

# Royal Surrey NHS Foundation Trust

## Inspection report

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Date of inspection visit: 04 March to 05 March 2020  
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## Ratings

Overall trust quality rating	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Outstanding 
Are services well-led?	Good 
Are resources used productively?	Outstanding 
Combined quality and resource rating	Good 

# Summary of findings

## Our reports

**The ratings in the table above are from our inspection in April 2018. See ‘What we inspected and why’ below.**

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

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

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

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

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/RA2/reports](http://www.cqc.org.uk/provider/RA2/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/RA2/inspection-summary](http://www.cqc.org.uk/provider/RA2/inspection-summary)).

## Background to the trust

*CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.*

*This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.*

*CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.*

## Overall summary

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

## What this trust does

Royal Surrey NHS Foundation Trust has one acute site and two community hospitals located in Surrey, which serves a population of more than 330,000 across south-west Surrey for general hospital services and some areas of specialist complex care.

We inspected services based at the acute site, Royal Surrey County Hospital, based in Guildford.

Most of the trust's general hospital services are commissioned by Guildford and Waverley CCG who also act as the main lead for the trust on behalf of all other CCGs. NHS England are the main commissioner of the trust's specialist cancer activity.

# Summary of findings

The trust employs around 4,500 staff and is also supported by around 400 volunteers who provide support across the League of Friends and the Voluntary Services Department.

The hospital is also home to St Luke's, a specialist tertiary Cancer Centre, which offers state of the art diagnostic and treatment services to a population of up to 2 million people across Surrey, West Sussex, Hampshire and to patients from across the UK and abroad.

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This report includes the findings from the completed service level inspections, but the well-led inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

*CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.*

*This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.*

*CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.*

## What we found

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

# Summary of findings

## Overall trust

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

## Are services safe?

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

## Are services effective?

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

## Are services caring?

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

## Are services responsive?

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

## Are services well-led?

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

## Use of resources

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

The trust demonstrated an efficient and innovative use of its resources evidenced by its low overall cost per weighted activity unit and underpinned by a well embedded continuous improvement strategy. The trust used its surplus financial position to invest in its services for the benefit of patients. It worked collaboratively with its local health partners driving service improvement and transformation locally.

## Combined quality and resource

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

*We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.*

## 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.

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in both Medical Care and the End of Life service.

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

## Areas for improvement

We found five things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## What happens next

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

### Outstanding practice

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

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For more information, see the Areas for improvement section of this report.

### Is this organisation well-led?

*We did not inspect trust-wide well-led at this inspection. See the section headed 'What we inspected and why' for more information.*

## 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
Good May 2018	Good May 2018	Good May 2018	Outstanding May 2018	Good May 2018	Good May 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
Royal Surrey	Good May 2018	Good May 2018	Good May 2018	Outstanding May 2018	Outstanding May 2018	Outstanding May 2018
<b>Overall trust</b>	Good May 2018	Good May 2018	Good May 2018	Outstanding May 2018	Good May 2018	Good May 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 Royal Surrey County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Jun 2020	Good Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020
Medical care (including older people's care)	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Outstanding ↑ Jun 2020	Outstanding ↑ Jun 2020	Outstanding ↑ Jun 2020
Surgery	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013
Maternity	Good May 2018	Good May 2018	Good May 2018	Outstanding May 2018	Outstanding May 2018	Outstanding May 2018
Gynaecology	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Good Dec 2013	Good Dec 2013	Good Dec 2013	Outstanding Dec 2013	Good Dec 2013	Good Dec 2013
End of life care	Good ↔ Jun 2020	Outstanding ↑ Jun 2020	Good ↔ Jun 2020	Outstanding ↑ Jun 2020	Outstanding ↑ Jun 2020	Outstanding ↑ Jun 2020
Outpatients	Good May 2018	Not rated	Good May 2018	Good May 2018	Good May 2018	Good May 2018
<b>Overall*</b>	Good May 2018	Good May 2018	Good May 2018	Outstanding May 2018	Outstanding May 2018	Outstanding May 2018

\*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.

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The trust employs around 4,500 staff and is also supported by around 400 volunteers who provide support across the League of Friends and the Voluntary Services Department.

The hospital is also home to St Luke's, a specialist tertiary Cancer Centre, which offers state of the art diagnostic and treatment services to a population of up to 2 million people across Surrey, West Sussex, Hampshire and to patients from across the UK and abroad.

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## Summary of services at Royal Surrey County Hospital

**Outstanding**   

We conducted an inspection of: Emergency and urgent care, medical care and end of life care. During our inspection, we spoke with 74 staff and 24 patients and relatives.

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

# Summary of findings

- The trust controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. The design, maintenance and use of facilities, premises and equipment kept people safe.
- The trust had enough staff with training in key skills to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and, in most areas, kept good care records. The service collected safety information, managed safety incidents, learned lessons from them and used this to improve the service.
- The trust generally managed medicines effectively. There was ready access to expert prescribers, oversight by the pharmacy team and innovative support for non-specialist prescribers. The level of medicine errors was low.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Throughout the trust staff treated patients with compassion and kindness, mostly respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided high quality emotional support to patients, families and carers.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- Across the trust there were some innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. People's individual needs and preferences were central to the delivery of tailored services. The services were flexible, provide informed choice and ensured continuity of care. The design of facilities and premises in areas of the trust were innovative and met the needs of a range of people who used the services.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promotes equality. People could access the service when they needed it and did not have to wait too long for treatment.
- It was easy for people to give feedback and raise concerns about care received at the trust. The trust treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Throughout the trust leaders were highly visible and approachable for patients and staff. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Staff understood the trust vision and values, and how to apply them in their departments and work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- The trust engaged well with patients and the community to plan and manage services. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- In some areas across the trust, mandatory safeguarding and Mental Capacity Act training compliance for both nursing and medical staff was low compared to the trust target.
- In some areas we saw records of patients' care and treatment were not always clear or stored securely.

# Summary of findings

- We found regular checks of emergency medicines and equipment in the emergency department were not always carried out by staff in line with trust policy.
- The trust had not always met some national audits standards in line with the England average but had action plans to deliver improvements.
- Across the trust most people were encouraged to dress in their own clothes and had support to maintain their dignity, there were two occasions when we noticed that individual staff members had not paid enough attention to ensuring patients were appropriately covered.
- Data captured and provided by the emergency department showed they did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- The trust was unable to provide emergency department data in the format as required by the national emergency care dataset. However, they had agreed plans to improve data capture and reporting systems to comply with requirements.

# Urgent and emergency services

Good ● → ←

## Key facts and figures

The accident and emergency department provides services to a population of approximately 330,000 residents across Surrey.

Patients present to the department by attending the reception area or arriving by ambulance.

The department has facilities for assessment, treatment of minor and major injuries and a separate children's accident and emergency service. The accident and emergency department is a member of the regional trauma network.

The service was last inspected in 2013 when it was rated as Good overall. Safe, Caring, Responsive and Well-led were rated as Good. At the time there was not enough evidence to rate Effective.

Our unannounced inspection included the emergency departments for both adults and children.

During our inspection we spoke with 28 members of staff of all grades including; nursing, therapy, medical housekeeping and reception staff. We also spoke with 10 patients and observed care in all areas of the department.

We reviewed trust policies and standard operating procedures and the medical/nursing notes of 19 patients.

## Summary of this service

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

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. They did not always meet the standards in line with the England average but had action plans to deliver improvements.

# Urgent and emergency services

- The service made sure staff were competent for their roles and doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. However, compliance rates for training was just below trust target.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.
- Leaders had the integrity, skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Leaders and teams used systems to manage performance effectively.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

- Mandatory training compliance was low compared to the trust target of 90%.
- Data showed for both nursing and medical staff, not all had received safeguarding training and compliance rates were low against the trust target.
- Records of patients' care and treatment were not always clear or stored securely.
- We found regular checks of emergency medicines and equipment were not always carried out by staff in line with trust policy.
- The service had not always met the Royal College of Emergency Medicine audits standards in line with the England average but had action plans to deliver improvements.
- Compliance rates for Mental Capacity Act training was just below trust target.

# Urgent and emergency services

- Data captured and provided by the service showed they did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- The trust was unable to provide data in the format as required by the national emergency care dataset. However, they had agreed plans to improve data capture and reporting systems to comply with requirements.

## Is the service safe?

Good   

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

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Mandatory training compliance was low compared to the trust target of 90%.
- Data showed for both nursing and medical staff, not all had received safeguarding training and compliance rates were low against the trust target.
- Records of patients' care and treatment were not always clear or stored securely.
- We found regular checks of emergency medicines and equipment were not always carried out by staff in line with trust policy.

## Is the service effective?

Good 

We rated the trust as good because:

# Urgent and emergency services

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

However:

- The service had not always met the Royal College of Emergency Medicine audits standards in line with the England average but had action plans to deliver improvements.
- Compliance rates for Mental Capacity Act training was just below trust target.

## Is the service caring?

Good  → ←

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

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

## Is the service responsive?

Good  → ←

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

# Urgent and emergency services

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The adult and children's emergency departments had been redesigned and redeveloped during 2019.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service coordinated care well with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Data captured and provided by the service showed they did not meet the Department of Health's standard for emergency departments which states that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, to understand performance, make decisions and improvements. The information systems were and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Urgent and emergency services

However:

- The trust was unable to provide data in the format as required by the national emergency care dataset. However, they had agreed plans to improve data capture and reporting systems to comply with requirements.

## Areas for improvement

We found areas that required improvement. See the Areas for Improvement section above.

- The service should improve training compliance rates for mandatory, safeguarding and mental capacity act training.
- The service should maintain security of patients records in all areas of the ED.
- The service should carry out regular checks of emergency medicines and equipment in line with trust policy.
- The service should improve systems to capture, analyse and provide data in the format as required by the national emergency care dataset.

# Medical care (including older people's care)

**Outstanding** ☆ ↑

## Key facts and figures

Royal Surrey NHS Foundation Trust has 231 medical inpatient beds located across eight wards at Royal Surrey County Hospital and a dedicated patients' lounge (for patients awaiting discharge and transport).

Medical specialties available on site are: emergency medicine, acute medicine, acute frailty, neurology, rheumatology, gastroenterology, cardiology and diabetes and endocrinology. In addition, the trust commissions dermatology and renal services from partner organisations.

The medical division provides a seven-day gastroenterology service (including a gastrointestinal bleed on-call service 24 hours a day), tertiary hepatology service and a frailty service which includes on-site consultant geriatrician presence seven days a week, a front door frailty service and ambulatory care provision for frail patients. The hospital has a cardiac catheter laboratory with 24/7 on-call provision and is linked to the cardiology centre at another local NHS trust for primary cardiac intervention.

The oncology division delivers a large and complex service that provides oncology services to patients across the south east of England via a network model with local hospitals. The trust offers clinical and medical oncology, clinical haematology (a consolidated service with Ashford and St Peter's Hospital at Guildford), chemotherapy and radiotherapy through seven linear accelerators based at Guildford and Redhill.

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

The trust had 27,744 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 13,373 (48.2%), 1,097 (4.0%) were elective, and the remaining 13,274 (47.8%) were day case.

Admissions for the top three medical specialties were:

Gastroenterology (5,541)

General medicine (3,772)

Geriatric medicine (3,233)

(Source: Hospital Episode Statistics)

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust. During the inspection visit, the inspection team spoke with 14 patients who were using the service and three relatives of patients using the service. We also spoke with 46 staff including; the management team, matrons, ward sisters, doctors, nurses, health care assistants, junior doctors, clinical nurse specialists, ward administration coordinators, frailty team members, the alcohol liaison lead and patient flow coordinators.

We observed multidisciplinary meetings, staffing meetings, safety huddles, staff interactions and care on the wards and we reviewed 10 patient records.

## Summary of this service

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

# Medical care (including older people's care)

- The service had enough staff with training in key skills to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk and managed medicines effectively. Staff assessed risks to patients, acted on them and kept good care records. The service collected safety information, managed safety incidents, learned lessons from them used this to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, mostly respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. People's individual needs and preferences are central to the delivery of tailored services. The services were flexible, provide informed choice and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who use the service.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promotes equality. People could access the service when they needed it and did not have to wait too long for treatment.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders were highly visible and approachable in the service for patients and staff. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Although the majority of patient interactions were positive, we did witness some patients not being treated with dignity.
- The service should continue to improve mandatory training figures to meet trust targets.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Throughout the medical care division individual areas had adopted different methods to ensure completion of mandatory training. However, we saw that training targets were not always met.

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Attendance at the delivery groups ensured the trust were kept up to date with new national and local guidance, safeguarding reviews and were able to contribute to multi-agency audits and processes.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Female genital mutilation (FGM) and sexual exploitation awareness were incorporated into safeguarding training. This was delivered as part of the statutory and mandatory training programme as well as induction courses for new staff.
- The service-controlled infection risk well. Staff used equipment and control measures to protect themselves and others from infection. They kept equipment and the premises visibly clean.
- The service performed well for cleanliness and undertook regular audits for compliance. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All areas we visited throughout the inspection were visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Patients could reach call bells and staff responded quickly when called.
- The service had enough suitable equipment to help them to safely care for patients. Staff told us equipment was readily available for use and in sufficient amounts. The maintenance of medical equipment was managed centrally. All equipment we saw had been tested and was in date.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff used a nationally recognised tool to identify patients at risk of deterioration and escalated them appropriately.
- Staff used systems to help with the early identification and management of sepsis. The trust used an easy to use sepsis screening tool with step by step instructions and tick box scoring which was performed by the bedside.
- Nursing staff completed an adult nursing risk assessment document and the section under communication had a variety of prompt questions around cognition, dementia/delirium and prompted staff to instigate the 'This is Me', my care passport document.
- The service had enough nursing and support staff of relevant grades to keep patients safe. Any staff shortages were reviewed by the ward sisters and addressed quickly. The ward manager could adjust staffing levels daily according to the needs of patients.
- The service had low vacancy rates for nursing staff. The division had employed several overseas nurses and supported them to increase the nursing staff across medical care. Staff we spoke with said that staffing across the division was good, and that the addition of overseas nurses had made a positive impact.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction. Managers and senior clinicians we spoke with felt medical staffing levels were good and there was successful ongoing recruitment for medical staff.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patient's notes were comprehensive, and all staff could access them easily. We reviewed 10 sets of patient notes and found they were legible and in good order.

# Medical care (including older people's care)

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We reviewed eight prescription charts and found they were reviewed and updated in-line with national guidance and saw examples of staff ensuring patients were getting optimal medicines management.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff reported they felt able to raise incidents without fear of repercussions and had a clear understanding that learning from incidents was part of everyday working. Staff received feedback from investigation of incidents, both internal and external to the service.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. Safety thermometer data was displayed on wards for staff and patients to see and part of the trust's improvement methodology involved monitoring safety thermometer data and following up with specific wards and areas.

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Current policies and procedures were available and accessible to staff via the trust intranet and reflected best practice and national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. There was clear documentation of patients' dietary needs
- Dietitians and catering staff worked closely to provide meals and a range of choices for patients requiring special diets, such as milk free and gluten free diets. The hospital offered a choice of food that was able to cater for cultural, religious, and therapeutic diets.
- Staff assessed and monitored patients regularly to see if they were in pain using a recognised tool and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools.
- The trust had an acute pain service who reviewed pain relief for patients on medical wards if they were experiencing acute pain. They provided education and clinical support to doctors, nurses and other healthcare professionals to improve their pain management knowledge.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and mostly met expectations, such as national standards. Where outcomes were not met we saw action plans to address these.

# Medical care (including older people's care)

- We were given several examples where improvements had been made as the result of audits. Managers and staff investigated audit outliers, implemented local changes to improve care and monitored the improvement over time.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There were several specialist nurses working across the division.
- Managers supported medical and nursing staff to develop through regular, constructive clinical supervision of their work.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked collaboratively to understand and meet the range and complexity of people's needs and worked across health care disciplines and with other agencies when required to care for patients.
- People's discharge, transition and referral plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes.
- Consultants led daily ward rounds on all wards, including weekends. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. The multidisciplinary team included allied health professionals and was available every day including weekends, with on-call arrangements for consultants for nights and weekends.
- Staff gave patients practical support and advice to lead healthier lives. There was an integrated discharge team between health and social care in operation to support patients living healthier lives and educating them on their conditions, particularly in diabetes care and cancer services. There was an alcohol liaison service available to patients admitted to the hospital with alcohol related problems.
- Staff gained consent from patients for their care and treatment. They followed national guidance to gain patients' consent. Staff we spoke with were clear about their responsibilities in relation to gaining consent from people, including patients who lacked capacity to consent to their care and treatment. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, mostly respected their privacy and dignity, and took account of their individual needs.
- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We found that staff understood and respected the personal, cultural, social and religious needs of the patients seen on the ward. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Patients gave positive feedback about the service. We observed that all staff groups took the time to interact with patients and their relatives in a respectful and considerate way, staff showed a supportive attitude towards patients and helped them achieve their treatment goals.

# Medical care (including older people's care)

- The patients we spoke with supported our observations and told us that staff were friendly, kind and concerned about the patient well-being. Some comments from patients included “They can’t do enough for you, they are very good.” And “Can’t complain, the staff always have a smile.”
- Staff gave patients and those close to them help, emotional support and advice when they needed it. There was support offered to patients across the division including a listening service, counselling and therapies. There was ample patient information available and support for those with specific issues, such as eating disorders and alcohol dependency.
- Staff supported patients to make advanced decisions about their care. They implemented ‘you only die once’ (YODO), to be able to assist patients on the end of life pathway. The aim of YODO was to encourage patients and staff to focus on ensuring a dignified death was planned for that adhered to the patient’s wishes.
- Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff across the division shared an empathetic approach to patients in their care. We saw this demonstrated in staff meetings, ward rounds and in one to one interaction.
- The trust worked in partnership with a charity who employed a carers advisor, based at the trust, that could talk with families about the care their relative received, unconnected to the ward so family members could feel more at ease to ask questions.
- The division has plans in place for a patient experience event, the plan included inviting patients who had been on the ward in the last year and their relatives back to advise on their patient experience.

However:

- We did witness two occasions where a patient’s dignity was not respected, and they were left exposed. One of these times the curtains were not pulled round a patient while staff were trying to dress them and on the other occasion a staff member was guiding a patient to the toilet with the gown open exposing the patient unnecessarily.

## Is the service responsive?

**Outstanding**  

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

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. People’s individual needs and preferences are central to the delivery of tailored services. The services were flexible, provide informed choice and ensured continuity of care.
- Since our last inspection the trust had introduced integrated systems across primary, acute and community services. This included a mobile IT system which was compatible with the local GP system, this enabled all community nursing notes to be read by GPs and vice versa offering the required information to clinicians instantly.
- The implementation of a joint electronic patient record between the trust and neighbouring NHS trusts has enabled staff to access all the information they need to deliver patient care. All patient information was available in one place, digitally enabled and paperless.

# Medical care (including older people's care)

- The oncology department had started to establish a personalised follow up agenda. This aimed to monitor patients and risk stratify them to ensure that those which are suitable for virtual follow ups, or indeed require no follow up at all did not have to face the inconvenience of returning to hospital simply to be told there is no follow up required. We saw the department had developed a risk stratified follow-up approach to oncology services which aimed to avoid hospital attendance.
- Managers planned and organised services, so they met the needs of the local population. In order to reduce patient journeys to the hospital by chemotherapy patients the trust had introduced a new chemotherapy bus. This bus travelled around the community delivering chemotherapy to local patients. There were two sites that had agreed to host the patients and more sites being considered. For patients who needed multiple cycles of chemotherapy, it improved the patient experience and reduced unnecessary travel.
- Facilities and premises were appropriate for the services being delivered. We saw all areas were uncluttered, dementia friendly and well maintained. The service had systems to help care for patients in need of additional support or specialist intervention.
- The trust had an acute frailty team that worked across the hospital. The team, which included doctors, nurses, therapists and social care practitioners, had also established a dedicated older persons short stay unit which helped ensure these patients, who often present to hospital with signs of confusion, falls, and mobility issues, had access to the right care and intervention.
- The team undertook a project, known as the acute frailty pathway, this resulted in a saving patients 40,000 hours of time they would have otherwise spent in a hospital bed.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promotes equality. Care and treatment was coordinated with other services and other providers. This included liaising with families and carers and ensuring that all services were informed of any diverse needs that needed to be addressed. Reasonable adjustments were made, and action was taken to remove barriers when people find it hard to use or access services.
- Wards were designed to meet the needs of patients living with dementia.
- We saw several positive examples of staff engaging with patients and we saw examples where technology was used to stimulate patients, particularly the elderly.
- There were “care passports” so that patients travelling across providers did not have to continually revisit their story to different professionals. On admission doctors used a variety of standardised proforma, including abbreviated mental test (AMT) assessments.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards. People can access services and appointments in a way and at a time that suited them. Several fast track services were available including a rapid access chest pain management clinic in cardiology, and upper GI bleed service in endoscopy.
- Technology was used innovatively to ensure people have timely access to treatment, support and care. The trust had dedicated a significant effort to respond to the scale of the challenge faced by the NHS in delivering responsive services.
- The trust had a new urology centre, which increased capacity for treatment. They also had an award-winning front door frailty service, including incorporation of the therapy led Integrated discharge team. The integrated discharge team of therapists had a base in the emergency department and identified patients who could be transferred to a more appropriate setting.

# Medical care (including older people's care)

- The trust had implemented changes to cancer pathways which had reduced waiting times for patients for both diagnosis and treatment. The work involved not just the hospital but other system partners within the region.
- There was an integrated respiratory service which worked with system partners across the region. A new MSK physiotherapy telephone advice service reported 40% of patients referred received professional advice and management within 24 hours.
- Delays in discharging frail elderly patients due to a lack of a suitable care package was not a significant problem.
- Managers made sure they had arrangements for medical staff to review any medical patients on non-medical wards.
- Managers monitored that moves between wards were kept to a minimum. The service moved patients only when there was a clear medical reason or in their best interest. Staff did not move vulnerable patients between wards at night.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Staff could give examples of how they used patient feedback to improve daily practice.

## Is the service well-led?

**Outstanding**  

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the skills and abilities to run the service. They fully understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The division was led by a triumvirate which was clinically led. This included the chief of service, associate director and head of nursing. They could describe in detail and with conviction the comprehensive and successful leadership strategies to ensure and sustain delivery and to develop the desired culture.
- Leaders demonstrated a deep understanding of issues, challenges and priorities in their service, and beyond.
- The trust had a leader's standards work initiative; this was a monthly visit by a member of the leadership team to a specific area or ward. This was to understand current priorities for continuous improvement and address any questions that the staff may have.
- The service had a clear vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The service had expanded according to demand and invested in specialties to ensure patients received the best care.
- Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, the service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Medical care (including older people's care)

- Leaders at every level understood the vision and embodied shared values, prioritised high-quality, sustainable and compassionate care, and promoted equality and diversity. They encouraged pride and positivity in the organisation and there was a focus on the needs and experiences of people who use services.
- We saw the wellbeing of staff throughout the division was considered. There was support offered to staff.
- Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- There was a clear structure within the division with the triumvirate having several opportunities to report to the board each month. This meant there was a clinically led multi-disciplinary team to lead the division on all aspects of patient safety.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. The trust had established working groups with other local NHS trusts and had clear governance processes in place. Staff described effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Performance issues were escalated to the appropriate committees and the board through clear structures and processes. A performance report was sent to the board monthly and a separate sub-committee of the board which was chaired by the trust chair. The sub-committee had the opportunity to undertake deep dives on specific areas of concern.
- There was a holistic understanding of performance across the division. Leaders used the performance dashboard and assurance reports to access and assess the most recent data. This included all relevant metrics. This intelligence was used to make day-to-day operational decisions as well as improvements where this was possible.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- A full and diverse range of people's views and concerns was encouraged, heard and acted on to shape services and culture. There was patient involvement across the division.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- There was a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.
- There were clear organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work. Staff felt empowered to deliver small changes.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

- In medical care the respiratory nurses had recently won the Kent, Surrey and Sussex Quality Improvement award in the Medicines Optimisation category of a competition run by Kent, Surrey and Sussex (KSS) Academic Health Science

# Medical care (including older people's care)

Network. The aim was to improve the prescribing of inhaled therapy for adults with Chronic Obstructive Pulmonary Disease (COPD), and focused on delivering safe, patient centred care. They promoted patients to self-manage their condition as part of the COPD discharge bundle. They wanted to ensure that prescribed inhalers were clinically appropriate, cost effective and one the patient could use correctly. The new inhaler guides have been shared with colleagues across primary and secondary care.

- The trust had an acute frailty team that worked across the hospital. The team, which included doctors, nurses, therapists and social care practitioners, had also established a dedicated older persons short stay unit. This helped ensure these patients, who often present to hospital with signs of confusion, falls, and mobility issues, had access to the right care and intervention. The team undertook a project, known as the acute frailty pathway, this resulted in a saving patients 40,000 hours of time they would have otherwise spent in a hospital bed. The team has reduced the average stay for frailty patients by 24% and increased day zero and day one discharges by 22%. They were also named finalists in the Care of the Older Person Team of the Year at The BMJ Awards 2019.
- In medical care patients had access to an outstanding alcohol liaison service. The service lead spoke passionately about the service they delivered and the support they received from the trust. The service worked across all divisions and included training staff members and supporting patients. The lead had developed specific pathways for each specialty including homeless and children. They worked with other agencies including the police and GPs and the community teams.
- In medical care the leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, the service promoted equality and diversity in daily work and provided opportunities for career development.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

- The medical care division should ensure patients' dignity is maintained at all times.
- The medical care division should continue to improve mandatory training figures to meet trust targets.

# End of life care

Outstanding  

## Key facts and figures

Royal Surrey NHS Foundation Trust has no dedicated palliative medicine beds but has 231 medical inpatient beds located across eight wards at Royal Surrey County Hospital. Whilst end of life care may be provided on any area, there is a significant overlap with medical wards providing much of the planned end of life care, particularly on wards specialising in care of the elderly.

Overall, the trust has 397 beds across medicine, surgery and oncology, and these are all supported by the end of life service.

In addition, St. Luke's Cancer Centre has a dedicated acute oncology ward (with isolation rooms for radionuclide patients, and single rooms for immunosuppressed/infected patients), with other oncology patients being cared for on site-specific wards within the Royal Surrey County Hospital, e.g. patients with lung cancer on the respiratory ward. The oncology division delivers a large and complex service that provides oncology services to patients across the south east of England via a network model with local hospitals.

The Supportive & Palliative Care Team consists of three consultants in palliative medicine, five clinical nurse specialists in palliative care, two clinical research fellows (in palliative care), and three administrative personnel. The Supportive & Palliative Care Team provides a hospital seven-day service to the district general hospital, and associated cancer centre (St. Luke's Cancer Centre). They also operate two Supportive & Palliative Care Clinics a week, and a weekly Cancer Survivorship Clinic.

The Supportive & Palliative Care Team has an active educational programme, and run an annual, national advanced pain and symptom management course. They also have an active research programme, with the main research themes being breakthrough cancer pain, oral problems, and end-of-life care.

As the hospital was beginning to respond to the COVID-19 pandemic and had already begun admitting patients, we were unable to visit the mortuary. We were assured the mortuary service was well managed and respectful of those who had died and their families.

## Summary of this service

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

- The service had sufficient staff with training in key skills to care for patients and keep them safe. They exceeded the recommended medical and specialist nursing staff levels recommended by the Royal College of Physicians.
- Staff understood how to protect patients from abuse, and managed safety well. All staff spoken to had a very good understanding of safeguarding and how it might present in end of life care.
- The service managed medicines effectively. There was ready access to expert prescribers, good oversight by the pharmacy team and innovative support for non-specialist prescribers. The level of medicine errors was low.
- Staff provided extremely good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Comprehensive assessments of personal care and treatment needs and preferences were used to inform care planning and delivery.

# End of life care

- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, mostly respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided high quality emotional support to patients, families and carers.
- There were innovative approaches to providing integrated person-centred protocols of care that involved other service providers, particularly for people with multiple and complex needs. End of Life care was a priority of the Integrated Care Provider system with health and social care agencies, and representatives from the voluntary sector, working well together.
- People's individual needs and preferences were central to the delivery of tailored services. The services were flexible, provide informed choice and ensured continuity of care.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. People could access the service when they needed it and did not have to wait too long for treatment. The Supportive and Palliative Care team were very responsive and very much promoted the idea of a good death.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.
- Leaders were highly visible and approachable in the service for patients and staff. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service engaged well with patients and the community to plan and manage services. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Whilst most people were encouraged to dress in their own clothes and had support to maintain their dignity, there were two occasions when we noticed that individual staff members had not paid sufficient attention to ensuring patients were appropriately covered.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The Supportive and Palliative Care team had completed training but in the medical care division, training targets were not always met.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Attendance at the delivery groups ensured the trust were kept up to date with new national and local guidance, safeguarding reviews and were able to contribute to multi-agency audits and processes.

# End of life care

- Staff had training on how to recognise and report abuse and they knew how to apply it. Female genital mutilation (FGM) and sexual exploitation awareness were incorporated into safeguarding training. This was delivered as part of the statutory and mandatory training programme as well as induction courses for new staff.
- The service controlled infection risk well. Staff used equipment and control measures to protect themselves and others from infection. They kept equipment and the premises visibly clean. All areas we visited throughout the inspection were visibly clean.
- Patients could reach call bells and staff responded quickly when called. The bay watch scheme had reduced the staff response time and reduced the number of falls with harm.
- The service had enough suitable equipment to help them to safely care for patients. A very well managed equipment library ensured that sufficient specialist equipment was readily available in good repair. The maintenance of medical equipment was managed centrally. All equipment we saw had been tested and was in date.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff used a nationally recognised tool to identify patients at risk of deterioration and escalated them appropriately. Observed care mirrored planned care on the wards that we visited.
- Staff completed a PELiCAN document that recorded an holistic assessment of each patient's needs and preferences.
- The service had enough nursing and support staff of relevant grades to keep patients safe. The staffing of the Supportive and Palliative Care team exceeded the national recommendations.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Managers regularly reviewed staffing levels on the wards. Managers and senior clinicians we spoke with felt medical staffing levels were good.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Patient's notes were comprehensive, and all staff could access them easily. We reviewed 12 sets of patient notes and found they were legible and in good order.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Patients had anticipatory medicines prescribed to manage symptoms in a timely way. Non specialist staff were supported in prescribing for patients approaching the end of their life.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff reported they felt able to raise incidents without fear of repercussions and had a clear understanding that learning from incidents was part of everyday working. Staff received feedback from investigation of incidents, both internal and external to the service.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

# End of life care

## Is the service effective?

**Outstanding**  

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

- The service provided care and treatment based on national guidance and best practice. Leaders worked with staff to ensure they followed guidance.
- Staff protected the rights of patients' subject to the Mental Health Act 1983. They had a very good knowledge and made timely referrals to specialist mental health staff, when necessary.
- Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Current policies and procedures which reflected best practice and national guidance were available and accessible to staff via the trust intranet and an app.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. There was clear documentation of patients' dietary needs.
- Dietitians and catering staff worked closely to provide meals and a range of choices for patients requiring special diets, such as milk free and gluten free diets. The hospital offered a choice of food that was able to cater for cultural, religious, and therapeutic diets.
- Staff assessed and monitored patients regularly to see if they were in pain using a recognised tool and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and direct observation. This was a real strength of the service with all staff taking responsibility for supporting patients to have a good death. The team responded very quickly to requests for assessments and review. They worked across the trust including in the emergency department by promoting the use of the PELICAN tool which included a symptom review.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. There was a focus on the use of data to drive improvement through local and national audits.
- The service participated in relevant national clinical audits. Outcomes for patients were very positive and exceeded expectations, such as national standards.
- We were given several examples where improvements had been made as the result of audits.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Well qualified specialist nurses supported ward nursing and medical staff; they were independent prescribers so could ensure that, at all times, patients had access to palliative care expertise.
- Multi-disciplinary working was a real strength of the Supportive and Palliative Care team. Doctors, nurses and other healthcare professionals worked together to benefit patients. They supported each other to provide good care and held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- There was a strong focus on working across the system to improve end of life care for all patients in the local health and social care system. Initiatives developed by partners from across the Integrated Care Provider contract had improved outcomes with fewer admissions for people requiring end of life care support and more seamless care.

# End of life care

- People's discharge, transition and referral plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. Rapid discharge allowed more people to transfer to their preferred place of care as they reached the last few days of life. Good interagency and positive interprofessional relationships supported smooth discharges.
- Where patients had complex symptom-control needs and required inpatient, supportive care, they sometimes transferred to the care of the palliative medicine consultants. Staff could call for support from other specialist doctors and disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. The multidisciplinary team included allied health professionals and was available every day including weekends, with on-call arrangements for consultants for nights and weekends.
- Staff gained consent from patients for their care and treatment. They followed national guidance to gain patients' consent. Staff we spoke with were clear about their responsibilities in relation to gaining consent from people, including patients who lacked capacity to consent to their care and treatment. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, mostly respected their privacy and dignity, and took account of their individual needs. Ward staff were observed to be very gentle and patient in the way they supported people.
- Patients and relatives gave positive feedback about the service. We observed that all staff groups took the time to interact with patients and their relatives in a warm, respectful and considerate way.
- The patients and relatives that we spoke with told us that staff were consistently kind and concerned about the patient well-being. We were told the service provided by the Supportive and Palliative Care team was, "Second to none" and that the person speaking couldn't think of any possible improvements.
- We were told that a relative really valued the kindness shown to them and they talked about the practical support, that made being at the hospital easier. They said, "I didn't have to ask for anything; it was always just offered, whether that was a cup of tea, a towel or some company. They just seemed to know."
- Staff supported patients to make advanced decisions about their care. People felt they made the conversation easy and that their views were listened to by the ward staff and the Supportive and Palliative Care team staff. The trust had an initiative called 'you only die once' (YODO), to be able to assist patients fulfil their wishes as they approached life's end. We heard stories of pets visiting and special celebrations being moved forward to enable the dying person to celebrate with their family. The aim of YODO was to encourage patients and staff to focus on ensuring a dignified death was planned for and which respected the patient's wishes.
- The trust worked in partnership with a charity who employed a carers advisor, based at the trust, that could talk with families about the care their relative received, unconnected to the ward so family members could feel more at ease to ask questions.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

# End of life care

- The chaplaincy service provided innovative spiritual support to patients, their families and to staff. There were facilities for quiet and prayerful time, if wished. Volunteers supported the hospital chaplains and provided a befriending and visiting service to patients who were alone.
- We found that staff generally understood and respected the personal, cultural, social and religious needs of the patients seen on the ward. There was an understanding across the hospital that spiritual care was an important part of the holistic care of dying patients.

However:

- On two occasions we saw that two separate patient's dignity was compromised, and they were left partially exposed. One of these happened when a physiotherapist was helping a patient to walk; they were wearing a hospital gown that was only tied at the neck and their back was exposed revealing near transparent incontinence pants and a pad.
- The other incident was when a female patient was being taken off the ward in a wheelchair without a blanket or dressing gown. They were also just wearing a hospital gown but this was not tied at the neck. It had ridden up exposing her upper thigh area and was hanging off her shoulders exposing part of her upper body.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- There were innovative approaches to providing integrated person-centred protocols of care that involved other service providers, particularly for people with multiple and complex needs. The protocols and partnerships improved outcomes for people approaching the end of their life by reducing the frequency of admissions and promoting the right care, in the right place at the right time. The co-operation and planning across the system were impressive and staff worked closely with primary care services, voluntary services, other trusts and the local authorities improve end of life care across the system.
- People's individual needs and preferences were central to the delivery of tailored services. The services were flexible, provide informed choice and ensured continuity of care. The use of the PELiCAN tool as an holistic assessment framework was promoted and increasingly used to establish good end of life care plans for all patients identified as likely to be in the last seven days of their life. at an early stage.
- The trust had introduced a mobile IT system which was compatible with the local GP system, this enabled all community nursing notes to be read by GPs and vice versa offering the required information to clinicians instantly.
- A shared electronic patient record between the trust and neighbouring NHS trusts enabled staff to access all the information they needed to deliver seamless and comprehensive patient care. All patient information was available in one place, digitally enabled and paperless.
- Facilities and premises were appropriate for the services being delivered. We saw all areas were uncluttered, dementia friendly and well maintained. The service had systems to help care for patients in need of additional support or specialist intervention.
- People identified as being in the last days of their life were prioritised for single room accommodation. There was practical support for relatives who wished to remain in the hospital during this time, including comfort packs, folding beds, free parking, meals and drinks and access to washing facilities.

# End of life care

- The chaplaincy provided a space for quiet reflection and prayer. Whilst it was a Christian chapel, it could be quickly modified to accommodate people of other faiths. An ablutions room was available for Muslim patients, visitors and staff to use before prayer.
- All patients, and their families, who were identified as approaching the end of life were offered the opportunity to access support from a chaplain. They also offered support to bereaved parents and those who had faced late pregnancy loss. Any consultations with the chaplaincy was documented in the patients record.
- Some wards were designed to meet the needs of patients living with dementia. Decor and furnishings had been modified to reduce the distress caused by the clinical environment.
- There were “care passports” so that patients travelling across providers did not have to continually revisit their story to different professionals. On admission doctors used a variety of standardised proforma, including abbreviated mental test assessments.
- People could easily access the service when they needed it and received the right care promptly. The service admitted and treated in line with national standards. People could access services and appointments in a way and at a time that suited them. There were outpatient appointments with the Supportive and Palliative Care team held in the cancer centre. Referrals to the Supportive and Palliative Care team were responded to in a timely manner. Nobody waited overly long for an assessment or review by the team.
- The trust had an acute frailty team that worked across the hospital. The team had been shown to improve patient outcomes and reduce the length for stay of frail elderly patients. It meant that patients who needed support other than acute hospital care were not stranded in hospital.
- The frailty team undertook a project, known as the acute frailty pathway, this resulted in saving patients 40,000 hours of time they would have otherwise spent in a hospital bed.
- They frailty service incorporated the therapy led Integrated discharge team. The integrated discharge team of therapists had a base in the emergency department and identified patients who could be transferred to a more appropriate setting.
- Delays in discharging frail elderly patients due to a lack of a suitable care package was not a significant problem. There was also good cross-system admission avoidance work that enabled the frail elderly people to remain in their own homes, as far as possible.
- Managers monitored that moves between wards were kept to a minimum. The service moved patients only when there was a clear medical reason or in their best interest. Staff did not move vulnerable patients between wards at night.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Staff could give examples of how they used patient feedback to improve daily practice.

## Is the service well-led?

**Outstanding** ☆ ↑

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

# End of life care

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the skills and abilities to run the service. They fully understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. Feedback from across the trust was exceptionally positive about the Supportive and Palliative Care team.
- The Supportive and Palliative Care team members could describe in detail the comprehensive and successful leadership strategies they used to ensure and sustain delivery across and beyond the trust, and to develop the desired culture. Staff in all areas of the hospital that we visited were clear that the responsibility for ensuring people had a good death rested with all staff supported by the team.
- Leaders demonstrated a deep understanding of issues, challenges and priorities in their service, and beyond. They worked closely with others across the trust and in the local healthcare system, to drive best practice and ensure optimum outcomes for people approaching the end of their life.
- The service had a clear vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The service had expanded according to demand and invested in specialties to ensure patients received the best care.
- Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. The service had a very open culture where patients, their families and staff could raise concerns without fear; feedback was actively encouraged.
- Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported. This was very evident within the Supportive and Palliative Care team but also reflected in the quality of relationships and respect for the team from other disciplines across the trust.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The staff within the Supportive and Palliative Care team had a very good awareness of each patient that they were involved with and knew of any incidents, areas for improvement and challenges the service was facing.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. Staff described effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services.
- There was a holistic understanding of performance across the service. Leaders used performance outcomes to guide improvement. This intelligence was used to make day-to-day operational decisions as well as improvements, where this was possible.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- A full and diverse range of people's views and concerns was encouraged, heard and acted on to shape services and culture. There was patient involvement across the division.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# End of life care

- There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.
- There were clear organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work. Staff felt empowered to deliver small changes.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

- The Supportive and Palliative Care service was very well resourced and staffed significantly above the recommended levels set by the Royal College of Physicians. This allowed for a seven-day service and on call arrangements and meant that patients received expert assessment and review in a timely manner.
- The Clinical Nurse Specialists were independent prescribers which meant that patients medicines for symptom control could be expertly reviewed and amended in a timely way. Patients were not kept waiting for drugs to manage distressing symptoms.
- The trust performed very well in the National Audit of Care at the End of Life, exceeding the benchmark for every question.
- Joint planning with other agencies and professionals from across the health and social care system was well developed and resulted in improved outcomes for patients approaching the end of their life.
- Initiatives, such as the introduction of a 'front door' Frailty Team were both better for patients as they could return home much sooner, with the right support in place, and better financially for the trust. Robust Quality Impact Assessments meant that cost reduction was achieved through improved care.
- The promotion of the PELiCAN assessment tool and record, across the hospital, encouraged all staff to take responsibility for end of life care delivery. Early identification of patients approaching the end of their life, involvement of patients and their families in care planning and early referral to the Supportive and Palliative Care team meant that people had access to expert symptom control support at an earlier stage.
- The introduction of hybrid mattresses for all beds across the trust required a significant investment and demonstrated that the primary consideration was improved outcomes for patients. Whilst too early to have data to demonstrate improved outcomes, there is no doubt that fewer moves for patients from one mattress to another and immediate access to an alternating air pressure mattress reduced the risk of pressure damage.
- Transferring the care of patients receiving supportive care, but who had complex symptom control needs, to lead management by one of the Palliative Medicine Consultants meant that there was improved holistic oversight of their care and treatment.
- The very well-managed equipment library meant that there was ready access to adequate equipment in good repair at all times.
- The use of volunteers to support patients who were approaching the end of their life by befriending, offering chaplaincy support and providing company meant those without relatives who were able to visit or stay had someone to be with them.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# End of life care

- The trust should reinforce the need for patients to be appropriately covered at all times to ensure their dignity is not compromised.

# Our inspection team

The inspection was overseen by Catherine Campbell, Head of Hospitals Inspection South East.

The team included three inspectors and five specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.