

# Lewisham and Greenwich NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

# Summary of findings

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

## Background to the trust

Lewisham and Greenwich NHS Trust provides acute services to the people living in Greenwich and Bexley and acute and community services to people mainly living in Lewisham. The trust serves a population of more than 526,000 people.

The trust has two hospital locations; Queen Elizabeth Hospital (QEH) in Woolwich and University Hospital Lewisham (UHL) in Lewisham.

Lewisham and Greenwich NHS Trust has 840 inpatient beds, 40 day care beds and 40 children's bed.

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

The trust provides all eight acute 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. In addition, the trust provides the additional services of gynaecology and diagnostic imaging. The trust provides two community core services; community health services for adults and community health services for children, young people and families in Lewisham.

The trust serves a population of more than 526,000 people and the number of staff employed in the trust as of May 2018 was approximately 6,100.

## Overall summary

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



## What this trust does

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

# Summary of findings

## What we inspected and why

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

At QEH, we inspected the core services of urgent and emergency services, surgery, critical care, maternity and end of life care as part of our continual checks on the safety and quality of healthcare services.

At UHL we inspected the core services of urgent and emergency services, surgery, maternity and end of life care as part of our continual checks on the safety and quality of healthcare services.

We selected the services for inclusion in this inspection based on those that were 'inadequate' or 'requires improvement' as a result of our findings at the previous inspection carried out in March 2017. Information we held on these areas indicated the need for re-inspection.

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

## What we found

Overall, we rated safe, effective, responsive and well-led as requires improvement. We rated caring as good. We rated QEH and UHL as requires improvement.

There was a relatively new executive team in place and they were beginning to address the many challenges facing the trust. The trust had been subject to a financial investigation by NHSI which was completed by the time of the inspection.

We found the urgent and emergency services at QEH remained as requires improvement. Safe effective and responsive remained unchanged as requires improvement with effective and caring remaining as good.

Surgery at QEH remained as requires improvement but safe had improved from inadequate to requires improvement. Effective, responsive and well-led remained as requires improvement and caring remained as good.

Critical care at QEH remained as requires improvement. Safe, responsive and well-led remained as requires improvement and caring and effective remained as good.

We have previously inspected maternity services at QEH jointly with gynaecology which means we cannot compare our new ratings directly with previous ratings. Maternity services were rated as good. Safe, effective, caring, responsive and well-led were all rated as good.

The rating for end of life care at QEH had improved to requires improvement. Safe remained as requires improvement and effective had improved from inadequate to requires improvement. Caring and responsive had improved from requires improvement to good and well-led had improved from inadequate to good.

Urgent and emergency care at UHL had improved from requires improvement to good. Safe remained as requires improvement and effective and caring remained unchanged as good. Well-led had improved from requires improvement to good.

Surgery at UHL remained as requires improvement. Safe remained unchanged as requires improvement. Effective decreased from good to requires improvement and caring remained unchanged as good. Responsive had improved from requires improvement to good and well-led remained unchanged as requires improvement.

We have previously inspected maternity services at UHL jointly with gynaecology which means we cannot compare our new ratings directly with previous ratings. Maternity services were rated as good. Safe, effective, caring, responsive and well-led were all rated as good.

# Summary of findings

End of life care at UHL was rated as requires improvement. Safe and effective remained unchanged as requires improvement. Caring and responsive remained unchanged as good and well-led had improved from requires improvement to good.

## Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement and caring as good. Maternity services at both QEH and UHL were rated as good along with urgent and emergency services at UHL. In rating the trust, we took into account the current ratings of the services not inspected this time.
- We rated well-led for the trust overall as requires improvement.

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

## Are services safe?

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

- There were insufficient substantive staff in many of the services we inspected to meet the needs of patients on a daily basis.
- We found ongoing problems with the management of medicines and controlled drugs in some services.
- The trust did not have a comprehensive pathway for patients with mental health problems and some staff were unaware of relevant policies to support their care and treatment. Some aspects of the environment where they received care did not always promote safety.
- Patient records/documentation were not always fully completed and kept secure.
- Staff were using local Safety Standards for Invasive Procedures, as recommended by national patient safety alert, but there were no checklists that covered all aspects of an invasive procedure.
- Compliance with mandatory training was variable with medical staff having some of the lowest rates of completion.

However:

- Most staff were aware of the incident reporting system and we found a good reporting and learning culture in some services.
- There was significant improvement in staff compliance with hand hygiene policies and we found clinical areas were clean.
- We found some action had been taken in response to concerns found at the March 2017 to improve safety for patients. An example of this was in critical care at QEH, patients no longer had to be transferred to another hospital for specific procedures as hospital was now equipped to carry out the procedure.
- Attendance at safeguarding training was good in many services for most staff groups with the exception of medical staff.

## Are services effective?

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

- Some policies had not been reviewed and updated in line with agreed timescales.
- Patients did not always receive pain relief in a timely manner.

# Summary of findings

- In surgery at UHL we found ineffective team working was impacting on patient care.
- Insufficient nursing staff levels on some of the wards impacted on the availability of link nurses for end of life care at UHL.
- From June 2017 to May 2018, the trust's unplanned re-attendance rate within seven days was consistently worse than the national standard of 5% and was also worse than the England average.

However:

- We found care and treatment was informed by national and best practice guidance.
- Most services were participating in national and local audits and had developed action plans in response to findings.
- Patients were cared for by appropriately qualified staff.
- In maternity the trust had a similar profile of deliveries when compared to the national averages.

## Are services caring?

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

- We observed staff providing compassionate care and being attentive towards patients.
- Patients spoke positively about the staff and the care they received. They told us staff were friendly and helpful.
- Staff provided patients with information about their care and treatment and involved them in decisions about their care.
- Responses from the Family and Friends test showed that patients would generally recommend the trust.

However:

- In some services such as critical care and the emergency department at QEH privacy was compromised due to the environment in which patients were cared for. Staff had taken some action to minimise this where possible.

## Are services responsive?

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

- The trust was still grappling with managing patient flow which was impacting on the responsiveness in the emergency departments, particularly at QEH where on occasion patients were cared for in corridors.
- The trust's performance against national standards for waiting times in the ED showed a seasonal variation. Against the four hour standard to admit, discharge or transfer 95% patients between July 2017 and June 2018 the trust's performance was best in July (92%) and was stable until October when it deteriorated. It improved again in March 2018 until June 2018 when it was at 89%.
- From July 2017 to June 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was variable compared to the England average. It followed a similar pattern to the previous standard with an improved performance from July to end of October when it deteriorated and then improved/was better than the England from average from April 2018.
- Patient flow and delayed discharges were also a problem in critical care at QEH. The percentage of delayed discharges was worse than the England average.
- In surgery at UHL work was needed to improve the referral to treatment times and reduce the backlog of patients waiting for pre-assessment.

# Summary of findings

- Systems to identify patients who were living with dementia or had a learning disability were not available in all services inspected.
- In some of the services we inspected we found complaints were not always investigated and closed within the agreed timescales. For some complaints this may have been due to the complexity of the issue but, we were also told there were delays with staff providing responses.

However:

- Between June 2017 to May 2018 the trust consistently met the national standard (and was consistently better than the England average) that patients should wait no longer than one hour from arrival to receiving treatment.
- There were improvements in ambulance handover times with both EDs meeting the 15 minute target.
- We found good multidisciplinary working in the majority of services inspected.
- Maternity services at QEH and UHL were meeting the individual needs of women and ensured there was good continuity of care throughout their pregnancy.
- In the end of life care service at both QEH and UHL we found an improved awareness of the needs, including spiritual, of these patients and action taken to meet them.

## Are services well-led?

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

- Some of the problems found during the inspection in March 2017 had not yet been fully addressed. An example of this was medicines management and staffing levels.
- In surgery and the emergency department, QEH, although they had risk registers, some of the actions had not been progressed effectively. Some of the risks were long standing and although they had been escalated they remained unresolved.
- Medical leadership in critical care at QEH had improved following the March 2017 inspection but the improvement was not sustained.
- There were actions in place to strengthen the leadership in the ED at QEH. However, some of the changes were relatively recent and leaders were familiarising themselves with their new roles.
- Medical staffing levels in surgery at UHL and critical care at QEH continued to be a problem and had deteriorated since the March 2017 inspection.
- Morale among some staff was low and some of this was due to the low staffing levels.

However:

- Many staff spoke highly of their immediate line manager. They told us local medical and nursing leaders were visible and approachable and were aware of the challenges they faced.
- In maternity we were told there was a positive culture which encouraged and supported openness, learning and embracing change.
- There were improvements in the leadership of end of life care at both QEH and UHL along with more effective systems to monitor and improve the quality and safety of care.
- There was good engagement with women who used maternity services to help inform future service developments. Innovation was promoted and staff were encouraged to identify areas for improvement.

# Summary of findings

- Staff were positive about the recently appointed chief executive and chief nurse and the changes they were making.

## 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 at Queen Elizabeth Hospital:

- The implementation of an 'education bus' was recognised as a valuable method for promoting health related matters.
- The emergency department (ED) had a comprehensive education strategy as an aspect of the divisional clinical strategy. For example, the education strategy included the introduction of a capital nursing project for the implementation of foundations of emergency department care course.

We found examples of outstanding practice at University Hospital Lewisham:

- In maternity services the bereavement service provided holistic support to women and families who had lost babies at all stages of pregnancy. There was a private bereavement suite and a range of cots to allow bereaved parents to spend more time with their babies. There was also a selection of specialist memory boxes available to bereaved families.

## Areas for improvement

At the March 2017 inspection we found areas for improvement including five breaches of legal requirements that the trust had to put right. At the focussed inspection in May 2018 we found breaches in the legal requirement for staffing. In the services we inspected at this inspection although we found some progress had been made we have been unable to withdraw all of the requirement notices.

At this inspection we also found other areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

### Action the trust MUST take to improve

#### At provider level:

- Ensure there are sufficient staff with appropriate skills and experience in all services to meet the needs of patients and provide safe, quality care and treatment.

#### In surgery at Queen Elizabeth Hospital:

- The trust must improve medicines management overall within the surgical division.

#### In the critical care unit at Queen Elizabeth Hospital;

- The trust must address the issue with consultant staffing and ensure the unit is meeting Faculty of Intensive Care Medicine (FICM) standards for consultant to patient ratio.

#### In the emergency department at University Hospital Lewisham:

- The provider must ensure all aspects of medicines are managed safely.

#### In surgery at University Hospital Lewisham:

- The trust must improve medicine management overall within the surgical division.

# Summary of findings

## Action the trust SHOULD take to improve

### In the emergency department at Queen Elizabeth Hospital:

- Ensure escalation areas do not act as a barrier to evacuation in the event of an emergency.
- Ensure patients are cared for in areas that are appropriate, meet all of their needs and have sufficient space to accommodate the potential number of people using the service at any one time.
- Ensure there are robust processes for the one to one observations of patients with mental health issues.
- Ensure joint protocols with mental health liaison staff for observing patients at high risk of suicide and self-harm are followed and that ED staff are aware of the protocol.
- Ensure there is a pathway for patients attending the ED with known or suspected mental health issues that reflects national best practice guidance.
- Ensure that staff follow the rapid tranquilisation policy which follows national guidance.
- Ensure patients in the psychiatric assessment room have their dignity and respect maintained.
- Continue to work to meet national waiting time targets.
- Ensure risks identified on the risk register fully address risks and are addressed in a timely way.
- Ensure medical staff complete mandatory training in accordance with trust requirements.
- Ensure there is a current and up to date rapid tranquilisation policy.
- Take steps to ensure that the emergency department meets the College of Emergency Medicine recommendations for 16 hours consultant cover, seven days a week.
- Ensure patients assessments and care plans are recorded consistently.
- Ensure controlled drugs records are complete and recorded in accordance with the Misuse of Drugs regulations.
- Ensure there is a policy for the care of bariatric patients and ensure bariatric patients have timely access to bariatric equipment.

### In surgery at Queen Elizabeth Hospital;

- Ensure there are robust systems to monitor and manage mandatory training.
- Ensure patient risk assessments are fully completed and staff know who and where to escalate immediate concerns to.
- Ensure surgical staff report all incidents of all severities and have the time to do so.
- Continue to work and develop effective plans to meet the RTT targets and 62-day targets for patients with cancer.
- Ensure patient medical records in surgical areas are kept in chronological order and secured.
- Continue to work to reduce the number of medical outliers on surgical wards.
- Work with medical staff to address the low morale and find ways of improving their engagement with the governance agenda.
- Improve governance arrangements to ensure risks in all areas are acted upon quickly and effectively.
- Ensure staff are involved in the development of the divisions values, vision and strategy.

# Summary of findings

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

- Ensure all medication cupboards on critical care are correctly labelled.
- Ensure that checklists for invasive procedures comply with best practice.
- Ensure the critical care unit has a clear documented vision and strategy that is shared with staff.
- Ensure patients have access to psychological support, in line with FICM standards.
- Implement a strategy to reduce the high number of delayed discharges from the unit.

## **In maternity at Queen Elizabeth Hospital:**

- The maternity services should ensure complaints are responded to within the trusts own target.
- The trust should ensure mandatory training, appraisal and complaint response rate targets are met, in line with their guidance.

## **In end of life care at Queen Elizabeth Hospital:**

- Continue to work to provide a seven day service.
- Have a clear plan in place to follow on from the end of life care strategy 2016 – 2019.
- Monitor treatment escalation plans and their impact on early recognition of patients requiring end of life care.
- Take steps to mitigate any health and safety risk caused by the storage of clinical waste within the mortuary.
- Continue to promote proper completion of Mental Capacity Act assessments.
- Improve the consistency and detail of patient's end of life care plans.
- Continue to compile data for audits and implement action plans.

## **In the emergency department at University Hospital Lewisham:**

- Ensure there is a minimum of 16 hours of consultant presence seven days per week.
- Ensure that medical staff mandatory training meets the trust target of 85%.
- Ensure the Department of Health and Social Care accident and emergency standard, for 95% of patients to be admitted, transferred or discharged within four hours is met.
- Ensure that staff are aware of the rapid tranquilisation policy.
- Ensure the ED hand hygiene compliance meets the trust target.
- Ensure appraisal rates for nursing staff meet the trust target of 90%.
- Ensure patients dignity and respect is maintained when they are being streamed.
- Ensure ambulatory care unit is available 14 hours per day seven days per week.
- Ensure the ED has specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker.
- Ensure information is displayed for patients attending the emergency department about quality and performance.

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

- Address the leadership concerns identified in the day surgery unit.

# Summary of findings

- Make sure all patient risk assessments are fully completed and that there is consistency in the risk assessment tools used across the service.
- Work with medical staff to tackle the low morale and find ways of improving their engagement with the governance agenda.
- Improve governance arrangements to ensure risks in all areas are acted upon quickly and effectively.
- Ensure all staff are involved in the development of the divisions values, vision and strategy.

## **In maternity at University Hospital Lewisham:**

- Ensure mandatory training, appraisal or complaint response rate targets are met, in line with their guidance.
- Ensure the utility room within the labour ward is securely locked at all times.
- Ensure all of the service's foetal monitoring systems are in full working order.
- Ensure all medical fridges resets are documented within daily temperature checklists.
- Ensure staff document the daily checks of the glucagon hydrochloride injection kit.

## **In end of life care at University Hospital Lewisham:**

- Ensure principles of Care for Dying Patients and use of the end of life care plans are fully embedded in practice.
- Consider a rapid discharge pathway and routinely record patient's preferred place of death.
- Assess the efficacy of anticipatory drugs.
- Ensure patients receive their controlled drug analgesia as prescribed and on time.
- Consider provision of on-site consultant cover when the palliative care consultant was sick or on leave.
- Improve staffing on wards so that there can be increased numbers of end of life care link nurses and improved patient care.
- Consider an additional concealment trolley to reduce delays in transfer of bodies from wards to the mortuary.
- Have a clear plan in place from March 2019 to follow on from the end of life care strategy 2016- 2019.

## **Action we have taken**

We issued two requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level in relating to staffing and the management of medicines in locations.

## **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.

# Summary of findings

## 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.

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

- Since 2015 the trust has had several inspections and although some improvements have been made, there has not been any real fundamental change.
- At the time of the inspection the trust was in a state of transition and many of its plans and strategies were either still in development or being embedded.
- The executive team were newly formed and was in the process of establishing how they would work together. Key individuals such as the chief executive, chief nurse and interim director of finance and recovery had joined the trust in the six months prior to the inspection.
- The board and senior leadership team were in the process of developing the overarching strategy.
- The trust was facing a number of serious challenges. It had a significant financial deficit and although recovery plans were in place the grip on finance through the divisions continued to be a concern.
- The trust had received additional funding to improve the estate but, the strategy had yet to be developed.
- There were vacancies across all staff groups which were impacting on the trust's ability to provide quality and safe care and embed learning from serious incidents and mortality reviews
- Changes to the divisional structure were in progress with the aim of strengthening accountability and devolving decision making.
- Although the trust recognised it needed to strengthen medical and nursing leadership at divisional and executive level, new posts had yet to be recruited to.
- Some progress had been made with cross site working but this was an area that needed to be progressed.
- Systems for managing risk and board assurance had been reviewed and were being embedded.
- There were some arrangements for the care and management of patients with mental health problems, although they were variable and needed to be strengthened.
- We heard many positive messages from staff and there was a sense of optimism and 'can do' attitude even though they were working very hard. Early signs of improvement were apparent however, the trust acknowledged many remaining challenges existed throughout services.

However:

- Engagement with staff at all levels and across all groups had improved significantly and they spoke positively about the chief executive officer and chief nurse and the way they engaged and shared information with them. This improvement was demonstrated in the approach taken to review the trust's values.
- Executive members of the board visited clinical areas and shared challenges staff were facing, along with good practice, with the executive team.

## Summary of findings

- The leadership team worked well with clinical staff and consultant engagement along with some cross site working had improved. The changes to the divisional structure would continue to build on this work.
- The executive team were well sighted on the challenges they faced and were committed to putting the right structures in place to deliver the changes and improvements needed for staff and patients.
- The trust engaged with patient user groups to obtain their views and feedback and they participated in recruitment panels.

## Use of resources

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

## 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 ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
University Hospital Lewisham	Requires improvement ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Queen Elizabeth Hospital	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
<b>Overall trust</b>	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018

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 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 Aug 2017	Good Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017
Surgery	Requires improvement ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
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 and diagnostic imaging	Requires improvement Aug 2017	Not rated	Good Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017

\*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 ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Medical care (including older people's care)	Requires improvement Aug 2017	Good Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017	Requires improvement Aug 2017
Surgery	Requires improvement ↑ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Critical care	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
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 Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Requires improvement Aug 2017	Requires improvement 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 and diagnostic imaging	Good Aug 2017	Not rated	Good Aug 2017	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017

\*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.

# Queen Elizabeth Hospital

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## Key facts and figures

Lewisham and Greenwich NHS Trust was formed in October 2013 by the merger of Lewisham Healthcare Trust and the Queen Elizabeth Hospital (QEH) following the dissolution of the South London Healthcare Trust by the Trust Special Administrator.

The 2011 census found there were around 254,557 people living in the borough of Greenwich. QEH serves an area of high deprivation and the health of people in Greenwich is varied compared to the England average. Deprivation is higher than average and about 25% (13,600) children live in poverty. Life expectancy for both men and women is lower than the England average.

The main clinical commissioning groups (CCGs) for QEH are Greenwich CCG and Bexley CCG.

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 470 beds. We inspected maternity, surgery, end of life, critical care, urgent and emergency services.

Results from the trust's 2017 inpatient survey showed an improvement compared to the 2016 inpatient survey, however, less responses were received in the 2017 inpatient survey. Areas that had improved included the length of time patients had to wait to get a bed on a ward and confidence and trust in medical staff. Some areas had deteriorated including nurses acknowledging patients and their answers to questions. Patients' confidence and trust in nurses, sufficient nurses on duty remained about the same.

In the NHS Staff Survey 2017 the top five questions for the trust included staff feeling their role made a difference, quality of appraisals and training. The bottom five questions included percentage of staff having an appraisal, staff satisfaction with resourcing and support, percentage of staff working extra hours and organisation's interest in an action on health and wellbeing.

During the inspection, we spoke with over 20 patients, relatives and carers, over 50 members of staff from various disciplines. We reviewed over 20 sets of patient records. We observed care being delivered and attended safety briefings and handovers

## Summary of services at Queen Elizabeth Hospital

**Requires improvement** ● → ←

# Summary of findings

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

- We found some improvement had been made since the planned March 2017 inspection but more work was needed to bring about the substantial improvement that was required.
- However, some of the improvements were too recent to assess their effectiveness and in critical care we found improvements made following the March 2017 inspection had not been sustained.
- The emergency department (ED) was, at times, overcrowded and patients were cared for in corridors with screens used to try and maintain privacy and dignity for patients. Managing demand and capacity had been a long standing problem for the hospital.
- In critical care privacy and dignity was sometimes compromised as the beds were very close to each other.
- There were staffing shortages, medical, nursing and allied health professionals, in most of the services we inspected. Consultant cover in the ED and critical care was not in line with national guidance.
- The uptake of appraisals and completion of mandatory training was variable and did not always meet the trust target. This was a particular problem for medical staff.
- Shortages of nursing staff were impacting on the effectiveness of end of life care and it was not a seven day service.
- We found problems with the management of medicines in surgery, ED and critical care.
- In the emergency department staff were not aware of the all the policies related to the care of patients with mental health needs and the hospital did not have a clear pathway for patients attending the ED with known or suspected mental health issues
- Some policies in surgery and critical care were past their review date and/or not dated.
- The hospital had not always met the 62-day referral to treatment target for patients with cancer.
- In most services we inspected we found delays in responding to complaints.
- Services we inspected had systems to monitor the quality and safety of care provided but in surgery medical staff were not fully engaged in improvement projects or the quality agenda.

However:

- Some action had been taken following previous inspections with some improvements maintained.
- The profile and leadership of end of life care had improved and we found some action had been taken to improve patient care along with systems for reviewing and improving the quality and safety of the service.
- Maternity services had maintained its rating of good and we found good cross site working.
- Systems to ensure patient safety in the emergency department had been established and there were plans to reduce the overcrowding with the establishment of the clinical decision unit.
- The day care unit was no longer used to care for patients when beds on the appropriate ward were not available and there was improved compliance with the spinal trauma pathway.
- In critical care patients who had previously been transferred to another hospital for some procedures were now able to be treated at QEHS.
- We found staff were caring and compassionate and we observed positive interactions between patients and staff.
- In most services we inspected staff were positive about their immediate line manager and felt they were supportive and approachable.

# Summary of findings

- The divisions were undergoing a restructure at the time of the inspection with the aim of strengthening leadership and devolving decision making.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

There are two sites at Lewisham and Greenwich NHS Trust with urgent and emergency care departments. These are:

- Queen Elizabeth Hospital
- University Hospital Lewisham

The total number of attendances for urgent and emergency care services at the trust from April 2016 to March 2017 was 277,294. This figure included children.

The percentage of attendances in urgent and emergency care that resulted in an admission, increased in 2016/17, (19.4%) compared to the previous year 2015/16, (21.5%). In both years, the proportion was lower than the England average for that year.

This report relates to service provided at Queen Elizabeth Hospital (QEH).

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

The ED consists of 20 major treatment trolleys, a five bedded resuscitation area which included a paediatric resuscitation bay; a nine bedded blue area used for rapid assessment treatment (RAT), a green area for ambulatory care consisting of five rooms, and a paediatric emergency unit consisting of eight trolleys and a high dependency unit.

The ED also has a clinical decision unit (CDU) consisting of two bays, two side rooms and six blue recliner chairs for patients. Each bay has five beds.

All walk-in patients including children above the age of one were streamed by a UCC nurse who determined if they were suitable for the UCC or needed to go to the main ED. Patients who are sent to the ED were then triaged by an ED triage nurse to the relevant pathway.

Children over one month old, patients with referrals from their GP and patients undergoing chemotherapy were booked in directly to attend the ED.

We last inspected this service in March 2017 and rated the safe, responsive and well led domains as requires improvement, we rated the effective and caring domains as good, with a requires improvement rating overall. We told the trust they must:

- Ensure patients are cared for in areas that are appropriate, meet all of their needs and have sufficient space to accommodate the potential number of people using the service at any one time.
- Ensure patients in the ED have appropriate risk assessments fully completed that meet their needs. This includes where patients have a Protected Characteristic under the Equality Act.
- Continue to work to improve the emergency pathway
- Work to improve mandatory training completion rates for medical staff
- Ensure minimum staffing requirements are met in the ED

We also told the trust they should:

- Ensure staff comply with infection prevention and control policies and procedures.

# Urgent and emergency services

- Ensure all patients have their pain assessed and they receive analgesia in a timely manner
- Ensure the ED has a separate room for the storage of medicines.

We carried out an announced inspection on 25-26 September 2018. We then returned to the ED unannounced on 5 October 2018. We found the trust had made some progress in improving some of the areas we identified as requiring improvement in our previous report, including improvements in staffing requirements. However, some areas still required improvements including ensuring patients were cared for in areas that were appropriate at all times and caring for patients with mental health issues. We observed care and treatment, looked at patient records, and spoke to members of staff including nurses, doctors, consultants, administrative staff, domestic staff and ambulance crews. We also spoke with eight patients and five relatives who were using the service at the time of our inspection.

## Summary of this service

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

- We found there had been some improvements in the access and flow in the emergency department (ED) since our last inspection. However, demand and capacity still posed problems in regards to the number of patients waiting in the department and length of time patients waited for admission.
- During our previous inspection we found patients were not always cared for in areas that were appropriate, met all of their needs and had sufficient space to accommodate the potential number of people using the service at any one time. We found that this was still the case during this inspection.
- During our previous inspection in March 2017 we found the ED environment was sometimes overcrowded. We found there was still overcrowding in the ED. We found patients on trolleys along the ED 'majors' corridor. This constituted a barrier to evacuation in the event of an emergency.
- There was no clear pathway for patients attending the ED with known or suspected mental health issues that reflected national and best practice guidance. Staff we spoke with raised concerns about the lack of a mental health strategy for the ED.
- The joint protocol between the ED staff and mental health liaison staff for observing patients at high risk of suicide and self-harm was not always followed. Staff were unaware of the procedures for caring for a patient that had received sedation by injectable medicine (rapid tranquilisation). There was no policy staff were aware of in regards to rapid tranquilisation.
- The ED was not meeting the College of Emergency Medicine recommendations for 16 hours consultant cover seven days a week.
- The department did not have a policy in regards to the care of bariatric patients. Staff also told us there were issues with the availability of equipment for bariatric patients.
- We found mitigating actions on the risk register did not fully address identified risks. Risks on the risk register had not always been addressed in a timely way.
- The culture in ED was positive and inclusive at local level, but some staff felt this did not extend to the wider organisation. Some staff told us there was a culture at the trust that urgent and emergency care patients were the responsibility of the service and not the wider organisation.

However:

# Urgent and emergency services

- There was a new 52 bed clinical facility which was scheduled for opening in December 2018. This would provide increased capacity in urgent and emergency care services.
- ED staff were committed to providing a safe, compassionate and caring service. Patients we spoke with were mostly positive about the staff in the ED.
- During our previous inspection we reported that patients were often waiting with ambulance crews by the main public corridor to the ED. There had been improvements in the London Ambulance Service (LAS) handover times, with the department meeting the 15 minute target for ambulance handovers. There was also improved performance in regards to patients receiving treatment within one hour of arrival.
- The ED had introduced quality rounds as part of the department's daily routine. There was quality round log books to record these. Quality rounds were completed four hourly across ED areas including the waiting area.
- The ED had a comprehensive education strategy as an aspect of the divisional clinical strategy. An aspect of the strategy was linking junior clinical fellows (JCF) and middle grade posts with education fellowships to attract and retain medical staff.
- Hand hygiene compliance audits had been above the trust's 95% target in the 12 months prior to August 2018.

## Is the service safe?

**Requires improvement** ● → ←

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

- During our previous inspection in March 2017 we found the emergency department (ED) environment was sometimes overcrowded. We found there was still overcrowding in the ED. We found patients on trolleys along the ED 'majors' corridor. This constituted a barrier to evacuation in the event of an emergency.
- The process for ensuring emergency department staff completed one to one observations of mental health patients was not robust.
- The joint protocol between the ED staff and mental health liaison staff for observing patients at high risk of suicide and self-harm was not always followed. Staff were unaware of the procedures for caring for a patient that had received sedation by injectable medicine (rapid tranquilisation). There was no policy staff were aware of in regards to rapid tranquilisation.
- During our previous inspection in March 2017 we found medical staff did not meet the trust's target of 85% for mandatory training. During this inspection we found medical staff were not meeting the 85% target for seven of the nine mandatory training courses for which they were eligible.
- The ED was not meeting the College of Emergency Medicine recommendations for 16 hours consultant cover, seven days a week.
- From July 2017 to June 2018, the trust reported a turnover rate of 42% for medical staff in urgent and emergency care. This was worse than the trust target of 12%.
- We found inconsistencies in the documentation of clinical assessments.
- We saw that some records had been removed in the controlled drugs (CD) register which is not in accordance with the Misuse of Drugs regulations.

However:

# Urgent and emergency services

- The 85% training target was met by nursing staff for level one and level two safeguarding training. However, the target was not met for level three.
- The ED had introduced quality rounds as part of the department's daily routine. There was quality round log books to record these. Quality rounds were completed four hourly across ED areas including the waiting area.
- Between August 2017 and August 2018 hand hygiene compliance audits had been above the trust's 95% target in all months.
- During our previous inspection we reported that patients were often waiting with ambulance crews by the main public corridor to the ED. During this inspection this had improved as the hospital was meeting the 15 minute ambulance handover. This meant ambulance crews were not delayed in the ED.
- Data from the Patient Safety Thermometer showed that the trust reported no new pressure ulcers, no falls with harm and no new urinary tract infections in patients with a catheter from May 2017 to May 2018 within urgent and emergency care.

## Is the service effective?

Good   

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

- In the Royal College of Emergency Medicine (RCEM) 2016/17 'Severe sepsis and septic shock' audit, Queen Elizabeth Hospital (QEH) was in the upper UK quartile for six of the eight standards reviewed. The department was not in the lower UK quartile for any of the standards.
- The hospital was in the upper quartile for two of the seven standards in the RCEM 'Moderate and acute severe asthma' audit, and the middle of UK emergency departments (ED) for the other five standards.
- The ED had a comprehensive education strategy as an aspect of the divisional clinical strategy. An aspect of the strategy was linking junior clinical fellows (JCF) and middle grade posts with education fellowships to attract and retain medical staff.
- From April 2017 to March 2018, 93.2% of required staff within the emergency department at QEH received an appraisal compared to the trust target of 90%.
- Staff provided care and treatment based on national guidance and evidence based practice.
- We saw examples of good multidisciplinary working. Doctors, nurses, health care assistants and other healthcare professionals supported each other to provide care.
- Staff provided information to patients on how to manage their condition and promote a healthy lifestyle.
- Staff were aware of the principles of the Mental Capacity Act (2005) in relation to patients that may lack the capacity to make a decision. Staff we spoke with were able to explain patients consent processes.

However:

- There was no clear pathway, that reflected national and best practice guidance, for patients attending the ED with known or suspected mental health issues
- From June 2017 to May 2018, the trust's unplanned re-attendance rate within seven days was consistently worse than the national standard of 5% and was also worse than the England average.

# Urgent and emergency services

## Is the service caring?

**Good** ● → ←

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

- ED staff were committed to providing a safe, compassionate and caring service.
- The trust's urgent and emergency care Friends and Family Test (FFT) performance was consistently better than the England average from May 2017 to April 2018.
- Patients we spoke with were mostly positive about the staff in the ED.
- We saw staff supporting patients emotionally and providing assurance to anxious and distressed patients
- Most patients and relatives we spoke with told us they were involved in their care and given explanations about their treatment.

However:

- The psychiatric assessment room and main corridor escalation area did not ensure patients privacy and dignity.

## Is the service responsive?

**Requires improvement** ● → ←

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

- During our previous inspection we found the ED was using escalation areas within the ED. This meant that patients were cared for on corridors around the 'majors' area and main hospital corridor leading to poor patient experience. We found this was still being practiced during this inspection.
- There had been some improvements in the access and flow in ED since our last inspection. However, demand and capacity still posed problems in regards to the number of patients waiting in the department and length of time patients waited for admission.
- The department did not have a policy in regards to the care of bariatric patients. Staff also told us there were issues with the availability of equipment for bariatric patients.
- From July 2017 to June 2018 the trust consistently failed to meet the Department of Health (DoH) 95% standard for emergency departments, that patients should be admitted, transferred or discharged within four hours of arrival in the department.
- From June 2017 to May 2018 the trust's monthly average total time in A&E per patient (for all patients) was consistently higher than the England average. From June 2017 (194 minutes) to March 2018 (232 minutes), the trend in the trust's performance for this metric had deteriorated. Although, in the last two months of the time period, there was an improvement (around 149 minutes).

However:

- During this inspection we found there had been improvements in the London Ambulance Service (LAS) handover times, with the department meeting the 15 minute target for ambulance handovers. There was also improved performance in regards to patients receiving treatment within one hour of arrival.

# Urgent and emergency services

- The RCEM recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust met the standard in each month over a 12 month period from June 2017 to May 2018, and was consistently better than the England average over the same time period.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The culture was positive and inclusive at local level, but some staff felt this did not extend to the wider organisation. Some staff told us there was a culture at the trust that ED patients were the responsibility of the service and not the wider organisation.
- There were actions in place to improve leadership at the hospital and ED. However, some of the changes were relatively recent and leaders were familiarising themselves with their new roles.
- Staff we spoke with raised concerns about the lack of a mental health strategy for the emergency department (ED).
- Senior staff routinely discussed risks at clinical governance meetings. However, we found mitigating actions on the risk register did not fully address identified risks. We also found risks on the risk register had not always been addressed in a timely way.

However:

- There was a new 52 bed clinical facility which was scheduled for opening in December 2018. This would provide increased capacity in urgent and emergency care services. However, we were not provided with assurances on how the unit would be staffed.
- The ED had a comprehensive education strategy as an aspect of the divisional clinical strategy.

## Outstanding practice

- A new 52 bed clinical facility which was scheduled for opening in December 2018. This would provide increased capacity in urgent and emergency care services.
- The emergency department (ED) had a comprehensive education strategy as an aspect of the divisional clinical strategy. For example, the education strategy included: the introduction of a capital nursing project for the implementation of foundations of emergency department care course; and an income generating emergency department training provision for HMP Belmarsh.

## Areas for improvement

### Action the trust SHOULD take to improve

- Ensure escalation areas do not act as a barrier to evacuation in the event of an emergency.
- Ensure patients are cared for in areas that are appropriate, meet all of their needs and have sufficient space to accommodate the potential number of people using the service at any one time.
- Ensure there are robust processes for the one to one observations of patients with mental health issues.

# Urgent and emergency services

- Ensure joint protocols with mental health liaison staff for observing patients at high risk of suicide and self-harm are followed and that ED staff are aware of the protocol.
- Ensure there is a pathway for patients attending the ED with known or suspected mental health issues that reflects national best practice guidance.
- Ensure risks identified on the risk register fully address risks and are addressed in a timely way.
- Ensure medical staff complete mandatory training in accordance with trust requirements.
- Ensure there is a current and up to date rapid tranquilisation policy.
- Take steps to ensure that the emergency department meets the College of Emergency Medicine recommendations for 16 hours consultant cover, seven days a week.
- Ensure patients assessments and care plans are recorded consistently.
- Ensure controlled drugs records are complete and recorded in accordance with the Misuse of Drugs regulations.
- Ensure there is a policy for the care of bariatric patients and ensure bariatric patients have timely access to bariatric equipment.

# Surgery

Requires improvement   

## Key facts and figures

Queen Elizabeth Hospital provides both emergency and elective surgery. Surgical services are made up of specialities including: general surgery, urology, gynaecology, obstetrics, orthopaedics and vascular surgery.

The trust had 21,262 surgical admissions from March 2017 to February 2018. Of these, 6,606 (31.1%) were emergency admissions, 12,282 (57.7%) were day case admissions, and the remaining 2,374 (11.2%) were elective admissions.

The hospital has five inpatient surgical wards with a total of 101 beds. The division runs seven operating theatres, a pre-assessment unit and a surgical assessment service.

We carried out an inspection from 25 September to 26 September 2018. We visited again on 5 October 2018. Our inspection was a short announcement inspection. Prior to the inspection we reviewed information we had on the service and information from stakeholders.

The inspection team consisted of an inspector and two specialist advisors and a member of the CQC medicines team. We visited the main theatre division, all surgical wards, the day care unit, surgical assessment unit, discharge lounge and hospital and services decontamination unit (HDSU).

During the inspection we spoke with many patients and members of staff, including senior leads, doctors, nurses, support workers and allied health professionals. Following the inspection, we reviewed additional data and other information sent by the trust.

The service was last inspected in May 2018. This was a focused inspection due to concerns raised at the time. Previously the trust had a comprehensive inspection in March 2017, when we rated it requires improvement overall. Safe was rated inadequate, effective, responsive and well-led were rated requires improvement and caring was rated good. At this latest inspection we rated the service requires improvement overall; however, there were improvements made in the safe domain.

## Summary of this service

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

- Medicines were not managed safely and effectively. Poor practices were observed and this had not improved since our last inspection. We have issued the trust with a requirement notice under regulation 12: Safe care and treatment.
- There was a lack of strong oversight for ensuring staff completed mandatory training. Compliance rates were variable and we found no improvement since our last inspection.
- We were not assured patient risk assessments were fully completed. We reviewed records where risk assessments had not been fully recorded and risk assessment tools had not been used properly. We found escalation pathways were not always followed correctly.
- Incidents of a low level were not always reported or captured, which meant there were missed opportunities for identifying common themes and trends.
- There was a shortage of medical staff and allied health professionals (AHPs) and this was a high risk on the surgical divisions risk register. The risk register identified there was no funding to action this further in relation to the AHPs.

# Surgery

- More work was needed to ensure referral to treatment times (RTT) and the 62-day target for patients with cancer were being met.
- Acute medical patients were placed on ward 15AB as outliers, resulting in a need for ward transfer as staff were not trained to provide the medical care required.
- Governance processes were not robust. Risks were not addressed quickly and vital policies had not been developed or updated. We still found patient records were loose and not in chronological order. This had not improved since our last inspection.
- Morale amongst medical staff was low and as a result they were not fully engaged in the governance agenda and quality improvement projects.
- Staff were not fully engaged with the trusts visions, values and mission.

However:

- The trust had acted upon some concerns raised at our last inspection. The day care unit had been reopened solely as a day surgery service and was used more appropriately. Beds were ring fenced and the environment provided more privacy and was no longer used as an escalation area.
- The trust had stopped extra beds being placed in rooms five and six on ward 12, and there was improvement in adherence to the spinal trauma pathway.
- An extra support staff member had been recruited in ward 15AB, which had reduced incidents of patient falls. This was an improvement since our last inspection.
- The surgical division were in the process of restructuring and redefining their vision and values for the service. Under the guidance of new leadership, staff felt more positive of future improvements, although it was too early to meaningfully assess the level and positivity of their impact on the service.

## Is the service safe?

**Requires improvement** ● ↑

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

- The processes for monitoring and ensuring staff completed their mandatory training were not effective. From the data provided, it appeared that compliance rates were variable. We found no improvements since our last inspection.
- Risk assessment tools were not always fully completed on the surgical wards and escalation pathways were not always followed. Therefore, we were not assured patient risks were fully identified and acted upon.
- Although there was an improvement in the security of patient records, with locks on the patient record trolleys, there were occasions they could be accessed by unauthorised individuals. Patient medical notes were still loose and not in chronological order and this had not improved since our last inspection.
- Equipment replacement was not always quick and effective and medicines were not always managed safely and effectively. We observed poor medicine practices within theatres and patients were often discharged without their prescribed medicines.
- Staff did not always report low level incidents. Therefore, the trust was unable to capture information which could identify common themes and trends.

# Surgery

- Medical rosters were only partially established which meant bank and agency staff were often used. This was a high risk on the surgical risk register.

However:

- Since our inspection of May 2018, the day care unit environment had been improved. There was greater privacy and more appropriate usage. Cubicles within the unit were no longer used to place patients with an infection.
- Spinal trauma patients with a category rating of four were no longer placed on inpatient wards. This was an improvement since our last inspection.
- An extra staff member had been recruited to ward 15AB, which meant patients received better care and attention. This was an improvement since our last inspection.
- Rooms five and six in ward 12 were no longer used as an escalation area and extra beds were no longer placed in these rooms. This was an improvement since our last inspection.
- Surgical wards and theatres appeared clean and tidy and staff followed good practices for cleanliness and hygiene.
- Medical outliers were more safely managed, although acute medical outliers were placed in surgical wards, placing extra pressure on staff.

## Is the service effective?

**Requires improvement** ● → ←

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

- Vital policies were not developed or updated, meaning staff did not always have the correct guidance to follow.
- Nutritional risk assessments were not always fully completed and there was a shortage of dietitians and speech and language therapists within the hospital.
- Different pain assessment tools were used between theatre recovery and the surgical wards, which could potentially cause inconsistencies in assessing patient pain.
- The trust had a higher than expected risk of readmission for non-elective admissions when compared to the England average.
- Staff appraisals were not always completed. Appraisal completion was a risk on the surgical division risk register.
- The hospital was not meeting National Institute for Care Excellence (NICE) guidelines for pre, peri and post-operative medical care for bariatric patients.

However:

- Staff worked together as a team to benefit patients and supported each other to provide care. They had access to good training courses and support from the practice development nurse.
- Staff understood their roles and responsibilities with regards to the Mental Capacity Act 2005. They knew the processes to follow for consent for those patients who lacked capacity.
- Patient outcomes were variable against national benchmark audits. We saw actions plans for a few of the audits, but did not have sight for all of the action plans, where performance was below the national average.

# Surgery

## Is the service caring?

**Good** ● → ←

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

- Overall, patients we spoke with were positive about the care and treatment they received. Patients were involved in decision making and were kept informed about their treatment and care.
- Patients were treated with dignity and kindness. Staff respected patient's privacy and were sensitive to their needs.
- The chaplaincy service provided spiritual, religious and emotional support.

## Is the service responsive?

**Requires improvement** ● → ←

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

- There was work to be done to ensure referral to treatment times (RTT) were on target, especially for the incomplete backlog and incomplete pathway indicators. There was a backlog of patients waiting to be seen in pre-assessment.
- Although there had been a recent improvement, the trust was not meeting their 62-day target for patients with cancer, across most of the surgical specialties.
- Theatre utilisation rates was sub-optimal and below the trust target of 85%. The emergency theatre list was not effectively managed, and often started late.
- The trust did not meet their target of responding to all patient complaints within 25 working days.

However:

- The trust had reopened the day care unit to function solely as a day surgery unit, although it was too early to evidence the positive impact this had on the surgical division.
- The trust had set up a joint discharge team, working with social care and commissioners to improve discharge planning for patients.
- The service took account of patients' individual needs including those living with dementia, physical or learning disabilities and communication difficulties.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The surgical division's vision, values and strategy were in the process of being changed. Staff we spoke with were not fully engaged with the current values and mission and were unsure of the direction of the service.
- The surgery division's governance structures were not sufficiently strong. Risks were not always actioned quickly and effectively. Although the trust was making efforts to have more oversight of risks, there was still work to be done.

# Surgery

- Low morale amongst medical staff had led to a lack of engagement with the governance agenda and safety quality improvement projects.

However:

- Staff felt supported and valued by their line managers.
- Staff were positive the new chief executive and chief nurse would make quality improvements within the surgical division.
- There was an improved culture in pockets of the surgical division, noticeably in the day care unit and ward 15AB. Staff could see positive changes taking place.

## Areas for improvement

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

- The trust must improve medicine management overall within the surgical division.

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

- Ensure there are robust systems to monitor and manage mandatory training.
- Ensure patient risk assessments are fully completed and staff know who and where to escalate immediate concerns to.
- Ensure surgical staff report all incidents of all severities and have the time to do so.
- Continue to work and develop effective plans to meet the RTT targets and 62-day targets for patients with cancer.
- Ensure patient medical records in surgical areas are kept in chronological order and secured.
- Continue to work to reduce the number of medical outliers on surgical wards.
- Work with medical staff to address the low morale and find ways of improving their engagement with the governance agenda.
- Improve governance arrangements to ensure risks in all areas are acted upon quickly and effectively.
- Ensure staff are involved in the development of the divisions values, vision and strategy.

# Critical care

Requires improvement   

## Key facts and figures

The critical care service sits in the surgery, theatres and critical care division and is managed by a clinical lead, a lead nurse and a matron. There were 821 admissions to the critical care unit (CCU) between April 2017 and March 2018. 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 an 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.

We inspected the service over two announced inspection days, 25 to 26 September 2018.

During our inspection, we spoke with 28 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with the leadership team for the service. We reviewed 5

patient records and spoke with five patients and four relatives.

## Summary of this service

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

- We observed some gaps in the consultant rota due to the number of consultant vacancies; this meant that the service was not consistently meeting FICM and ICS guidance for consultant cover.
- We found some aspect of medicines storage concerning as some medication were stored in cupboards with a label for a different medication.
- Staff were not using local Safety Standards for Invasive Procedures, as recommended by national patient safety alert, for all invasive procedures carried out on the unit.
- We found a number of policies kept at the patient bedside were past their review date or were not dated.
- ICNARC data showed that unplanned readmission to critical care within 48 hours of discharge was worse when compared with results for similar units.
- Flow and delayed discharges were still a significant issue for the unit. We saw that the percentage of delayed discharged was worse than the England average.
- Occupancy rates were consistently greater than the Royal College of Anaesthetists recommendation of 70% critical care occupancy.
- Concerns previously highlighted about the medical leadership of the unit remained unchanged, Staff described the medical leadership as 'disengaged'.
- We were not assured the leadership team had a robust plan to address the issue of consultant recruitment.
- There was no clear vision and strategy for the critical care unit.

However:

# Critical care

- We saw that the patients requiring surgical tracheostomies or magnetic resonance imaging (MRI) were no longer being transferred to another unit as the hospital was now equipped to carry these procedures.
- There was a good reporting culture and staff received feedback and were able to tell us about lessons learned from recent incidents.
- We found that multidisciplinary working had improved considerably since our last inspection, with weekly MDT meetings taking place on the unit.
- The training and development programme in place for supported nurses through each step of the National Competency Framework for Adult Critical Care Nurses. We saw evidence all nursing staff were suitable trained and assessed prior to working independently.
- The number of non-clinical transfers had significantly improved since the last inspection and was now comparable to a similar unit.
- Staff cared for patients with compassion and Friends and Family Test responses showed that over 90% of respondents reported they would recommend the service.
- All staff, including medical and AHPs, described the nursing leadership as excellent and inspiring. The matron and senior nurses created a culture of openness which enabled staff of all discipline to interact well with each other.

## Is the service safe?

**Requires improvement** ● → ←

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

- Consultant staffing levels did not meet FICM and ICS guidance overnight or at weekends and we also observed some gaps in the consultant rota due to the number of consultant vacancies.
- The environment was not meeting current national building guidance and Intensive Care Society standards regarding space between beds.
- We found some aspect of medicines storage concerning as some medicines were stored in cupboards with a label for a different medication.
- We observed some gaps in documentation where staff were not carrying out delirium screening as per the trust policy and not recording ward rounds twice daily.
- The unit had guidelines in place for invasive procedures however, there were no overall checklists for all aspects of an invasive procedure.

However:

- We saw that the patients requiring surgical tracheostomies were no longer being transferred to another unit as the hospital was now equipped to carry this procedure.
- There was a good reporting culture and staff received feedback and were able to tell us about lessons learned from recent incidents.
- We found a good level of cleanliness on the unit and ICNARC data showed no concerns in relation to hospital-acquired infections.

# Critical care

## Is the service effective?

**Good** ● → ←

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

- We found that multidisciplinary working had improved considerably since our last inspection, with weekly MDT meetings taking place on the unit.
- The training and development programme in place for supported nurses through each step of the National Competency Framework for Adult Critical Care Nurses. We saw evidence all nursing staff were suitable trained and assessed prior to working independently.
- Appraisal rates for nursing staff was meeting the trust target of 90%.
- The critical care unit contributed data to the ICNARC database which meant care delivered and patient outcomes were benchmarked against similar units nationally.

However:

- We found a number of policies kept at the patient bedside were past their review date or were not dated.
- ICNARC data showed that unplanned readmission to critical care within 48 hours of discharge was worse when compared with results for similar units.
- There was no consultant led teaching for trainee doctors due to consultant vacancies.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Results from the Friends and Family Test responses showed that over 90% of respondents reported they would recommend the service.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients and their relatives to minimise their distress.

However:

- Patient privacy and dignity was sometimes compromised since beds were in such close proximity to each other.
- There was limited information available of other external organisation offering support for patient and their relatives.

## Is the service responsive?

**Requires improvement** ● → ←

# Critical care

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

- Flow and delayed discharges were still a significant issue for the unit. We saw that the percentage of delayed discharged was worse than the England average.
- Occupancy rates were consistently greater than the Royal College of Anaesthetists recommendation of 70% critical care occupancy.
- All complaints relating to critical care had not been answered within the target period of 25 working days.
- Facilities for relatives were limited to a small waiting area, with no drink making facilities. There was also no provision for overnight accommodation for relatives.
- Patients did not have access to psychological support as patients attending the follow up clinic were only seen by a nurse currently.
- Although the staff told us they tried to accommodate male and female patients in separate bays, they were not formally recording mix sex breaches so it was unclear how often this was happening.

However:

- The number of non-clinical transfers had significantly improved since the last inspection and was now comparable to similar unit.
- The unit had a lower number of out of hours discharges compared to similar units and nationally.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Concerns previously highlighted about the medical leadership of the unit remained unchanged, Staff described the medical leadership as 'disengaged'.
- The clinical lead was based at University Hospital Lewisham and was not present on the unit. We were not assured that the team had a coherent strategy on how to lead the critical care unit on the two sites.
- We were not assured the leadership team had a robust plan to address the issue of consultant recruitment.
- The unit was not meeting the FICM consultant to patient ratio out of hours and due to gaps in the consultant rota, this was now also happening during normal working hours.
- Staff on the unit were not aware of the vision and strategy for the unit. We requested the strategy document but did not receive this.

However:

- All staff, including medical and AHPs, described the nursing leadership as excellent and inspiring. The matron and senior nurses created a culture of openness which enabled staff of all discipline to interact well with each other.
- The critical care risk register included the risks we identified and the risk register was reviewed monthly at governance meeting attended by the MDT.

# Critical care

## Areas for improvement

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

- The trust must address the issue with consultant staffing and ensure the unit was meeting FICM standards for consultant to patient ratio.

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

- The trust should ensure all medication cupboards on critical care are correctly labelled.
- The trust should ensure the critical care unit has a clear documented vision and strategy and share this with staff.
- The trust should ensure patients have access to psychological support, in line with FICM standards.
- The trust should implement a strategy to reduce the high number of delayed discharges from the unit.
- Ensure that checklists for invasive procedures comply with best practice.

# Maternity

Good   

## Key facts and figures

Maternity services at Queen Elizabeth Hospital included a range of antenatal, intrapartum and postnatal care at the main site and within the local community across the boroughs of Lewisham, Greenwich and Bexley.

There are 73 beds at Queen Elizabeth Hospital for maternity patients.

The maternity service at Queen Elizabeth Hospital consists of an obstetric-led delivery service, a midwife-led birth centre and maternity ward (antenatal and postnatal). There is a day assessment unit and antenatal clinic. The 73 maternity beds at the hospital are made up of:

- 31 beds on the maternity ward
- 21 beds on the obstetric delivery suite
- 9 beds on the midwife-led birth centre
- 7 beds on the day assessment unit
- 5 beds on the antenatal clinic

There are six rooms in the delivery suite and five in the birth centre that can be used flexibly as additional antenatal or postnatal rooms. There is a 31 bedded ward for antenatal and postnatal care, consisting of four bedded bays and single rooms. These beds are for antenatal women whose pregnancies have been assessed as high risk and for women and babies requiring additional support in the form of transitional care before going home. There is a separate self-contained room adjacent to the delivery suite, the Jade room, for bereaved families with a double bed and seating area, tea and coffee making facilities and an en-suite shower. There is a smaller room, the Dove room, where bereaved parents can spend time with their baby. Antenatal clinics are held in the hospital and in local GP surgeries, health centres and children centres.

There is a fetal screening service for women between 11 and 13 weeks of pregnancy and opportunities for later scans if required. A seven bedded maternity day assessment for women with abdominal pain, raised blood pressure or reduced fetal movements, for example is also available. This is open from 8am-8pm Monday to Friday and 10am-4pm at weekends.

### Community-based midwifery services

The community-based maternity service for the trust catchment area provides services to women living in the Greenwich, Bexley and Lewisham local authority areas. Antenatal and postnatal care is provided in children's centres and GP surgeries, and in woman's homes.

We inspected Queen Elizabeth Hospital maternity services during an announced visit on the 25th and 26th September 2018.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

## Summary of this service

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

# Maternity

- Staff had the right skills and experience and were clear about which guidelines and legislation they were working too. These ensured women were provided with the best level of care based on best practices.
- There had been improvements in staffing with new consultant posts filled and newly qualified midwives ready to join the service. Rota gaps were often filled with regular staff undertaking overtime to ensure a safe service.
- The environment in which women received care was managed safely and staff followed infection prevention and control practices.
- The services were arranged to meet the individual needs of women and their families. Women had their physical, mental and social care needs regularly assessed throughout all stages of their pregnancy. Feedback from women was overwhelmingly positive about their personal choices, and the level of care and support received.
- The culture was supportive, open, and honest and promoted good working practices. Managers promoted innovation and supported staff to come up with ideas on how the service could be improved.
- Incidents, risks and near misses were regularly reported and acted upon. There were arrangements for monitoring the quality of service, performance outcomes and risk register together with action plans enabled continuous oversight.

However:

- Mandatory training skills did not always meet the trusts own targets.
- Improvements were required to ensure complaints were responded too in a timely manner and in line with the trusts policy.

## Is the service safe?

**Good** 

We rated it as good because:

- Staff had a good understanding of current safeguarding issues, the process for reporting these and related policies.
- The environment was visibly clean with adequate facilities for washing hands and handling sterile equipment. The birthing pools were cleaned daily with evidence of cleaning schedules and audits.
- Pain assessments had been completed and reviewed and pain medicines were provided in a timely way.
- Consultant medical staff 'acted down' and covered vacant lower grade medical posts. This ensured there was a safe staffing level and women were treated in a timely way.
- Systems and processes for reporting incidents and near misses were understood by staff. Learning from incident reviews was seen as a positive opportunity to improve.
- Care records were kept securely and completed as per recommended legislation. Risks and benefits of treatment and care were clearly identified and discussed.

However:

- The trust provided mandatory training skills for all staff but these had not always been completed to the trust's required target.

# Maternity

## Is the service effective?

**Good** ●

We rated it as good because:

- There was evidence of effective multidisciplinary working with internal and external services.
- Staff had the right skills and competencies to manage women with additional needs. The trust employed midwives with specific skills in teenage pregnancy, smoking cessation and bereavement.
- Relevant consent and decision-making requirements were used effectively and according to legislation and guidance.
- Women had their physical, mental health and social needs assessed at varying stages throughout their pregnancy. We saw evidence that women were treated and cared for in line with evidence based guidance.
- Health promotion was provided by staff to support women to care for themselves and their child.
- The service carried out several audits at local and national level, which ensured staff could see areas for improvement and where the service was doing well.
- Staff had regular appraisals and learning objectives completed. They had opportunities to develop additional skills and to identify training needs.
- The maternity unit was an accredited level three baby friendly service providing advice and support for breastfeeding mothers and women who had decided to bottle feed.

However:

- Appraisal rates did not comply with the trust's target of 90%.

## Is the service caring?

**Good** ●

We rated it as good because:

- Women and partners we spoke with told us they received good care and had all of their needs addressed. This included being treated with respect and affording them privacy and dignity.
- Staff provided emotional support and treated women with kindness and understanding. Support was provided for women, partners and relatives.
- Women, partners and relatives were involved in shared decision making and communication was clear, which ensured women understood all aspects of their care and treatment.
- Staff provided sensitive and compassionate care to women who had experienced miscarriage and stillbirth.

## Is the service responsive?

**Good** ●

We rated it as good because:

# Maternity

- The service followed the better birth recommendations and provided care in a way which reflected the needs of the local population. Information about maternity services was clear and available from a variety of sources.
- People could access the service when required. The service offered a 24-hour telephone advice line and an email support.
- The service provided continuity of care between antenatal, intrapartum and post-natal care. Midwives were assigned to each woman and followed them through their pregnancy.
- Staff working in the community were focused on providing a responsive and needs led service. Service was delivered and co-ordinated to meet individual needs based upon risk.
- Cross-site working between University Hospital Lewisham and Queen Elizabeth Hospital meant that women's care plans were always met.

However:

- Improvements were required to ensure complaints raised were investigated and responded to within the trusts own target.
- The service had limited scope to audit and identify themes from complaints to ensure the service improves.

## Is the service well-led?

**Good** 

We rated it as good because:

- Managers had the right skills and abilities to lead the maternity service. There was clear leadership structure, which ensured there was an identifiable line of accountability.
- The governance arrangements supported a range of opportunities to identify and respond to risks, to oversee quality of services and performance outputs. Maternity staff were engaged in the making and implementation of the local strategy, which underpinned the delivery of services.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services.
- There was a positive culture across the maternity service, which encouraged and supported openness, learning and embracing change. Staff told us management was effective, approachable and responsive to needs of the service.
- Staff were actively encouraged to promote innovation and identify areas for improvement. Regular team meetings provided an opportunity for staff to speak up in a supportive environment to bring new ideas and suggestions. Some ideas had been translated into real-time activities, such as health education.

However:

Improvements were required to ensure all staff understood local risks within the service, so they could be effectively managed.

## Outstanding practice

The implementation of an 'education bus' was recognised as a valuable method for promoting health related matters.

# Maternity

## Areas for improvement

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

- The maternity services should ensure complaints are responded to within the trusts own target.
- The trust should ensure mandatory training, appraisal and complaint response rate targets are met, in line with their guidance.

# End of life care

Requires improvement  

## Key facts and figures

The trust provides end of life care at one of its sites, University Hospital Lewisham. The trust has arrangements to provide specialist palliative care at Queen Elizabeth Hospital. The service is provided by Greenwich and Bexley Community Hospice; although the medical staff are employed by the Trust, the nursing and administrative staff are employed by the Hospice. All staff are managed by the Hospice and hold honorary contracts with the Trust.

The GBCH in-reach hospital team provide a visiting service Monday to Friday between 9am and 5pm. Outside of these hours on-call advice is available by telephone to GBCH and via an email service.

A proposal was submitted to local clinical commissioning groups (CCG) recently to address provision of a seven-day specialist palliative care service at the hospital.

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

We visited several wards, the chaplaincy service and multi-faith room, the mortuary and bereavement offices. We reviewed 10 patient records and spoke with five end of life patients and relatives. We also spoke with 23 members of staff from all departments involved with providing end of life and palliative care. In addition, we reviewed trust policies and audit data.

## Summary of this service

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

- There was still not a seven-day SPCT service.
- The often-large paper patient medical records were not always fully bound or in the correct order.
- We noted inconsistent completion of mental capacity assessments, the recording of pain scores and eating and fluid intake charts.
- There was no succession planning for when the current end of life care strategy comes to an end in March 2019.
- Minutes from the end of life steering group showed that attendance was variable.

However:

- Awareness of end of life care at staff and trust level had improved since our previous inspection.
- There was evidence of good multidisciplinary team working between ward staff, the specialist palliative care team (SPCT) and other allied healthcare professionals (AHP).
- A dedicated end of life risk register had been introduced since our last inspection.
- With the help of the SPCT rapid discharge of patients to their homes or other preferred place of care could be arranged.

## Is the service safe?

Requires improvement   

# End of life care

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

- There were still not sufficient staff to provide a seven-day SPCT service.
- Of the records we reviewed we found the nursing charts to be inconsistent and the care plans to be too brief with little in the way of guidance. The care plan did not always fit with the principles of care for dying patients.
- There was a plan to implement a centralised end of life care patient record and tracking system to ensure staff had rapid, seamless access to care plans and medicine reviews. This was due to be implemented by April 2019.
- The trust's clinical documentation audit 2017-2018 found of the sampled QEH records only 74% were fully bound and only 22% had all the pages in the correct section.
- We observed records that did not record a Mental Capacity Act 2005 (MCA) assessment even though the patient's DNACPR noted the patient lacked capacity to decide about resuscitation.
- The trust had newly introduced treatment escalation plan (TEP) during the month of the inspection, however, it was too early to determine if there was evidence that the plans had worked
- The post-mortem area was cluttered and cramped.
- The plan to have an end of life link nurse on every ward had a low take up from staff.
- Staff could describe the incident reporting procedure but some were unable to provide evidence of learning or change in practise resulting from those reported.

However:

- The areas we inspected were visibly clean and we observed good use of the provided personal protective equipment by staff.
- The mortuary had a computer controlled system to monitor the fridges and a robust protocol in place should a fault occur.
- To take away (TTA) medicines were prioritised for rapid discharge patients.

## Is the service effective?

**Requires improvement** ● ↑

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

- We noted inconsistent completion of mental capacity assessments.
- Staff were not always recording pain scores and we found inconsistencies between pain scores and the administration of analgesia.
- Recording of food and fluid intake by patients was inconsistent.
- There was evidence of some medical staff actively treating patients rather than moving on to end of life care or referring late.
- The SPCT was unable to provide a seven-day onsite service.
- The SPCT had redesigned their referral form to improve the quality of referrals. However, this had not yet been audited and improvement had not been demonstrated.

# End of life care

- The trust was at the data entry stage for the National Care of the Dying Audit. However, there was still work to do in terms of making action plans and implementing changes.

However:

- We found the policies, procedures and processes provided to staff complied with national guidelines and good practice recommendations.
- We noted good use of anticipatory medicines for end of life patients.
- There was a greater awareness around care for dying patients throughout the hospital.
- We saw good use of syringe drivers where oral medicines had become inappropriate.
- There was evidence of good multidisciplinary team working between ward staff, the specialist palliative care team (SPCT) and other allied healthcare professionals (AHP).

## Is the service caring?

**Good** ● ↑

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

- We noted medical staff had recorded conversations with patients and/or relatives regarding DNACPR decisions in patient medical records.
- The chaplaincy held monthly cremation services for non-viable foetuses attended by family members and staff.
- Staff on an elderly care ward, where end of life care was provided, organised afternoon tea parties for their patients.
- The mortuary and bereavement team provided a compassionate and responsive service to relatives.
- The hospital had arrangements in place for visiting relatives of end of life patients to help with the cost of parking etc.
- An annual non-religious service takes place to commemorate adults who have died.

However:

- The hospital had arrangements in place for visiting relatives of end of life patients to help with the cost of parking but patients had not always been made aware of these.

## Is the service responsive?

**Good** ● ↑

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

- The SPCT and ward staff could arrange for the rapid discharge of end of life patients to their preferred place of care.
- The ward staff spoke positively about the SPCT referral process.
- The service took account of patients' individual needs. All staff had training in equality and diversity and guidance was available to support staff with providing care in accordance with peoples' religious and cultural preferences.
- The chaplaincy provided a seven-day 9am -5pm on-site service with a 24 hour on call service.

# End of life care

- Mortuary viewing facilities were appropriate and allowed relatives privacy.
- Complaints were reviewed by the end of life steering committee.
- There was information throughout the hospital about how to contact the patient advice and liaison service (PALS).

However:

- We requested data to establish the number and percentage of patients seen within 24 hours and 48 hours when referred to the SPCT. The trust provided the response that 60.5% of patients were seen within 24 hours and 77.7% of patients were seen within 48 hours of referral. The trust provided data that showed the mean waiting time was 1.3 days with the median being 1 day. However, there was no time frame given or number of patients provided.

## Is the service well-led?

Good   

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

- Hospital staff spoke highly of the chief executive officer and the chief nurse both newly appointed in April 2018.
- In March 2017 we reported there was no non-executive director (NED) with lead responsibility for promoting end of life in the trust. The trust chair person was now the NED and attended the end of life care steering group meetings.
- There was now a dedicated end of life care risk register which was discussed at each end of life care steering group meeting.
- An end of life steering group was established to oversee the implementation of the strategy.
- The profile of end of life care has been raised significantly since our last inspection.

However:

- There was no succession planning for when the current end of life care strategy comes to an end in March 2019.
- The potential health and safety risk caused by the presence of the storage of clinical waste in the mortuary post mortem area was not on the risk register.

## Areas for improvement

### Action the trust SHOULD take to improve

- Continue to work to provide a seven day service.
- Have a clear plan in place to follow on from the end of life care strategy 2016 – 2019.
- Work to improve their response times.
- Monitor treatment escalation plans and their impact on early recognition of patients requiring end of life care.
- Take steps to mitigate any health and safety risk caused by the storage of clinical waste within the mortuary.
- Continue to promote proper completion of Mental Capacity Act assessments.
- Improve the consistency and detail of patient's end of life care plans.
- Continue to compile data for audits and implement action plans.

# University Hospital Lewisham

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## Key facts and figures

Lewisham and Greenwich NHS Trust was formed in October 2013 by the merger of Lewisham Healthcare Trust and the Queen Elizabeth Hospital (QEH) following the dissolution of the South London Healthcare Trust by the Trust Special Administrator.

Lewisham is the fifth largest inner London borough and the 2018 Joint Strategic Needs Assessment the estimated the population of the borough was 301,300. It is one of the 20% most deprived local authority areas in England with 26% of children defined as living in poverty. Ten out of 29 indicators for health and deprivation are worse than the England average in the borough. Life expectancy in Lewisham is below that of London and England, for both males and females.

University Hospital Lewisham (UHL) has 370 beds and is a district general hospital. It provides 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. We inspected maternity, surgery, end of life and urgent and emergency services. The main clinical commissioning group (CCG) for the hospital is Lewisham CCG.

Results from the trust's 2017 inpatient survey showed an improvement compared to the 2016 inpatient survey, however, less responses were received in the 2017 inpatient survey. Areas that had improved included the length of time patients had to wait to get a bed on a ward and confidence and trust in medical staff. Some areas had deteriorated including nurses acknowledging patients and their answers to questions. Patients' confidence and trust in nurses, sufficient nurses on duty remained about the same.

In the NHS Staff Survey 2017 the top five questions for the trust included staff feeling their role made a difference, quality of appraisals and training. The bottom five questions included percentage of staff having an appraisal, staff satisfaction with resourcing and support, percentage of staff working extra hours and organisation's interest an action on health and wellbeing.

During the inspection, we spoke with over 20 patients, relatives and carers, over 70 members of staff from various disciplines. We reviewed over 30 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:

# Summary of findings

- We found some improvements had been made since the last planned inspection, in 2017, but, more work was needed to bring about the substantial improvements that were required.
- However, some of the improvements were too recent to assess their effectiveness.
- There were staffing shortages in most of the services we inspected and staffing levels were not always in line with national guidance. This was a problem at previous inspections but has worsened.
- Shortages of nursing staff were impacting on the effectiveness of end of life care, availability of link nurses, and it was not a seven day service.
- Medicines management remained a concern in surgery and at this inspection was also found to be a problem in the emergency department.
- In surgery not all policies and procedures had been reviewed in line with agreed timescales and some policies were yet to be developed. In the emergency department staff were not aware of the all the policies related to the care of patients with mental health needs.
- Tools to identify patients who may be deteriorating were not used consistently across the services inspected.
- Not all medical staff were up to date with their mandatory training.
- Patient records were not always fully complete. We found some incomplete care plans and nutritional assessments.
- In end of life care, we found patients had not always received their pain relieving medicine on time.
- The uptake of appraisals and completion of mandatory training was variable and did not always meet the trust target.
- In day care morale was low and staff did not always feel supported by their immediate line managers.

However:

- Some action had been taken following previous inspections with improvements maintained.
- The profile and leadership of end of life care had improved and we found some action had been taken to improve patient care along with the systems for reviewing and improving the quality and safety of the service.
- Maternity services had made improvements and was rated as good.
- Staff were aware of the incident reporting system and there was a good culture of incident reporting.
- We saw improvements in staff hand hygiene.
- In most services we inspected there was good multidisciplinary working and we found good cross site working in maternity services.
- In all services we inspected we found staff were caring and patients were treated with dignity and respect.
- Services had systems to record and manage risk but, some risks were long standing and had yet to be resolved.
- The majority of staff were positive about their immediate line managers and felt they were kept informed, listened to and their contribution was valued.
- The divisions were undergoing a restructure at the time of the inspection with the aim of strengthening leadership and devolving decision making.

# Urgent and emergency services

Good ● ↑

## Key facts and figures

University Hospital Lewisham (UHL) provides urgent and emergency care services which are open 24 hours a day, 365 days per year. UHL is a trauma receiving unit and all emergency surgery is undertaken at the Hospital. The hospital received emergency adult, paediatric and maternity patients.

All adult patients walking into the emergency department were initially seen by a nurse who carried out an initial assessment (streaming). Patients identified who require a further clinical assessment are then triaged using the Manchester triage system.

Patients were prioritised to be seen in the urgent care centre (UCC), to be seen by a GP or offered a GP appointment, directed to ambulatory care if referred by the GP and accepted by the ambulatory care team. Once streamed, patients were then sent to the receptionist to register. If a patient required urgent assistance and couldn't wait to be triaged the patient would be taken directly to the ED.

The paediatric ED was separate from the adult ED with its own waiting area. There were 31,513 paediatric attendances during the period April 2017 to March 2018.

During this inspection we spoke with 19 staff from a range of clinical and non-clinical roles and of varying grades. We spoke with seven patients and relatives. We reviewed 10 patient records. 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 improved. We rated it as good because:

- There was a clear leadership structure. The emergency departments came under different directorates. The adult emergency department was part of the acute and emergency medicine (AEM) division and the paediatric emergency department part of the children and young persons (CYP) division. At a local level the adult emergency department (ED) was led by the clinical director. There was a clear clinical leadership presence in the department.
- The operating plan set out a clear vision for the ED at University Hospital Lewisham (UHL) which included service improvements.
- There was an emergency department education strategy for all nursing grades which set out the opportunities for further learning and development. Nursing staff told us there were opportunities for them to progress.
- There was a culture of honesty, openness and transparency and staff told us there was learning from mistakes. Staff felt valued, supported and spoke highly of their job; there was good team work and peer support.
- Risks for the ED were incorporated on their divisional risk registers with details of the actions to mitigate them and regular review.
- In the paediatric ED, staffing levels complied with the Royal College of Paediatrics and Children's Health (RCPCH) by having a minimum of two children's nurses in the ED 24 hours a day seven days per week. All nursing staff were registered children's nurses.

# Urgent and emergency services

- The records reviewed showed the ED used the National Early Warning Score (NEWS) system to detect deterioration in adult patients. As part of the quality assurance in the ED the nurse in charge of majors checked all patients every four hours.
- Mental health liaison nurses were available to assess patients 24 hours a day seven days per week.
- Staff we spoke with were aware of how to report incidents. Staff told us that learning from incidents was shared.
- The ED participated in national audits to improve the care and treatment provided to patients. They also acted in response to the audit findings.
- The trust was participating in the national commissioning for quality and innovation (CQUIN); improving services for people with mental health needs who present to A&E to reduce attendances by frequent attenders.
- The trust had a comprehensive emergency department education strategy which set out the additional training requirements for nurses, emergency nurse practitioners (ENP) and advanced clinical practitioners (ACP).
- The trust had a service level agreement with a neighbouring mental health trust detailing the service provision and staffing availability of the mental health liaison team.
- Consultants were available seven days a week in the both departments and on-call if required.
- Staff provided treatment and care in a kind and compassionate way and treated people with respect.
- People told us the staff were very friendly and helpful. All the patients we spoke with were happy with their care and raised no concerns. In the paediatric ED one parent told us the treatment of their child is 'always very impressive'.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was consistently better than the England average from May 2017 to April 2018.
- The emergency department had a relative's room where families could go to discuss issues with medical staff or amongst themselves relating to loved ones care or emotional support.
- Staff took time to ensure patients and their families understood treatment. We observed doctors speaking respectfully and professionally about next steps for patients.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust met the standard over the 12 month period from June 2017 to May 2018, and was consistently better than the England average over the same time period.
- The ED had taken steps to address flow through the department. Patients attending the ED were streamed to GP services which were available seven days per week or the Urgent Care Centre that was available 24 hours per day 365 days per year.
- The ED could refer patients directly to the acute admissions unit AMU and the frailty unit which meant patients did not need to be assessed by a medicine consultant prior to admission.
- Four recently reconfigured cubicles enabled the department to accommodate mental health patients awaiting admission. The department also has a psychiatric assessment room for patients requiring a Mental Health assessment.
- Complaints were investigated and closed in line with the trust policy complaints being responded to within 25 working days of receipt. The ED took an average of 15 working days to investigate and close the complaints.

However

# Urgent and emergency services

- Whilst the ED was meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 24 hour 7 days a week cover. The service did not have a minimum of 16 hours of consultant presence 7 days per week. This was similar to what we found at the last inspection.
- Mandatory training was below the trust target of 85% for medical staff in all 10 mandatory training courses and nursing staff in seven of the 14 mandatory training courses made available to them.
- Whilst nursing staff reported that rapid tranquilisation was rarely administered to mental health patients in the ED department. Staff did not know if the trust had a rapid tranquilisation policy.
- Some aspects of medicines management was safe. In the adult ED we found there were no records of the FP10s in stock and that no action was taken when fridge temperatures were out of range.
- On the inspection we saw evidence of good practice in relation to hand hygiene and compliance to the trust policy of bare below elbows. However, the trust's own internal audit data compliance varied from between 100% and 73%.
- Appraisal rates of nursing staff for the period April 2017 to March 2018 was below the trust target of 90%.
- There was little information for patients attending the emergency department about quality and performance.
- Whilst privacy and dignity was maintained; curtains and screens were used in majors and resus areas. We observed that patients queuing to be streamed at the entrance of the ED could be overheard when discussing their health issues with the streaming nurse which compromised patients' dignity and respect.
- The ED did not have specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker.

## Is the service safe?

**Requires improvement** ● → ←

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

- The ED was not meeting the Royal College of Emergency Medicine (RCEM) recommendations that consultants should provide 24 hour 7 days a week cover. There was not a minimum of 16 hours of consultant presence 7 days per week.
- Mandatory training was below the trust target of 85% for medical staff in all 10 mandatory training courses and nursing staff in seven of the 14 mandatory training courses made available to them.
- Whilst nursing staff reported that rapid tranquilisation was rarely administered to mental health patients in the ED department. Staff did not know if the trust had a rapid tranquilisation policy.
- On the inspection we saw evidence of good practice in relation to hand hygiene and compliance to the trust policy of bare below elbows. However, the trusts own internal audit data compliance varied from between 100% and 73%.
- Some aspects of medicines management were safe. In the adult ED we found there were no records of the FP 10s in stock and that no action was taken when fridge temperatures were out of range.

However:

- In the paediatric ED, staffing levels complied with the Royal College of Paediatrics and Children's Health (RCPCH) by having a minimum of two children's nurses in the ED 24 hours a day seven days per week. All nursing staff were registered children's nurses.

# Urgent and emergency services

- The records reviewed showed the ED used the National Early Warning Score (NEWS) system to detect deterioration in adult patients. As part of the quality assurance in the ED the nurse in charge of majors checked all patients every four hours.
- Mental health liaison nurses were available to assess patients 24 hours a day seven days per week.
- Staff we spoke with were aware of how to report incidents. Staff told us that learning from incidents was shared.

## Is the service effective?

Good ● → ←

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

- The ED participated in national audits to improve the care and treatment provided to patients. They also acted in response to the audit findings.
- The trust was participating in the national commissioning for quality and innovation (CQUIN); improving services for people with mental health needs who present to A&E to reduce attendances by frequent attenders.
- The trust had a comprehensive emergency department education strategy which set out the additional training requirements for nurses, emergency nurse practitioners (ENP) and advanced clinical practitioners (ACP).
- The trust had a service level agreement with a neighbouring mental health trust detailing the service provision and staffing availability of the mental health liaison team.
- Consultants were available seven days a week in the both departments and on-call if required.

However

- Appraisal rates of nursing staff for the period April 2017 to March 2018 was below the trust target of 90%.

## Is the service caring?

Good ● → ←

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

- Staff provided treatment and care in a kind and compassionate way and treated people with respect.
- People told us the staff were very friendly and helpful. All the patients we spoke with were happy with their care and raised no concerns. In the paediatric ED one parent told us the treatment of their child is 'always very impressive'.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was consistently better than the England average from May 2017 to April 2018.
- The emergency department had a relative's room where families could go to discuss issues with medical staff or amongst themselves relating to loved ones care or emotional support.
- Staff took time to ensure patients and their families understood treatment. We observed doctors speaking respectfully and professionally about next steps for patients.

However

# Urgent and emergency services

- Whilst privacy and dignity was maintained; curtains and screens were used in majors and resus areas. We observed that patients queuing to be streamed at the entrance of the ED could be overheard when discussing their health issues with the streaming nurse which compromised patients' dignity and respect.

## Is the service responsive?

Good ● ↑

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

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust met the standard over the 12 month period from June 2017 to May 2018, and was consistently better than the England average over the same time period.
- The ED had taken steps to address flow through the department. Patients attending the ED were streamed to GP services which were available seven days per week or the Urgent Care Centre that was available 24 hours per day 365 days per year.
- The ED could refer patients directly to the acute admissions unit AMU and the frailty unit which meant patients did not need to be assessed by a medicine consultant prior to admission.
- Four recently reconfigured cubicles enabled the department to accommodate mental health patients awaiting admission. The department also has a psychiatric assessment room for patients requiring a Mental Health assessment.
- Complaints were investigated and closed in line with the trust policy complaints being responded to within 25 working days of receipt. The ED took an average of 15 working days to investigate and close the complaints.

However:

- The ED did not have specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker.

## Is the service well-led?

Good ● ↑

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

- There was a clear leadership structure. The emergency departments came under different directorates. The adult emergency department was part of the acute and emergency medicine (AEM) division and the paediatric emergency department part of the children and young persons (CYP) division. At a local level the adult emergency department (ED) was led by the clinical director. There was a clear clinical leadership presence in the department.
- The operating plan set out a clear vision for the ED at University Hospital Lewisham (UHL) which included service improvements.
- There was an emergency department education strategy for all nursing grades which set out the opportunities for further learning and development. Nursing staff told us there were opportunities for them to progress.
- There was a culture of honesty, openness and transparency and staff told us there was learning from mistakes. Staff felt valued, supported and spoke highly of their job; there was good team work and peer support.

# Urgent and emergency services

- Risks for the ED were incorporated on their divisional risk registers with details of the actions to mitigate them and regular review.

However:

- There was little information for patients attending the emergency department about quality and performance.

## Areas for improvement

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

- The provider must ensure all aspects of medicines are managed safely.

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

- The provider should ensure there is a minimum of 16 hours of consultant presence seven days per week.
- The provider should ensure that medical and nursing staff mandatory training meets the trust target of 85%.
- The provider should ensure the Department of Health and Social Care accident and emergency standard, for 95% of patients to be admitted, transferred or discharged within four hours is met.
- The provider should ensure that staff were aware of the rapid tranquilisation policy.
- The provider should ensure the ED hand hygiene compliance meets the trust target
- The provider should ensure appraisal rates for nursing staff meet the trust target of 90%.
- The provider should ensure patients dignity and respect is maintained when they are being streamed.
- The provider should ensure ambulatory care unit is available 14 hours per day seven days per week.
- The provider should ensure the ED has specific arrangements to meet the needs of patients with dementia or means of identifying people with dementia by means of an identity band or special sticker.
- The provider should ensure information is displayed for patients attending the emergency department about quality and performance.

# Surgery

Requires improvement   

## Key facts and figures

The surgery department at University Hospital Lewisham provides a seven day a week, 24 hour a day service, primarily serving the communities of the London Boroughs of Lewisham, Bexley and the Royal London Borough of Greenwich.

The trust had 21,262 surgical admissions from March 2017 to February 2018. Of these, 6,606 (31.1%) were emergency admissions, 12,282 (57.7%) were day case admissions, and the remaining 2,374 (11.2%) were elective admissions. UHL is a trauma unit and emergency surgery is undertaken at the hospital.

The department is based primarily within the main building of the hospital. There are two theatre suites: Ravensbourne theatres, with four adult operating theatres and two children's operating theatres and Riverside Treatment Centre, with four adult operating theatres (two of which are dedicated laminar flow orthopaedic theatres). There are three endoscopy rooms, a minor procedure treatment room, an admission area with consultation rooms, a patient waiting room and a day surgery discharge facility. Each of the theatre suites had its own recovery areas, and there was a separate paediatric recovery area.

Additional theatre space was provided in the Vanguard theatre suite, which the trust rented from an external company. The Vanguard theatre suite was staffed by the trust's own staff, with one staff member from the external company to manage the relationship with the trust.

Elective surgery takes place in the Ravensbourne theatres between 8am and 5pm. Emergency or urgent surgery can be performed 24 hours per day, 365 days per year.

There were four surgical wards, Cedar, Juniper and Larch and Linden, located in the main building.

In addition, there was a pre-assessment unit, where patients were assessed in advance of surgery, and the Bell admissions unit, where patients were prepared and waited for surgery.

We carried out an inspection on 25 and 26 September 2018. Our inspection was announced with a short notice period to enable us to observe routine activity. In addition, we made a return unannounced visit to the division on 3 October 2018.

We observed care and treatment, looked at 10 patient records and spoke with 28 members of staff, including nurses, doctors of all grades, allied health professionals, healthcare assistants and administrative and domestic staff. We spoke with seven patients and five relatives of people using the service.

## Summary of this service

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

- The management of medicines had not improved and there remained issues with the management and record keeping for controlled drugs, as well as the storage of other medicines. These matters had been highlighted to the trust at our comprehensive inspection in March 2017 and had been the subject of a requirement notice at that time.
- Whilst the environment was generally clean and clutter free, the corridor leading to the Vanguard theatre suite was being used to store equipment including sterile surgical kits. This presented both an infection risk to patients and a fire safety risk to patients and staff. This was addressed following our first visit, after we raised the concern to staff.

# Surgery

- A number of policies and procedures had not been reviewed in line with their review date and there were a number of vital policies yet to be developed.
- Records in respect of patients' nutrition were incomplete.
- Whilst there were examples of positive multidisciplinary team (MDT) working throughout the division, the relationship between staff in the day surgery unit and the endoscopy staff was dysfunctional. The local leadership had failed to address the working relationships of staff. This impacted not only on the effectiveness of patient care, but had the potential to affect patients' confidence in those caring for them.
- Recruitment and retention of staff continued to be a critical issue for the trust, which the leadership had failed to fully address. At our inspection in March 2017, the issue had related solely to middle grade doctors, however, there were now recruitment and retention issues for medical staff of all grades, including consultants and junior doctors.
- Risks remained on the risk register for a prolonged period and, whilst efforts were made at mitigation, the risks were not resolved.
- Staff in the day surgery unit were highly critical of leadership at all levels. A significant number of staff we spoke with reported low morale.

However:

- Adherence to hand hygiene best practice had improved significantly since March 2017 inspection.
- Clinical nurse specialists (CNS) provided support to patients with particular conditions from pre-admission through to discharge.

## Is the service safe?

**Requires improvement** ● → ←

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

- Medicines management was poor, with concerns around the management and record keeping for controlled drugs (CD), and the storage of other medicines. These issues had been highlighted to the trust at our comprehensive inspection in March 2017 and had been the subject of a requirement notice at that time.
- The surgical environment was generally clean and clutter free, however, the corridor leading to the Vanguard theatre suite was being used in an unsafe manner. Equipment, including sterile surgical kits was stored on the corridor, which presented an infection control risk to patients and a fire safety risk to patients and staff. This was addressed following our first visit, when we raised the concern to staff.
- The use of the National Early Warning System to monitor patient deterioration was not used to a consistent standard across the division.
- There was a significant shortfall in nurse and medical staffing numbers. In order to mitigate this, the division relied heavily on bank and agency staff. However, in spite of efforts to mitigate the shortfall, areas of the division were often understaffed. In addition, staff told us that the reliance on agency and locum impacted on the ability to training and develop staff and sometimes impacted on the consistency of care.

However:

- Staff had a clear understanding of safeguarding and of the process for making a safeguarding referral.

# Surgery

- There had been a significant improvement in adherence to hand hygiene practices since the inspection of March 2017. This was demonstrated both through audit results and through what we observed during our inspection.

## Is the service effective?

**Requires improvement** ● ↓

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

- The division did not have a number of important policies and procedures in place, as these were awaiting development. In addition, a number of policies and procedures had not been reviewed in line with their review date.
- The completion of malnutrition universal screening tools (MUST) to assess patients' nutritional needs was inconsistent.
- The relationship between staff in the day surgery unit and the endoscopy staff with whom they shared space was dysfunctional. This impacted on the effectiveness of patient care, in terms of staff from one service not providing assisting in the basic care needs of those from the other. It also had the potential to impact on patients' confidence in those caring for them.

However:

- The division participated in a number of national audits to benchmark their performance against other hospitals. Patient outcomes were variable against national audits. The trust had action plans in place to address areas of poor performance, whilst we saw some action plans, we did not have sight of action plans for all of the areas where performance was below average.

## Is the service caring?

**Good** ● → ←

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

- We observed positive caring interactions between staff, patients and their families.
- The majority of patients spoke highly of staff, describing them as caring and compassionate. Patients told us they were treated with dignity and respect.

## Is the service responsive?

**Good** ● ↑

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

- The surgical service was planned and delivered to meet the needs of patients. There was access to and support from clinical staff with expertise in a range of specialties.
- The surgical division was proactive in learning from complaints and concerns from patients.

# Surgery

- Referral to treatment time (RTT) performance was better than the English average in three of the seven surgical specialities. In those specialities where the division performed worse than the English average there were action plans in place to reduce the RTT.

However:

- RTT performance was worse than the English average in four of the seven surgical specialities.
- There were instances where the data provided to national audits was not sufficiently detailed to reach a conclusion.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The leadership had failed to address all of the concerns in respect of medicines management, including some aspects of the management of controlled drugs (CDs) in spite of a CQC requirement notice issued following the inspection of March 2017 that this must be done.
- Whilst there had been significant efforts to address staffing issues and there had been improvements in some areas, recruitment and retention of staff continued to be a critical issue for the trust which the leadership had failed to fully address. In addition, the staffing issues within medical staffing had expanded to staff of all grades since the inspection of March 2017.
- Staff in the day surgery unit were highly critical of leadership at all levels. In addition, there were significant tensions between day surgery staff and endoscopy staff which local leadership had failed to address.
- There were significant risks on the risk register which, whilst being monitored had not been resolved for a significant period. In addition, longstanding risks from the surgical divisional risk register had been escalated to the trust-wide risk register and, whilst some mitigation had taken place, they remained unresolved.
- Staff reported low morale.

However:

- The majority of staff, with the exception of those in the day surgery unit spoke highly of local leadership.
- Overall, the leadership recognised the challenges faced by the division.

## Areas for improvement

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

- The trust must improve medicine management overall within the surgical division.

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

- Address the leadership concerns identified in the day surgery unit.
- Make sure all patient risk assessments are fully completed and that there is consistency in the risk assessment tools used across the service.
- Work with medical staff to tackle the low morale and find ways of improving their engagement with the governance agenda.

# Surgery

- Improve governance arrangements to ensure risks in all areas are acted upon quickly and effectively.
- Ensure all staff are involved in the development of the divisions values, vision and strategy.

# Maternity

Good 

## Key facts and figures

We inspected University Hospital Lewisham maternity service during an announced visit on the 25 and 26 September and unannounced visit on 1 October 2018.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The maternity service at University Hospital Lewisham included a range of antenatal, intrapartum and postnatal care at the main site and within the local community across the boroughs of Lewisham, Greenwich and Bexley.

There are 75 beds at University Hospital Lewisham for maternity patients.

The maternity service at University Hospital Lewisham included an obstetric-led delivery service, a midwife-led birth centre and maternity ward (antenatal and postnatal). There is a day assessment unit and antenatal clinic. The 75 maternity beds at University Hospital Lewisham are made up of:

- 42 beds on the maternity ward
- 17 beds on the Anderson obstetric delivery suite
- 5 beds on the midwife-led birth centre
- 5 beds on the day assessment unit
- 6 beds on the antenatal clinic

### Community-based midwifery services

The community-based maternity service for the trust catchment area provides services to women living in the Greenwich, Bexley and Lewisham local authority areas. Antenatal and postnatal care is provided in children's centres and GP surgeries, and also a woman's home.

## Summary of this service

We rated it as good because:

- Staff had the appropriate skills and knowledge to assess and respond to patient risks. They reported incidents and safeguarding concerns when appropriate as well as keeping informative and up to date records of women's care and treatment.
- All clinical equipment and environments were clean, tidy and met the criteria set out in the Health and Social Care Act 2008: code of practice on the prevention and control of infections. Medicines were stored and checked appropriately.
- At the time of inspection, both medical and nursing staffing levels were safe and met the Royal College of obstetrics and gynaecology (RCOG) recommendations and the 'safe midwifery staffing for maternity settings' (NICE NG4) guidance.
- Care and treatment provided by the maternity service was in line with and met national evidence-based guidance. Patient outcome information was routinely collected and assessed by the trust.

# Maternity

- The maternity service had strong multi-disciplinary team (MDT) working relationships between different types and levels of staff.
- Staff treated women and their partners with care and compassion within all areas of the maternity service. Women, their partners and families were emotionally supported whilst under the care of the maternity service.
- Staff ensured that people's individual needs were identified and met. Midwives were appropriately trained to deliver care to women with additional support needs.
- Staff spoke highly of both trust wide and local leadership. There was an open and honest culture within the maternity service.
- There were effective structures, systems and processes to ensure safe and high quality care was delivered to service users. Information systems collated service information which was used to identify risks and patient outcomes.

However:

- The dirty utility room within the labour ward was not always securely locked which meant that anyone could gain access to a potentially infectious area.
- Some of the service's foetal monitoring systems had signalling issues which meant they could sometimes stop working.
- Daily equipment checks were not always documented. This included medical fridges resets and glucagon hydrochloride injection kit checks.
- The trust did not meet the mandatory training, appraisal or complaint response rate targets they had set for themselves.

## Is the service safe?

**Good** ●

We rated it as good because:

- Staff, both clinical and nursing, were able to define what a safeguarding incident was and were able to give examples of when they had escalated safeguarding concerns.
- Staff were aware of how to report incidents and did so appropriately, using the trust's electronic incident reporting system.
- There were safe midwifery and medical staffing levels at the time of our inspection. Senior staff 'acted down' to ensure safe staffing levels and women were treated in a timely way.
- Staff kept appropriate records, paper and electronic, of women's care and treatment. Records were clear, informative and up to date.
- Staff carried out risk assessments for all women and babies at all stages of pregnancy. All staff we spoke with were able to identify risks and knew how to escalate them.
- Clinical rooms we visited were clean and tidy. We saw evidence of regular and compliant infection control audits across the maternity service.
- Medicines storage areas were securely locked, clean and tidy. We saw risk assessments in place for circumstances where medicines were not locked away to ensure staff could access them quickly in an emergency.

However:

# Maternity

- Mandatory training rates did not always comply with the trust's target of 85%.
- The dirty utility room within the labour ward was not always securely locked which meant that anyone could gain access to a potentially infectious area.
- Some of the service's foetal monitoring systems had signalling issues which meant they could sometimes stop working.
- Resets of fridges which stored medicines were not always documented within daily temperature checklists.
- Staff did not document the daily checks of the glucagon hydrochloride injection kit.

## Is the service effective?

**Good** ●

We rated it as good because:

- Women had a wide range of pain relief options available to them including epidurals, pethidine and aromatherapy.
- Patient outcome information was routinely collected and assessed. Audits were monitored over time to identify trends and to show how the trust performed against comparators nationally.
- The maternity service proactively supported staff to deliver effective care and treatment.
- The maternity service had strong multi-disciplinary team (MDT) working relationships between different types and levels of staff.
- Staff were aware of the Mental Capacity Act 2005 (MCA) and gave examples of when they would need to support women, partners and babies with concerns around this.

However:

- Appraisal rates did not comply with the trust's target of 90%.
- The service did not record information on the time taken between the anaesthetist being called and the women receiving pain relief, which meant they could not monitor it's accordance with the AAGBI Obstetric Anaesthetic guidance.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated women and their partners with care and compassion within all areas of the maternity service.
- Women, their partners and families were emotionally supported whilst under the care of the maternity service. The bereavement service provided specialist support to women and families who had lost babies at all stages of pregnancy.
- Women were supported to make informed decisions about their care. Staff explained women's care in a friendly and understandable way and gave opportunities for them and their families to ask questions.

# Maternity

## Is the service responsive?

**Good** ●

We rated it as good because:

- Women were seen in a timely manner from the time of referral to their first midwifery assessment.
- Midwives were appropriately trained to identify and deliver care to meet women's individual needs.
- Cross-site working between University Hospital Lewisham and Queen Elizabeth Hospital meant that women's care plans were always met.
- The service monitored and proactively managed the number of expected deliveries.
- The service ensured there was good continuity of care for women throughout their time in the maternity service.

However:

- The trust only responded to 36% of complaints within the target period of 25 working days.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Staff spoke highly of both trust wide and local leadership. They told us that the executive team were visible and approachable and that the maternity leads were very supportive.
- There was an open and honest culture within the maternity service. Staff were encouraged to report incidents and there was a no blame culture when incidents were reported.
- The maternity-specific risk register was reflective of the issues identified on inspection. Each risk had mitigations to reduce their impact and a set of meaningful actions with realistic timeframes.
- The service had effective structures, systems and processes to ensure safe and high quality care was delivered to service users.
- The trust had safe and effective information management systems to record and monitor data and information. Information was treated confidentially, stored securely and in line with the trust's information governance policy.
- The trust engaged with staff, women and their families and used feedback to improve services.

## Outstanding practice

We found examples of outstanding practice in this service, outlined as follows:

- The bereavement service provided holistic support to women and families who had lost babies at all stages of pregnancy. There was a private bereavement suite on the maternity ward which had a sofa bed for families to stay. The service provided a range of cold cots to allow bereaved parents to spend more time with their babies, some of which allowed bereaved parents to take their baby out of the hospital if they wished to do so. There was also a selection of specialist memory boxes available to bereaved families.

## Areas for improvement

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

- Ensure mandatory training, appraisal or complaint response rate targets are met, in line with their guidance.
- Ensure the utility room within the labour ward is securely locked at all times.
- Ensure all of the service's foetal monitoring systems are in full working order.
- Ensure all medical fridges resets are documented within daily temperature checklists.
- Ensure staff document the daily checks of the glucagon hydrochloride injection kit.

# End of life care

Requires improvement   

## Key facts and figures

Specialist palliative care at University Hospital Lewisham (UHL) is provided by the Lewisham Macmillan palliative care service. The service stopped providing a community service from Lewisham hospital from 01 July 2018 and is fully hospital based seven days a week between 9:00am and 5:00pm.

There is on-site consultant presence between 9:00am and 5:00pm Monday to Friday. The on-call consultant rota operates after 5:00pm seven days a week and includes the UHL palliative care consultant as well as consultants from Guy's and St Thomas' NHS Foundation Trust.

There were 454 patient referrals to the specialist palliative care team between January and August 2018. Fifty-three per cent of which were cancer patients and 34% were non-cancer patients and diagnosis was not recorded for 13%.

We visited eight different specialty wards, the chaplaincy service and multi-faith room, the mortuary and the bereavement office. We reviewed 10 patient records and spoke with 3 patients and relatives. We also spoke with 18 members of staff from all departments involved with providing end of life and palliative care services. We reviewed the trust's performance data.

## Summary of this service

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

- At the last CQC inspection, we found there was poor completion of a patient's end of life care plan in nursing notes. During this inspection, we found there were still inconsistencies.
- The trust did not have a rapid discharge pathway in place and did not routinely record hospital patients preferred place of death which was reported at the last CQC inspection in March 2017.
- There was no formal assessment in place to assess the efficacy of anticipatory drugs.
- Shortages of ward staff meant there were low numbers of end of life care link nurses as well as occasional poor patient care.
- Patients did not always receive their controlled drug analgesia as prescribed or on time.
- There was just one fit for purpose concealment trolley which caused delays in transfer of bodies from wards to the mortuary.
- Principles of Care for Dying Patients and use of the end of life care plans were not fully embedded in practice.
- There was no succession planning for the current end of life care strategy 2016 - 2019.

However:

- Consideration of the patient's spiritual needs had considerably improved since the time of the last inspection.
- Palliative and end of life care patients were no longer sent to the discharge lounge and there was a standard operating procedure which ensured this.
- There was improved representation of end of life care at trust board level since the time of the last CQC inspection.
- A separate end of life care risk register was introduced since the time of the last CQC inspection.

# End of life care

- There were an increased number of clinical nurse specialists in the specialist palliative care team.
- Patients and their relatives spoke positively about the care they received and commented on the sensitivity shown to them by all staff; including mortuary staff and members of the chaplaincy.

## Is the service safe?

**Requires improvement** ● → ←

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

- The last CQC inspection commented that there was poor recognition of the dying patient. We found this to still be the case in some patient records where evaluation of the patient was not always linked with the end of life care plan. Members of the specialist palliative care team told us improvements remained to be made in this area.
- Just fifty per cent of wards had an end of life care link nurse at the time of this inspection. Members of the SPCT told us the shortages of ward staff meant it was difficult to get staff released to become link nurses. The absence of link nurses reduced the day to day monitoring of standards and implementation of information distributed by the specialist palliative care team.
- At the last CQC inspection, we found there was poor completion of a patient's end of life care plan in nursing notes. During this inspection, we found there were still inconsistencies.
- During the previous CQC inspection, a symptom observation chart for patients who were dying was piloted to assess the efficacy of anticipatory drugs. The pilot was abandoned and the chart was not yet embedded in end of life care records.
- There was no physical on-site day-to-day consultant cover for planned absences such as annual leave.
- Some staff told CQC inspectors that shortages of nursing staff on certain wards sometimes affected good end of life patient care.
- A pilot study showed that 43% of patients did not receive their controlled analgesia on time.
- There was one fully functioning concealment trolley in operation which led to delays in transferring bodies from wards to the mortuary.

However:

- We noted in the previous CQC inspection that patient notes were not filed in chronological order. During this inspection we found this was no longer the case; records were better organised and it was clear when and by whom the patient was last seen.
- The SPCT had increased in size since the last CQC inspection, when there were 2.8 clinical nurse specialists in post. The team now included one whole time equivalent (WTE) band 8A and five WTE B7 clinical nurse specialists.
- Staff were encouraged to raise concerns and to report incidents and near misses. Learning from incidents was shared through regular meetings and e-mails.

## Is the service effective?

**Requires improvement** ● → ←

# End of life care

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

- Fifty per cent of wards had a link nurse at the time of this inspection. This meant that there was limited provision of on-site guidance for nursing staff on how best to provide effective care to the dying patient.
- Principles of Care for Dying Patients and use of the end of life care plans were not fully embedded in practice.
- Pilot study results related to timely pain relief for hospital palliative care and end of life patients showed that 43% of patients did not receive their analgesia on time. There was no plan in place for how to improve upon this.

However:

- Nursing staff were proactive in making referrals to allied healthcare professionals including dietitians and speech and language therapists.
- There was evidence of multidisciplinary team working with other specialties and professionals. Members of the specialist palliative care team told us there was increased recognition that end of life care was everybody's responsibility.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives. We saw members of staff other than clinical or nursing staff actively directing patients and relatives to where they needed to be.
- All members of staff took great care to ensure patient dignity was not compromised. They closed cubicle curtains and ensured patients were covered with a blanket when moved around public areas.
- A relative told us how appreciative they were to staff when offered a side room for privacy when their relative was dying.
- Family members told us staff treated their relative with dignity and respect, explained what was happening and were caring at all times.
- Patients and their relatives felt included in their plan of care. Staff involved patients and those close to them in decisions about their care and treatment.
- The chaplaincy team offered support to patients of all faiths and none. They were available to patients 24 hours a day.
- The chaplaincy service arranged a 'forever and always' remembrance service in remembrance and commemoration of the staff and patients who died during the year.
- Mortuary staff spoke with compassion about the deceased and their family members and told us they tried to offer as much practical assistance as possible to relatives.

## Is the service responsive?

Good  

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

# End of life care

- At the last CQC inspection, we noted that medical staff continued to actively treat patients when in their last days and hours of life. In response to this, the trust introduced a treatment escalation plan (TEP) in September 2018. This form ensured that every patient's future care was considered and documented formally, in line with the national initiative. A TEP also provided information about limits for interventions that were likely to be unsuccessful or contrary to the patient's wishes.
- This was an individualised care plan based on the five priorities of care of the dying patient and agreed with the patient and/or their next of kin. However, since the TEP was only recently introduced, there was no documentary evidence of improvements at the time of inspection. Nursing staff told us they hoped the introduction would lead to improved end of life care for all patients.
- During the last inspection, we found that staff did not always consider patient's spiritual needs. A member of the chaplaincy team told us this had improved significantly and nurses and doctors were more mindful of a patient's spiritual needs.
- We reported on the practice of sending palliative and end of life care patients to the discharge lounge in the last inspection report. We confirmed this was no longer the case when we spoke to staff in the discharge lounge. Members of the SPCT told us there was a standard operating procedure for the discharge lounge which defined the levels of care offered to patients, most of which was too minimal for this patient group.
- Weekly multidisciplinary meetings included all professionals involved in the patient's care. The patient's plan of care was discussed and whether the patient may be in their last weeks or days of life.
- The SPCT treated patients diagnosed with any life limiting condition, not just those with cancer related conditions.
- The service took account of patients' individual needs. All staff had training in equality and diversity and there guidance was available to support staff with providing care in accordance with peoples' religious and cultural preferences from the wards to the mortuary.

However:

- The trust did not have a rapid discharge pathway in place and did not routinely record hospital patient's preferred place of death. We reported this at the last CQC inspection in March 2017.

## Is the service well-led?

Good  

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

- At the last CQC inspection we noted there was poor representation of end of life care matters at trust board level. This was no longer the case; the trust chair represented end of life care at board level; attended the end of life (EoLC) steering group meetings and took an active interest in general end of life matters.
- The recently appointed chief nurse was also a member of the trust board with end of life care responsibilities.
- We noted at the last CQC inspection in March 2017 that there was no dedicated risk register for end of life or palliative care. One has since been introduced and was discussed at the end of each end of life steering group.
- There were robust governance systems in place for identifying risk.
- Members of the SPCT were positive about how changes to the service were managed in relation to the loss of community nursing. They told us their continued passion was to deliver good service to hospital in-patients.

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- The trust introduced a new end of life care award for compassionate care demonstrated by members of staff to patients at the end care patients.
- Staff told us they felt listened to, their opinions were valued and they got recognition for their work.
- There was general consensus about what the top risks were on the end of life risk register. These included education and development of end of life care training for different groups of staff and early recognition of the dying patient.

However:

- The current end of life care strategy was scheduled to be completed in March 2019. The trust was unable to provide CQC with an outline of the end of life care strategy post March 2019.
- Many improvements since the last CQC inspection were only very recently initiated and so we were not assured they were fully embedded in nursing and medical practice across the hospital.

## Areas for improvement

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

- Ensure the principles of Care for Dying Patients and use of the end of life care plans are fully embedded in practice.
- Consider a rapid discharge pathway and routinely record patient's preferred place of death.
- Assess the efficacy of anticipatory drugs.
- Ensure patients receive their controlled drug analgesia as prescribed and on time.
- Consider provision of on-site consultant cover when the palliative care consultant was sick or on leave.
- Improve staffing on wards so that there can be increased numbers of end of life care link nurses and improved patient care.
- Consider an additional concealment trolley to reduce delays in transfer of bodies from wards to the mortuary.
- Have a clear plan in place from March 2019 to follow on from the end of life care strategy 2016- 2019.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Helen Rawlings, Head of Hospital Inspection led the inspection.

The team included an inspection manager, inspectors, assistant inspectors and a range of nursing and medical specialist advisors.