, nose and throat services.

However:

- Nursing staff levels had improved since the last inspection.
- Staff gave patients enough food and drink to meet their needs and improve their health.

# Summary of findings

- In both services we found patient safety incidents were managed well. Staff recognised and reported incidents and near misses and learning was shared with them.
- Care and treatment were informed by national guidance and best practice.
- We found staff were caring and compassionate. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan and co-ordinate care.
- Staff were positive about their line managers, they told us they were visible and approachable and staff felt valued.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Medical care is provided over 12 in-patient wards.

Acute in-patient medicine is delivered through a 30 bedded acute medical unit (Chestnut), three speciality/general medicine wards (Alder, Laurel and Mulberry) with a total of 83 beds. Cherry Ward provided 12 general medicine beds, a 5 bedded assisted ventilation unit, 8 monitored beds for cardiology patients and two negative pressures rooms for patients in isolation. Cherry ward was located next to the intensive care unit/high dependency unit.

Frailty care is provided on a 24-bedded frailty ward (Hawthorn Ward) and the care of the elderly service is delivered across four speciality care of the elderly wards (Ash, Aspen, Elm and Oak) and consists of 95 beds.

The stroke unit comprises of two speciality wards (Beech and Maple) and consists of 52 beds.

Specialist clinical teams are aligned to specific wards to ensure the highest quality standards of care and reduce transfers within wards for nonclinical reasons.

The trust had opened a 14 bedded ward to assist with the winter pressures (Sapphire). The trust also had a discharge lounge which could accommodate up to 17 patients.

*(Source: Routine Provider Information Request AC1 - Acute context tab)*

The trust had 57,431 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 29,916 (52%), 467 (1%) were elective, and the remaining 27,048 (47%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 25,947 admissions
- Medical oncology: 8,458 admissions
- Gastroenterology: 7,551 admissions

*(Source: Hospital Episode Statistics)*

During the inspection we visited the following wards and services: acute medical unit (AMU), Alder, Beech, Cherry, Elm, Hawthorne, Laurel, Oak and the discharge lounge.

During this inspection we spoke with 25 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the leadership team. We spoke with nineteen patients and relatives. We reviewed seven patient records and four medication administration records and attended a bed management meeting. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff, but compliance for nursing and medical staff was below the trust target of 90%.

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse but compliance for safeguarding training for medical and nursing staff was below the trust target of 90%.
- The service controlled infection risk well. They kept equipment and the premises visibly clean, but hand hygiene was variable across the wards.
- Staff undertook risk assessments for each patient, but documentation showed these were not completed consistently so staff could not be assured appropriate action was taken to remove or minimise risks.
- The service used systems and processes to safely prescribe, administer, record and store medicines. However, audits found wards were not always compliant with the trust's policy.
- Staff kept detailed records of patients' care and treatment. Records were clear, but not always up-to-date. However, patient confidentiality was not always respected.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. However, audits found wards were not always compliant with the trust's policy.
- Staff assessed and monitored patients regularly to see if they were in pain, but pain relief was not always given in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. However, only 67.7% of medical staff had an appraisal which was below the trust target of 90%.
- Staff supported patients to make decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions. However, compliance for Mental Capacity Act and Deprivation of Liberty Safeguards training was 76.1% for medical staff and nursing staff was 72.2% which was below the trust target of 90%.
- People could access the service when they needed it and received the right care promptly. However, some patients were being discharged at night and some patients were experiencing a delayed discharge.
- Leaders and staff engaged with patients but the take up of the Friends and Family tests across the wards was low and it was not clear if the plan for staff engagement had been implemented.

However:

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and best practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs.

# Medical care (including older people's care)

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others to plan care.
- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood then and monitored progress.
- Leaders operated effective governance processes. Staff were clear about their roles and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

## Is the service safe?

**Requires improvement**   

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

- The service provided mandatory training in key skills to all staff, but compliance for nursing and medical staff was below the trust target of 90%.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse but compliance for safeguarding training for medical and nursing staff was below the trust target of 90%.
- The service controlled infection risk well. They kept equipment and the premises visibly clean, but hand hygiene was variable across the wards.
- Staff undertook risk assessments for each patient, but documentation showed these were not completed consistently so staff could not be assured appropriate action was taken to remove or minimise risks.
- The service used systems and processes to safely prescribe, administer, record and store medicines. However, audits found wards were not always compliant with the trust's policy.
- Staff kept detailed records of patients' care and treatment. Records were clear, but not always up-to-date. However, patient confidentiality was not always respected.

However:

# Medical care (including older people's care)

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement**  

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. However, audits found wards were not always compliant with the trust's policy.
- Staff assessed and monitored patients regularly to see if they were in pain, but pain relief was not always given in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. However, only 67.7% of medical staff had an appraisal which was below the trust target of 90%.
- Staff supported patients to make decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions. However, compliance for Mental Capacity Act and Deprivation of Liberty Safeguards training was 76.1% for medical staff and nursing staff was 72.2% which was below the trust target of 90%.

However:

- The service provided care and treatment based on national guidance and best practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

## Is the service caring?

**Good**  

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs.

# Medical care (including older people's care)

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others to plan care.
- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- People could access the service when they needed it and received the right care promptly. However, some patients were being discharged at night and some patients were experiencing a delayed discharge.

## Is the service well-led?

**Good** ● ↑

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood then and monitored progress.
- Leaders operated effective governance processes. Staff were clear about their roles and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

However:

- Leaders and staff engaged with patients but the take up of the Friends and Family tests across the wards was low and it was not clear if the plan for staff engagement had been implemented.

## Areas for improvement

**Actions the provider SHOULD take to improve:**

# Medical care (including older people's care)

- The service should ensure mandatory training in key skills for nursing and medical staff meets the trust target of 90%.
- The service should ensure safeguarding training for medical and nursing staff meets the trust target of 90%.
- The service should ensure hand hygiene meets the trust target 95%.
- The service should ensure that staff complete risk assessments consistently.
- The service should ensure systems and processes to safely prescribe, administer, record and store medicines are compliant with the trust's policy.
- The service should ensure records are up-to-date and whiteboards comply with trust guidance.
- The service should ensure nutrition assessment are complaint with the trust's policy.
- The service should ensure pain relief is given in a timely way.
- The service should ensure medical staff have an appraisal and meet the trust target of 90%.
- The service should ensure staff Mental Capacity Act and Deprivation of Liberty Safeguards training meets the trust target of 90%.
- The service should ensure patients are not being discharged at night and patients' length of stay is reduced.
- The service should ensure the take up of the Friends and Family tests across the wards meets the trust target of 30% and implement the plan for staff engagement.



# Surgery

Good  

## Key facts and figures

Lewisham and Greenwich NHS provides surgical services for adults and children in the South East London area. The trust has two surgical units; one is based at Queen Elizabeth Hospital and the other at University Hospital Lewisham. During this inspection we inspected adult surgical services, excluding caesareans and those operations performed by maternity staff, at University Hospital Lewisham and Queen Elizabeth Hospital. This report will summarise our findings at University Hospital Lewisham.

Surgical services sit within the surgery and cancer directorate which covers surgery, cancer and critical care. The trust had 28,371 surgical admissions from September 2018 to August 2019. Emergency admissions accounted for 12,007 admissions (42.3%), 14,321 (50.5%) were day case, and the remaining 2,143 (7.6%) were elective.

University Hospital Lewisham has four surgical wards, Juniper, Cedar, Larch and Linden. The hospital has 12 theatre suites including two paediatric theatres and one obstetric theatre. In this report we focussed only on adult services provided by the surgical directorate, we did not inspect surgical procedures performed under the maternity directorate nor did we inspect paediatric surgery services.

We inspected the service over two announced inspection days, 10 and 11 February 2020. During our inspection, we spoke with 33 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the leadership team for the service. We reviewed four patient records and spoke with nine patients.

## Summary of this service

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

- We found the service had worked to rectify the problems we highlighted at the last inspection and this had led to improvements for both staff and patients.
- The service had improved and was continuing to improve upon the numbers of permanent staff and had enough staff to keep patients safe.
- The service controlled infection risk well and had improving figures for surgical site infections. Staff assessed patients risks and routinely recorded these risks. Medicine management had significantly improved since our last inspection. They managed safety incidents well and demonstrated learning from these. Staff collected safety information and used it to improve services.
- The service provided care and treatment in line with national guidelines and best practice and had mechanisms in place to ensure new guidance was added to applicable policies. Patients were given enough food and drink and had their pain assessed and pain relief given accordingly. Staff worked together seven days a week to deliver joint up care for patients and gave patients advice on how to lead a healthy life. Staff supported patients to make decisions about their care and always gained consent before carrying out any procedure.
- Staff treated patients with kindness and respected their dignity. Staff took account of patient individual needs and made sure they understood their conditions and helped them to make informed decisions about their care.

# Surgery

- The service was planned to meet the needs of local people and took account of patients individual needs. Most people could access the care they needed promptly and within national targets, those that could not were monitored for any signs of deterioration. It was easy for patients to make a complaint and these were taken seriously, and lessons were learnt.
- Leaders understood and managed the issues the service faced and were in the process of redefining a new vision and strategy to move forwards with. There had been improvements to the culture of the service since our last inspection and staff reported tensions between services no longer existed. Staff were clear about their roles and accountabilities and leaders were working to engage more with staff about any necessary changes to the service.

However:

- The service was not meeting its mandatory training targets for most modules and although staff were routinely assessing risks to patients' they were not always acting on these risks as set out in trust policy.
- The service was not always ensuring patient privacy was maintained and did not ensure all paper records were kept securely.
- The service was meeting its national targets for getting patients treated on time but 298 patients had been waiting over 40 weeks for their operation

## Is the service safe?

**Good**  

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

- The service now had more substantive nurses and doctors staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had improved systems and processes to ensure that patients were consistently monitored. There had been improvements in the consistency of the use of the National Early Warning Score (NEWS2) to ensure staff were using a systematic approach to patient monitoring. Staff were aware of how to escalate concerns if a patient showed signs of deteriorating.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had improved systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

# Surgery

- Although the service provided mandatory training in key skills to all staff there were many staff who had not completed the training.
- The service does not have a rolling replacement programme for its equipment and needs to ensure staff are carrying out and signing for the daily safety checks of complex surgical equipment.
- Although staff completed and updated risk assessments, staff did not always act upon identified patient risks.
- Staff used whiteboards with patient information on in public areas, therefore compromising patient's privacy.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and best practice and there were mechanisms in place to ensure this was maintained when new advice was issued.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited by the Anaesthesia Clinical Services Accreditation (ASCA) scheme.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Managers were not meeting trust targets for staff appraisals and this could mean staff were missing out on development opportunities.
- The service did not provide us with the all action plans associated with their national audits therefore we cannot be assured about how the service was intending to improve their performance over time.

## Is the service caring?

Good   

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

# Surgery

- Staff treated patients with compassion and kindness, respected their dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Most people could access the service when they needed it and generally received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Although clinical ward staff worked to care for patients with dementia they were unaware of all the equipment available from the dementia care team to support patients with dementia.
- While the service was achieving better than the England average for referral to treatment times, they also had a list of 298 patients who had been waiting for over 40 weeks for their operation and one patient who had been waiting 57 weeks at the time of inspection.

## Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service was developing a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff now felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Surgery

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients and staff, to manage services. They collaborated with partner organisations to enable safe service delivery for patients.
- All staff were committed to continually learning. Staff had a good understanding of quality improvement methods and the skills to use them, however the impact of projects had occasionally been limited by a lack of resources.

## Areas for improvement

### **Actions the provider SHOULD take to improve:**

- The service should work to improve compliance with mandatory and safeguarding training across the surgical directorate.
- The service should continue work to improve access to vital surgical equipment, such as surgical stacks to improve efficiency of theatres and reduce patient waiting times.
- The service should ensure daily safety checks are always carried out on equipment that requires them.
- The service should improve the consistency of its controlled drug sign off.
- The service should continue its work to increase the number of substantive staff in role, to decrease its reliance on bank and agency staffing.
- The service should ensure its paper records are still held securely.
- The service should ensure patient privacy is maintained in public areas and consider how it uses patient information boards and what information is included on them.
- The service should continue work to reduce its list of extended waiting patients.
- The service should work to have oversight and an understanding of the number of patients deemed unfit for surgery at preassessment to understand if there are trends in inappropriate referrals.
- The service should work to increase clinical staff's awareness of accessories to support patients with dementia on the wards.
- The service should collect and analyse data about the number of patients moved between wards both in general and at night.

# Queen Elizabeth Hospital

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## Key facts and figures

Queen Elizabeth Hospital (QEH) is a district general hospital providing a full range of services including emergency department, medical, surgery, critical care, maternity and gynaecology, services for children and young people, outpatients and diagnostic imaging and end of life care. The hospital has 521 beds. The main clinical commissioning groups (CCG) for the hospital are Greenwich and Bexley.

We inspected urgent and emergency care, medical care, surgery, critical care, and services for children and young people.

During the inspection, we spoke with 54 patients, relatives and carers, 136 members of staff from various disciplines. We spoke with the leadership teams for each service. We reviewed 69 sets of care records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at Queen Elizabeth Hospital

**Requires improvement**   

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

- Three, surgery, medical care and critical care, of the five services we inspected at this hospital had improved from requires improvement to good. Urgent and emergency care and services for children and young people were rated requires improvement.
- We found significant problems with the management of medicines on some of the medical care wards.
- Care records and risk assessments for patients with mental health needs were not always fully completed.
- Patients could not always access the services when they needed to. Patients using the urgent and emergency services experienced delays in waiting for a bed to become available on the wards.
- The trust was not meeting referral to treatment times for patients using ophthalmology and ear, nose and throat services.
- Some staff had not completed their mandatory or safeguarding training.
- In surgery we found that action plans in response to national audits were not always comprehensive and did not always include timescales.

# Summary of findings

However:

- We found staff were caring and compassionate. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Nursing staff levels had improved since the last inspection.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan and co-ordinate care.
- Information for patients and families to give feedback was readily available for patients and relatives.
- In most services we inspected staff were positive about their line managers, they told us they were visible and approachable and staff felt valued.
- In critical care and surgery, we found improvements in the leadership of the service.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The Emergency Department (ED) at Queen Elizabeth Hospital (QEH) provides a 24 hour, seven days a week service.

The emergency department at QEH covers all types of attenders with a separate Urgent Care Centre (UCC) which is based on the acute site but delivered by external partners who also provide streaming services.

The ED consists of 14 'majors' treatment trolleys, nine 'minors' treatment trolleys, a four bedded resuscitation area with a paediatric resuscitation bay, a nine bedded blue area used for rapid assessment and treatment (RAT), a green area which was being used to support care of patients with mental health and infectious patients consisting of five rooms, and a paediatric emergency unit consisting of eight trolleys and a high dependency unit. There are also two triage rooms used for initial tests while patients wait for admission into the ED department.

The ED also has a clinical decision unit (CDU) consisting of two bays with five beds each, two side rooms and six blue recliner chairs for patients and a same day emergency care (SDEC) unit consisting of 46 beds to support short stay patients who where in the hospital between 24 to 48 hours. This area was working as a pilot until 31 March 2020 to support flow in ED and was expected to continue operating in this model due to its success in easing flow and access to ED.

All walk-in patients including children above the age of one are streamed by an urgent care centre (UCC) nurse who determines if they are suitable for the UCC or if they need to go to the ED. Patients who are sent to the ED are then triaged by an ED triage nurse to a relevant pathway.

Children under the age of one, patients with referrals from their GP and patients undergoing chemotherapy are booked in directly to attend the ED.

From September 2018 to August 2019 there were 225,542 attendances at the trust's urgent and emergency care services.

The percentage of A&E attendances at this trust that resulted in an admission slightly decreased in 2018/19 compared to 2017/18. In both years the proportions were similar to the England averages.

The trust reported workforce gaps within the ED medical team, but that the department makes use of regular bank workers to ensure adequate cover for rota gaps. The department has recently recruited doctors from abroad and a second matron post giving the ED seven day senior presence.

The nursing workforce has successfully recruited to a significant number of vacancies and continues to use solutions to fill remaining gaps. There is a development programme to reintroduce nurse practitioner roles within the department.

The division attends a local acute emergency delivery board (AEDB) with community and commissioning partners to discuss issues with emergency pathways and resource to identify solutions and mitigation to ensuring delivery of high quality safe emergency care to patients. The division also has task and finish rapid improvement plans in place for ED flow and inpatient flow which are monitored by NHS Improvement.

The QEH site has pilot models and schemes in place to deliver national requirements for same day emergency care and the acute frailty national expectations and is already in the process of using the full capacity protocol, two hourly safety huddles and the emergency department escalation tool following work with the Emergency Care Intensive Support Team (ECIST) earlier this year.



# Urgent and emergency services

The trust had undergone a leadership restructure in the past four months. The idea was to create greater assurances and streamline governance processes with the objective of improving patient care, facilitating care activity oversight and devolving clinical decision making ability to senior leaders and staff within each department.

The QEH ED was part of the medicine division. The division had a leadership team consisting of a divisional director of operations, a divisional medical director and a divisional director of nursing and governance who were responsible for the delivery of the medicines and ED care. As part of the restructure a triumvirate leadership team was established for the ED service. The triumvirate had a general manager who was responsible for operations within the ED department, a head of nursing responsible for nursing care and a clinical director responsible for governance and medical care.

We inspected the service over two announced inspection days, 10 and 11 February 2020 and a further unannounced inspection day on 17 February 2020. During our inspection, we spoke with 24 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the leadership team for the service. We reviewed 20 patient records, care plans and medication records and spoke with 10 patients and five relatives. We also reviewed policy, procedures and other ward or unit documents relating to patient risk assessments and care plans.

## Summary of this service

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

- The escalation corridor was still being used to manage ED patients although this was significantly less than during our previous inspection in September 2018.
- We found that rooms and areas for mental health patients presented risks for self harm despite risk assessments and first stage mitigation being completed for these areas.
- We found that risk assessments of mental health patients were not always comprehensive or up to date. These were recorded on several systems that did not share information. This meant staff could not always access patients risk assessments or management plans in a timely way.
- Records for mental health patients who required multidisciplinary interventions were inconsistent and lacking critical information for the safe care of patients.
- Medical staffing levels did not meet the Royal College of Emergency Medicine or Royal College of Paediatrics and Child Health guidelines for safer staffing in ED. This was reflected in the lack of 16 hour consultant cover and also that the paediatric ED did not have a paediatric emergency consultant with dedicated session time allocated to QEH.
- The friends and family test was below national average and response rates were low which indicated that a significant proportion of patients were not satisfied with their care
- People could not always access the service when they needed it. Waiting times for patients to be admitted, transferred or discharged were not in line with good practice. For example, from December 2018 to November 2019 the trust failed to meet the four hour standard and performed worse than the England average from February 2019 to August 2019. However, from August 2019 to November 2019 the trust performed in line with the England average.
- Mental health governance processes were not yet fully implemented or where at early development stages at the time of inspection.

However:

# Urgent and emergency services

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance. There was a strategy to monitoring local activity through internal auditing.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- The service provided care in a way that met the needs of local people and the communities served.
- Ambulance handover times showed signs of improvement and greater compliance with the 15 minute handover time since our last inspection. We saw evidence that a key ambulance stakeholder praised the service for their 12 month average being under 13 minutes and the positive impact it had on patient care.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service had a clear vision and strategy to what it wanted to achieve. Leaders, staff and the executive team were all working towards the same direction.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

## Is the service safe?

**Requires improvement** ● ➡ ⬅

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

- We could not be assured that medical staff mandatory training compliance and safeguarding training compliance was achieved.
- The escalation corridor was still being used to manage ED patients although this was significantly less than during our previous inspection in September 2018.
- We found that rooms and areas for mental health patients presented risks for self harm despite risk assessments and first stage mitigation being completed for these areas.
- We found that risk assessments of mental health patients were not always comprehensive or up to date. These were recorded on several systems that did not share information. This meant staff could not always access patients risk assessments or management plans in a timely way.
- Medical staffing levels did not meet RCEM guidelines for staffing in the ED. This was reflected in the lack of 16 hour consultant cover.
- The service did not have a paediatric emergency medicine consultant with dedicated session time allocated to QEH.

# Urgent and emergency services

- Records for mental health patients who required multidisciplinary interventions were inconsistent and lacking critical information for the safe care of patients.

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed risk assessments for each patient. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, mostly up to date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff collected safety information and shared it with staff and visitors.

## Is the service effective?

Good   

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

- The department provided care which was evidence based and in line with national guidance, such as the National Institute for Health and Care Excellence (NICE) and the Royal College of Emergency Medicine (RCEM) standards.
- Outcomes for patients were similar to other hospitals in the moderate to severe asthma and consultant sign-off audits. The severe sepsis and septic shock audit was performing better than other hospitals in 6 of the 8 measures.
- There was a strategy to monitor local activity through internal auditing.
- Managers checked to make sure staff followed guidance and national guidance was implemented.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

# Urgent and emergency services

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment.

However:

- National standards were not met in the Royal College of Emergency Medicine audits we reviewed.
- From November 2018 to October 2019, the trust's unplanned re-attendance rate to A&E within seven days was worse than the national standard of 5% and worse than the England average.

## Is the service caring?

**Good** ● ➡ ➡

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service had plans to improve feedback and response rates from patients who attended the ED

However:

- The friends and family test was below national average and response rates were low which indicated that a significant proportion of patients were not satisfied with their care
- The trust scored worse than other trusts for five of the 26 Emergency Department Survey questions relevant to the caring domain.

## Is the service responsive?

**Requires improvement** ● ➡ ➡

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

# Urgent and emergency services

- People could not always access the trust's ED services when they needed it. Waiting times for patients to be admitted, transferred or discharged were not in line with good practice. For example, from December 2018 to November 2019 the trust failed to meet the four hour standard and performed worse than the England average from February 2019 to August 2019. However, from August 2019 to November 2019 the trust performed in line with the England average.
- Over the 12 months from December 2018 to November 2019, 394 patients waited more than 12 hours from the decision to admit until being admitted in the trust. The highest numbers of patients waiting over 12 hours were in September 2019 (72), October 2019 (52) and November 2019 (46).
- We reviewed the urgent and emergency care scorecard for QEH ED between the dates of December 2018 and December 2019. The trust's target of 240 minutes as the total time spent in department was not achieved in any of the months we reviewed. During this period the median time spent in ED for non-admitted patients was 589 minutes. For admitted patients the median time spent in ED was 1026 minutes.
- The CDU in the department was not following their standard operational procedures. This had an impact on ED flow as patients were bottle necked at this unit.

However:

- The service provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Ambulance handover times showed signs of improvement and greater compliance with the 15 minute handover time since our last inspection. We saw evidence that a key ambulance stakeholder praised the service for their 12 month average being under 13 minutes and the positive impact it had on patient care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- In response and following the ongoing challenges with mental health pressures and their impact on 12 hour decision to admit breaches, the trust were working in collaboration with a mental health trust to design and implement an alternative, dedicated space within the ED footprint which would provide a more suitable environment for mental health patients care following admission to the ED.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a clear vision and strategy to what it wanted to achieve. Leaders, staff and the executive team were working towards the same direction.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

# Urgent and emergency services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, provider stakeholders and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

However:

- Mental health governance processes were not yet fully implemented or where at early development stages at the time of inspection.

## Outstanding practice

- The educational programme offered to nurses was integrated into mandatory training and staff development. Staff were given opportunities to gain expertise and develop competence to provide care in the ED through in house initiatives. The service offered an extensive training programme for nurses with in house training from preceptorship level to grade 7 level that worked in partnership with the service transformational programme.
- The service had a clear vision and strategy to what it wanted to achieve. Leaders, staff and the executive team were working towards the same direction.

## Areas for improvement

### Actions the provider **MUST** take to improve

- The service must eliminate all ligature points in the mental health assessment room.
- The service must ensure safe treatment and observation of mental health patients. Risk assessments and management plans must always be clear, comprehensive, up to date and easily available to all staff caring for the patient.
- The service must ensure that the use of rapid tranquilisation is recorded, reported and monitored in line with trust policy.

### Actions the provider **SHOULD** take to improve

- The service should seek to assure itself that all medical staff have received their required level of mandatory training to be able to meet people's needs and be in compliance with the trust's mandatory training compliance rates.
- The ED should continue to develop strategies to completely avoid use of the corridor as an escalation area
- The service should have a paediatric emergency medicine consultant with dedicated session time allocated to paediatrics in the QEH ED as per RCEM guidelines for safe staffing.

# Urgent and emergency services

- The service should develop training and work with porters to provide patients with call bells once they are moved into the ED
- The trust should follow its standard operational policy in the use of the clinical decision unit for patients attending ED
- The service should provide clear updated information regarding waiting times that is visible to the whole ED waiting room.
- The service should update staff training for learning disability triage training.

# Medical care (including older people's care)

Good  

## Key facts and figures

We inspected the core service of medicine which included older people's care.

The medical division at Queen Elizabeth Hospital is led by a triumvirate of a divisional medical director, divisional director of operations and divisional director of nursing and governance. The division is divided into three directorates: acute medicine, specialty medicine and emergency care. Each directorate is also led by a triumvirate.

The acute and emergency directorates at Queen Elizabeth have specific responsibility for the hospital site, and are mirrored by directorates leading similar activities at Lewisham University Hospital. By contrast, the speciality medicine directorate manages services on both hospital sites.

The results of our inspection at the Lewisham site is detailed in a separate section of this report. Although managed by the medical division, we have also reported the results of our inspection into the emergency department separately.

A total of 12 medical wards offering 269 inpatient beds are operated by the division, including an Acute Medical Unit and a planned discharge unit for patients awaiting social care or placement. Speciality medicine wards for cardiology (heart and circulatory disease), respiratory (lung disease), older people's care and endocrinology (hormone-related diseases) are included within this number.

The hospital also has a cardiac catheter lab and a full range of medical diagnostic services including a Sleep Lab and an older persons' assessment and liaison (OPAL) nursing service.

The trust have dedicated nurse specialists across all areas who support the emergency flow and inpatient/outpatient services. The trust has a dementia nurse specialist who is active within the division; providing education and ward-based activities including therapy dogs. The trust also has a discharge team to help ensure timely discharge and access to other healthcare services.

The trust had 57,431 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 29,916 (52%), 467 (1%) were elective, and the remaining 27,048 (47%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 25,947 admissions
- Medical oncology: 8,458 admissions
- Gastroenterology: 7,551 admissions

We inspected a sample of 10 wards out of the 12 operated by the division:

- Wards 1 & 2 Acute Admissions Unit 78 beds
- Ward 3 Respiratory Ward 24 beds
- Ward 4 Cardiology Ward 24 beds
- Ward 14 Elderly/endocrine 39 beds
- Ward 16 Gastroenterology 20 beds
- Ward 18 Planned discharge unit 28 beds



# Medical care (including older people's care)

- Ward 19 Elderly medicine 28 beds
- Ward 20 Elderly medicine 26 beds
- Discharge Lounge

Our initial inspection visit was announced at short notice to enable us to observe routine activity. Our return visit was unannounced (staff did not know we were coming) to gather extra information and review trust progress against regulatory breaches we had found.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with 19 patients and their relatives who were using the service
- spoke with 28 other staff members; including senior managers, matrons, doctors, nurses and associate practitioners, allied health professionals, healthcare assistants, administrators and housekeeping staff.
- observed two handover meetings and two multidisciplinary meetings
- reviewed nine patient records
- reviewed policy, procedures and other ward or unit documents relating to patient risk assessments and care plans.

## Summary of this service

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

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Since our last inspection the trust had clearly benefitted from adopting electronic patient records and prescribing systems. These had improved the way the trust collected, analysed, managed and used information to support all its activities.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- We saw all grades of staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. Most of the patients we spoke with were positive about the staff that provided their care and treatment.
- There was openness and transparency among all grades of staff and staff spoke positively about their line manager.
- The service provided care and treatment based on national guidance and best practice. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

# Medical care (including older people's care)

- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Staff spoke in positive terms about the visibility of the new senior management team and the triumvirate model. Many commented that "things had really improved" over the last two years.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood then and monitored progress.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

However,

- We found breaches of the regulations in the way medicines were stored. The breaches we identified in medicines management and storage were shared with the division by inspectors and these were addressed immediately during the inspection. We saw these aspects had also improved when we returned for an unannounced visit.
- Mandatory training in safeguarding and key skills for nursing and medical staff completion rates remained below the trust target of 90%.
- The trust supplied data demonstrating that vacancy rates for medicine had been reduced from 21.1% in April 2019 to 13.9% in Feb 2020. These figures were comparable with other core services although when we visited we found the division continued to rely on bank and agency or locum staff to cover gaps in staffing provision.
- During our unannounced visit, the out of hours staffing levels of doctors were less than planned.
- While we acknowledge clear improvements in leadership and governance, aspects such as the poor medicine management and ongoing issues with mandatory training indicated that aspects of governance needed further development.

## Is the service safe?

**Requires improvement**   

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

- We found breaches of the regulations in the way medicines were stored. The breaches we identified in medicines management and storage were shared with the division by inspectors and these were addressed immediately during the inspection. We saw these aspects had also improved when we returned for an unannounced visit.
- Mandatory training in safeguarding and key skills for nursing and medical staff completion rates remained below the trust target of 90%.
- The trust supplied data demonstrating that vacancy rates for medicine had been reduced from 21.1% in April 2019 to 13.9% in Feb 2020. These figures were comparable with other core services although when we visited we found the division continued to rely on bank and agency or locum staff to cover gaps in staffing provision.

# Medical care (including older people's care)

- During our unannounced visit, the out of hours staffing levels of doctors were less than planned.

However,

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.

## Is the service effective?

Good   

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

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The division had focussed on appraisals as part of its workforce plan and we noted compliance rates for nurses were higher than the trust average and had achieved the target.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

## Is the service caring?

Good  

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were discreet and responsive when caring for patients.

# Medical care (including older people's care)

- Patients and relatives we spoke with said staff treated them well and with kindness. We saw and patients told us that staff responded promptly to requests for help and to call bells and took time to explain to patients what was happening and what to expect.
- Friends and Family Test scores for the division showed improvement, although we were not given the response rates. For acute medicine 97.96% would recommend the service and care of the elderly wards the figure was 97.96%. In specialist medicine, results included respiratory 92.86%, diabetes and endocrinology 88.57% and cardiology 96%.
- The last inpatient survey indicated a small deterioration in the way that hospital staff provided emotional support to patients, families and carers. However, patients and relatives we spoke with said they had received pastoral care. Relatives said they weren't hurried out of the ward at the end of visiting hours, with the staff using their judgement to allow relatives to stay later when appropriate.

However,

- Data from the last CQC adult inpatient survey (2018) revealed the trust was rated worse than the national average in a small number of key care indicators. These included responses from patients about obtaining answers that you could understand from your doctor or nurse, getting explanations about the purpose of the medicines you were to take at home and speaking to staff about worries and fears.

## Is the service responsive?

**Good**  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Facilities and premises were appropriate for the services being delivered.
- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Average length of stay and referral treatment times for most conditions were lower or about the same as England averages.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Staff told us that specialist equipment such as bariatric equipment or specialist pressure relieving mattresses were available on request. The services took account of patients' individual needs.
- The trust employed specialist nurses to support the ward staff. This included dementia nurses and learning difficulty link nurses who provided support and training. Wards also had 'champions' who acted as additional resources to promote good practice.
- The 2019 patient-led assessment of the care environment survey showed the trust scored 81.4% for dementia care, which was better than the England average of 80.7% and 83% for care of people with disabilities against an average of 82%.

However:

- Concerns were expressed by staff about the trust's full capacity policy and implementation of the 'next patient' protocol.

# Medical care (including older people's care)

## Is the service well-led?

**Good**  

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

- Staff spoke in positive terms about the visibility of the new senior management team and the triumvirate model. Many commented that “things had really improved” over the last two years. Longer serving staff were candid about the way the new senior team had refocused on the hospital site, contrasting this approach with earlier projects.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood then and monitored progress.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service had responded well to extended length of stay and issues related to patient discharges.
- Since our last inspection the trust had clearly benefitted from adopting electronic patient records and prescribing systems. These had improved the way the trust collected, analysed, managed and used information to support all its activities.
- There was openness and transparency among all grades of staff, who engaged with the commission and appeared committed to continuing their improvement journey.
- Towards the end of 2019 the service had introduced an accreditation programme which had improved data capture and helped managers with decision making.

However,

- While we acknowledge clear improvements in leadership and governance, aspects such as the poor medicine management and ongoing issues with mandatory training indicated that aspects of governance needed further development.
- Issues such as out of hours staffing levels of doctors and a continued reliance on the use of locum cover, patient survey results and the use of the trust's full capacity policy have detracted from some very positive findings.

## Areas for improvement

### **Actions the provider MUST take to improve:**

- Continue the remedial action already undertaken to comply with the trust's policies to maintain proper and safe management of medicines.
- Ensure sustainable improvements are maintained in respect of the changes made above and review ongoing arrangements for providing pharmacy support to wards

### **Actions the provider SHOULD take to improve:**

- The service should ensure mandatory training for medical and nursing staff meets the trust target of 90%.

## Medical care (including older people's care)

- Ensure safeguarding training for medical and nursing staff meets the trust target of 90%.
- Review out of hours staffing levels of doctors and reduce the reliance on the use of locum cover.
- Review the trust's full capacity policy and monitor for normalisation of the 'next patient' protocol.

# Surgery

Good  

## Key facts and figures

The trust's surgery division provides emergency and elective care at both acute hospital sites, Queen Elizabeth Hospital and University Hospital Lewisham. The trust provides Ear, Nose and Throat (ENT), general surgery, including breast and vascular, orthopaedics and urology services.

Queen Elizabeth Hospital has three surgical wards, Ward 15, Ward 17 and Ward 12, as well as a day care unit with a total of 91 beds. The hospital has eight theatre suites covering emergency surgery, day case surgery and maternity. The service included a seven-day surgical assessment unit and a pre-assessment unit.

The trust had 28,371 surgical admissions from September 2018 to August 2019. Emergency admissions accounted for 12,007 admissions (42.3%), 14,321 (50.5%) were day case, and the remaining 2,143 (7.6%) were elective.

We inspected the service over two announced inspection days, 10 and 11 February 2020. We returned to review medicines management on 22 February 2020. During our inspection, we spoke with 33 members of staff including senior leads, doctors, nurses, allied health professionals and administrative staff. We reviewed 16 patient records and spoke with seven patients and one relative.

## Summary of this service

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

- Following our inspection in 2018, there had been improvements to the surgical service. Staff were overwhelmingly positive about the divisional and local leadership for the service. In contrast to our findings during our last inspection, all staff groups felt they provided positive leadership, strong direction and supported staff.
- Staff confirmed there had been a positive culture change in the last two years. This led to better staff retention, in particular, medical staff.
- Governance process was robust and risks were regularly reviewed and updated. Staff were engaged in the governance agenda and quality improvement project.
- There were effective systems in place to protect patients from harm and a good incident reporting culture. Staff informed us they reported all incidents. This was in contrast to findings during our last inspection when low level incidents were not always reported
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and relevant risk assessments were completed.
- Patients received effective, evidence-based care from staff who were appropriately qualified to care for them. The service monitored the effectiveness of care and treatment and patient outcomes were within expected standards.
- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.
- Services were developed to meet the needs of patients. The service had a surgical assessment unit for rapid assessment and treatment of patients. There were dedicated surgical wards for different specialities and good patient flow across surgical services.

However,

# Surgery

- The service was not meeting the trust target for mandatory training and staff appraisals.
- Although medicines management had improved since the last inspection, we still identified some areas of concern. This was reflected in the trust medicine audits which showed compliance was sometimes below trust standards.
- Although patient flow had improved since our last inspection, the day care unit was no longer ringfenced due to wider bed pressures in the trust. This increased the risk of cancellations for elective surgeries due to inpatient admissions.
- Action plans for national audits were not always comprehensive. Most action plans did not identify a course of action in line with the recommendations made and there were no timescales for completion.

## Is the service safe?

**Good**  

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment generally kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Although the service provided mandatory training in key skills to all staff, compliance with mandatory training was below the trust target.
- Although the service had systems and processes to safely prescribe, administer, record and store medicines, audit results showed compliance was sometimes below trust standards for some indicators.



# Surgery

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Staff appraisal rates were below the trust target.
- Action plans for national audits were not always comprehensive. Most action plans did not identify a course of action in line with the recommendations made and there were no timescales for completion.
- The service had higher than expected risks of readmission for non-elective admissions when compared to the England average.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.

# Surgery

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Most people could access the service when they needed it and generally received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Although referral to treatment times was better than the England average overall, some specialty groups including Ear, nose and throat and ophthalmology were far below the England average.
- Although patient flow had improved since our last inspection, the day care unit was no longer ringfenced due to wider bed pressures in the trust. This increased the risk of cancellations for elective surgeries due to inpatient admissions.

## Is the service well-led?

**Good** ● ↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

# Surgery

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Although staff were generally positive about their local leadership, staff within the day care unit felt stretched due to inpatient admission on the unit.

## Areas for improvement

### **Actions the provider SHOULD take to improve:**

- The service should work to improve compliance with mandatory and safeguarding training across surgical services.
- The service should implement robust systems to improve appraisal rates in line with the trust target.
- The service should continue to work to improve medicines management across surgical services.
- The service should continue to work to improve RTT targets and 62-day targets for patients with cancer.
- The service should continue to work with the trust to establish robust systems to manage bed pressures. These include working to reduce the number of outliers on surgical wards and inpatients on the day care unit.
- The service should collect and analyse data about the number of patients moved between wards.
- The service should continue to monitor the effectiveness of care and treatment. This include ensuring action plans are comprehensive and have timescales for completion.

# Critical care

Good  

## Key facts and figures

Lewisham and Greenwich NHS Trust is part of the South London Adult Critical Care Operational Delivery Network (ODN) and provides a critical care specialist service for adult patients in the South East London area. The trust has two critical care units; one is based at Queen Elizabeth Hospital and the other at University Hospital Lewisham. During this inspection we inspected critical care services at Queen Elizabeth Hospital only.

There were 831 admissions to the critical care unit at Queen Elizabeth Hospital between April 2018 and March 2019. Critical care encompasses intensive care and high dependency levels of support.

Queen Elizabeth Hospital provides a total of 18 adult inpatient beds located on one unit and there was one additional unfunded bed used for escalation.

A critical care outreach team is available 24 hours a day, seven days a week to assess and support the care of deteriorating patients care also to follow up patients discharged from the unit. The outreach team was managed separately by the trust's central site management team.

We inspected the service over two announced inspection days, 10 and 11 February 2020. During our inspection, we spoke with 25 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the leadership team for the service. We reviewed four patient records and spoke with two patients and two relatives.

## Summary of this service

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

- The service had taken action to address concerns raised following our last inspection. Our ratings for safe and responsive improved from requires improvement to good. We rated well led as outstanding as we found leadership, culture and staff engagement within the service were exceptional. Leaders recognised that promoting staff wellbeing, and supporting staff engagement, were key in delivering high-quality, patient-centred care.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Critical care

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good  

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

- The service now had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Consultant staffing levels had improved and were now in-line with professional standards.
- The service had improved systems and processes to ensure that risks to patient safety were effectively monitored and managed. Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The design of the current environment did not meet national guidelines. The unit did not have sufficient space to store equipment and the amount of space around patients' beds did not meet professional standards. Whilst most equipment was appropriately maintained, beds on the unit had not been regularly serviced to ensure they were safe to use.
- Staff kept detailed records of patients' care and treatment. Whilst all staff had access to an electronic records system that they could all update, the mix of paper and electronic records made it challenging to easily and quickly access comprehensive information on patients' care and treatment.

# Critical care

- Mandatory training compliance rates for medical staff fell below the required standard in most modules. Whilst this was in part due to the small number of medical staff within the department, the service should ensure that all staff complete this training.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- The service recognised that allied health professional staffing levels did not meet professional recommendations and they were taking action to address this.
- The role of the critical care outreach was limited to responding to and supporting ward staff with deteriorating patients, opportunities for engaging staff through education and audit were missed.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Critical care

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Although patients were admitted, and treated, in line with national standards, delayed discharge continued to be an issue for the service.
- Whilst the service had very few formal complaints, those they did receive took a long time to be investigated and resolved.

## Is the service well-led?

**Outstanding** ☆ ↑↑

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

- Leaders were compassionate, inclusive and effective. They had the experience, capacity and capability needed to deliver high-quality, sustainable care. They understood the challenges and priorities within their service and took action to manage them. Leaders were visible and approachable and were focused on staff wellbeing and patient-centred care.
- Staff were overwhelmingly positive about the culture of the service. Staff were proud to work for the organisation and were committed to supporting their colleagues and meeting the needs of their patients. Managers promoted a positive culture that supported and valued staff. They inspired staff with a sense of common purpose based on shared values. Staff were supported and empowered by managers to raise concerns and suggestions for improvement.
- Leaders, at all levels, demonstrated an on-going commitment to continuous improvement. Staff were empowered to lead and deliver change. The service had a proactive approach to seeking out and embedding new and more sustainable models of care. Learning was shared and safe innovation was celebrated.

# Critical care

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. The service had proactively engaged and involved staff and patients in the planning and design of the new critical care unit.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

However:

- Whilst staff had access to reliable information systems, they could not always find information quickly as it was recorded in different places or in different formats.
- The critical care outreach team felt disconnected from the critical care service. There were missed opportunities for learning which could be improved by a closer working relationship

## Outstanding practice

- We rated well led as outstanding for critical care as we found leadership, culture and staff engagement within the service were exceptional. Leaders recognised that promoting staff wellbeing, and supporting staff engagement, were key in delivering high-quality, patient-centred care.
- The service had introduced a new online portal which contained all the relevant policies and guidelines for staff to refer to. Staff could access this via a mobile application on their phones as well as by a desktop or tablet computer. The system alerted staff automatically if a policy was approaching its review date. This had enabled the service to standardise care and treatment across both critical care units within the trust.
- Staff were asked to rate each shift they had worked as green, amber or red. Senior staff reviewed all feedback to identify ways of better supporting individuals and the team as a whole.

## Areas for improvement

### **Actions the provider SHOULD take to improve:**

- The trust should ensure that all staff have completed their mandatory training.
- The trust should ensure it has effective systems and processes to monitor oversight of equipment servicing, maintenance and electrical safety checks.
- The trust should consider how information systems could be improved to support record-keeping and patient care.
- The trust should continue with plans to improve allied health professional staffing levels to meet professional standards.



# Critical care

- The trust should consider how they manage and utilise the services of the critical care outreach team (CCOT) to best support staff and patients. The trust could utilise the services of the CCOT to better support ward staff through teaching and audit.
- The trust should review and improve its complaints response time.
- The trust should continue work to reduce the number of delayed discharges from the critical care unit.

# Services for children and young people

Requires improvement   

## Key facts and figures

Lewisham and Greenwich NHS Trust provide services for children and young people at two acute hospitals; Queen Elizabeth Hospital and University Hospital Lewisham. This report relates to children and young people's services at Queen Elizabeth Hospital. However, some of the data in this report includes both hospitals sites, where this is the case we have referred to it as trust data.

The trust has 101 inpatient paediatric beds across two sites:

- Queen Elizabeth Hospital: 55 beds, including NICU and Hippo ward, within four wards
- University Hospital Lewisham: 54 beds, including NICU, within four wards

(Source: Routine Provider Information Request (RPIR) – Sites tab)

The trust had 16,253 spells from September 2018 to August 2019.

Emergency spells accounted for 73% (11,862 spells), 26% (4,224 spells) were day case spells, and the remaining 1% (167 spells) were elective.

Children's and young people's services at Queen Elizabeth Hospital consist of two inpatient wards: Safari ward, a general paediatric ward; and Tiger ward, a specialist paediatric oncology shared care unit (POSCU). Children and young people's services also provides: a level two neonatal intensive care unit (NNU): Dolphin ward, a dedicated children's outpatient centre; and Hippo ward, a paediatric assessment unit (PAU).

Queen Elizabeth Hospital also has a children and young people's emergency department (ED) this was inspected and reported on as part of the emergency and urgent care report.

The trust provided the following information about services for children and young people at Queen Elizabeth Hospital. The staffing establishment at Queen Elizabeth Hospital is for a team of 12 consultants and two paediatric ambulatory unit (PAU) consultants covering inpatients, the paediatric emergency department (ED), neonatal unit, postnatal unit and the labour ward. Patients are received directly from ED, urgent care centres or GP's. If patients are stable, then they are reviewed on the PAU.

We inspected the service over two announced inspection days, 10 and 11 February 2020. During our inspection, we spoke with 26 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the leadership team for the service. We reviewed 24 patient records, care plans and medication records and spoke with eight patients and relatives. We also reviewed policy, procedures and other ward or unit documents relating to patient risk assessments and care plans. We attended an evening ward handover and multidisciplinary team meeting.

## Summary of this service

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

- Some of the concerns found at the 2017 inspection had still not yet been addressed. During our previous report in March 2017 we found there was a lack of consultant representation at governance meetings. During this inspection we found there was still a lack of consultant attendance at some governance meetings.

# Services for children and young people

- Nursing and medical staff did not meet the trust's training standard for all life support training modules staff were eligible to complete.
- Mandatory training for medical staff did not meet the trust's key performance indicators (KPI).
- Although most nursing staff received and kept up-to-date with their mandatory training, some mandatory training modules did not meet the trust's key performance indicators.
- There was a lack of tailgating notices at access points to children's wards.
- The low number of records reviewed during records audits meant there was a risk of records audits not being sufficiently representative.
- The numbers of staff receiving an appraisal did not meet the trust's key performance indicator (KPI).
- Medical staff training rates in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards did not meet the trust's KPI.
- The trust's KPI was not being met for average length of stay,
- The trust's KPI was not being met for the number of children discharged before 12 noon,
- The trust's KPI was not being met for electronic discharge summaries being sent to patients GPs within 24 hours,
- The trust's KPI was not being met for the percentage of complaints responded to within agreed timescales.
- Although there had been a reduction in the numbers of children transferred from Hippo ward to paediatric ED due to the closing time of Hippo ward. From January to December 2019, 65 children had been transferred between the wards due to the ward closing time.
- The service did not have documented local vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Processes for monitoring service quality and improvement were not always consistent.

However:

- All staff we spoke to were aware of their responsibilities relating to duty of candour under the Health and Social Care Act (Regulated Activities Regulations) 2014.
- Care was being provided in accordance with the national quality standards and best practice guidelines. Most guidance and policies within children and young people's services had been reviewed and were based upon current guidance.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

# Services for children and young people

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

## Is the service safe?

**Requires improvement**   

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

- Although the service provided mandatory training in key skills to all staff, the trust's mandatory training standard was not met for any of the mandatory training modules medical staff were eligible to complete.
- Although staff understood how to protect patients from abuse and the service worked well with other agencies, the trust's safeguard training standard was not met for some of the safeguarding training modules staff were eligible to complete.
- Nursing and medical staff had not met trust's mandatory training standard for some of the life support training modules staff were eligible to complete.
- There was a lack of tailgating notices on both the neonatal unit (NNU) and children and young people's inpatient wards, (this is signage at the entrance to wards to remind visitors not to allow people they do not know access to the wards)).
- A lack of consistency and low rates in the numbers of patient records audited, meant records audit data was not always representative of staff recording practice.

However:

- Staff completed and updated risk assessments for each child and young person. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Staffing levels and over-crowding risks in the neonatal unit (NNU) had reduced since our previous inspection in March 2017, this was because of mitigating actions taken by the trust. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The security and storage of medicines across children and young people's services, including the neonatal NNU, had improved since our previous inspection in March 2017. However, compliance with the trust's key performance indicator (KPI) for safe and secure storage of medicines had only been met in four months between December 2018 and August 2019.

## Is the service effective?

**Good**   

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

- During our previous inspection in March 2017 we noted that children and young people's services did not have an epilepsy clinical nurse specialist (CNS). However, during this inspection we found the trust had employed an epilepsy CNS in June 2018.

# Services for children and young people

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. Staff supported children and young people by using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children and young people.
- Staff gave children, young people and their families and carers support and advice to lead healthier lives.

However:

- Emergency readmission rates from August 2018 to July 2019 were slightly higher than the England average for children and young people readmitted following an elective admission.
- Although the service made sure staff were competent for their roles. From April to October 2019 staff receiving an appraisal was lower than the trust key performance indicator (KPI).
- Training rates for medical staff in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were low. As a result, the trust could not be assured that staff could follow the trust policy and procedures if a young person over the age of 16 lacked capacity to consent.

## Is the service caring?

**Good**   

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

- Staff treated children, young people, and families and carers with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Although the service had taken action to improve the response rate to the Friends and Family Test (FFT), this was not meeting the trust's key performance indicators (KPI).

# Services for children and young people

## Is the service responsive?

**Requires improvement**  

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

- During our previous inspection in March 2017 we found children and young people referred to the Hippo ward were sometimes sent back to the paediatric emergency department (ED) when the Hippo ward closed at 10pm. Although staff had extended the Hippo ward opening to midnight, children and young people were still being sent back to ED after Hippo ward closed. Between January 2019 and December 2019, 65 children or young people were sent back to the paediatric ED from the Hippo unit.
- The service's KPI scoreboard recorded between December 2018 to December 2019 the number of children discharged before 12 noon was much worse than the trust's KPI.
- From December 2018 to December 2019 the services were not meeting the trust's KPI for electronic discharge summaries being sent to patients GPs within 24 hours.
- The service was not meeting the trust's key performance indicator (KPI) for average length of stay.
- The trust's KPI was not being met for the percentage of complaints responded to within agreed timescales.
- We found some areas of the hospital's environment used by both children and adults, such as the fracture clinic, were not child friendly.

However:

- During our previous inspection in March 2017 we identified a risk of delays due to the lack of community mental health beds including child and adolescent mental health services (CAMHS) beds. During this inspection staff reported improvements due to support from a new community based CAMHS crisis team.
- During our previous inspection in March 2017 we found children and young people's services did not have a transition service supported by outpatient clinics for young people with epilepsy. During this inspection we found the service had recruited a transitions clinical nurse specialist (CNS) who was taking up their role in February 2020.
- From November 2018 to October 2019, the neonatal critical care bed occupancy for the trust was mainly lower than the England average.
- There had been no cancelled operations breaching 28 days in the period December 2018 to December 2019.
- The service was inclusive and took account of children, young people, and their families and carers individual needs and preferences. Staff made reasonable adjustments to help children and young people access services. They coordinated care with other services and providers.

## Is the service well-led?

**Requires improvement**   

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

- Although there had been some improvements in governance processes, some improvements remained to be done.

# Services for children and young people

- During our previous report in March 2017 we found there was a lack of consultant representation at governance meetings. During this inspection we found there was still a lack of consultant attendance at some governance meetings.
- Processes for monitoring service quality and improvement were not always consistent.
- The service did not have a documented local vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

However:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services.

## Areas for improvement

### Actions the provider **MUST** take to improve

- We stated in our previous report dated 17 August 2017, in services for children and young people there were low levels of attendance at governance and safety boards which reduced opportunities for sharing of information to the appropriate people. During this inspection we found consultant representation at these meetings was still low. (Regulation 17 (2) (b))

### Actions the provider **SHOULD** take to improve

- The trust should ensure nursing and medical staff meet the trust's mandatory training standard for all life support training modules staff are eligible to complete.
- The service should ensure mandatory training for medical staff meets the trust's key performance indicators (KPI).
- The trust should ensure there are tailgating notices at access points to children's wards.
- The trust should ensure records audits are sufficiently representative.
- The service should ensure staff appraisals meets the trust's key performance indicator (KPI).
- The service should improve training rates for medical staff in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The service should improve key performance indicators (KPI) for average length of stay,
- The service should improve key performance indicators (KPI) for the number of children and young people discharged before 12 noon,
- The service should improve key performance indicators (KPI) for electronic discharge summaries being sent to children and young people's GPs within 24 hours,
- The service should improve key performance indicators (KPI) for the percentage of complaints responded to within agreed timescales.

# Services for children and young people

- The trust should take action to reduce the numbers of children transferred from Hippo ward to paediatric ED due to Hippo ward closing.
- The service should have a documented local vision for what it wants to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Areas of the hospital environment used by both children and adults were not always child friendly.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Carolyn Jenkinson, a CQC Head of Hospital Inspection led the inspection. An executive reviewer, David Rogers Non-Executive, and Director at North Staffordshire Combined Healthcare NHS Trust, supported our inspection of well-led for the trust. A representative from National Health Service Improvement was part of the well-led inspection.

The team included nine inspectors, 19 specialist advisers, and one expert by experience. The team was also supported by two assistant inspectors and an inspection planner.

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