

# Epsom and St Helier University Hospitals NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

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

## Background to the trust

Epsom and St Helier University Hospitals NHS Trust provide services to a population of approximately 497,000 people living across south west London and north east Surrey. The trust also provides more specialist services, in particular orthopaedic, renal and level two neonatal intensive care to a wider catchment area.

The trust has approximately 892 beds located across two acute locations; Epsom General Hospital which is located in Epsom and St Helier Hospital and Queen Mary's Hospital for Children which is located in Sutton.

The trust has a further eight locations registered with the CQC: Frimley Park Hospital Renal Unit, Kingston Satellite Dialysis Unit; Leatherhead; Mayday Satellite Unit, The New Epsom and Ewell Community Hospital, Molesey Community Hospital, Dorking Community Hospital and Sutton Hospital.

In addition to these registered locations, Epsom and St Helier University Hospitals NHS Trust is the host for the South West London Elective Orthopaedic Centre (SWLEOC) which is located on the Epsom General Hospital site. SWLEOC is run in partnership with a number of local trusts and is the largest hip and knee replacement centre in the United Kingdom and is one of the largest in Europe. Additionally, St Helier Hospital is home to the Southwest Thames Renal and Transplantation Unit which provides acute renal care and dialysis and is integrated with the St George's University Hospital NHS Foundation Trust renal transplantation programme.

In April 2018, Patient Transport Services were brought in-house and has been provided by the trust since. The trust also began providing adult community, child community therapy services and sexual health in Sutton; and adult community in Surrey Downs from 1 April 2019.

The total actual number of whole-time equivalent staff in December 2018 was reported as 5,352.5 compared to the planned number of 5,274.3. However, since the 1 April 2019, with the acquisition of the community services, an additional 1000 staff are employed by the trust.

The trust services are commissioned by Sutton Clinical Commissioning Group, Merton Clinical Commissioning Group and Surrey Downs Clinical Commissioning Group.

Previously, we carried a comprehensive inspection of the trust in November 2015, a next phase inspection in January 2018 and a focused inspection in October 2018.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good  **

## What this trust does

Epsom and St Helier University Hospitals NHS Trust provides acute, community and specialist services to the whole population of south west London and north east Surrey. Both the trust's acute hospital locations have accident and emergency department services.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

We inspected the St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital. At St Helier Hospital and Queen Mary's Hospital for Children, we inspected the core services of urgent and emergency services, surgery and maternity. At Epsom General Hospital, we inspected urgent and emergency services, medical care and maternity. The inspection was part of our continual checks on the safety and quality of healthcare services.

Our pre-inspection intelligence indicated the need to follow up on the areas inspected, as well as those rated 'requires improvement' as a result of our findings at the previous inspection carried out in January 2018. Intelligence information we held on these areas indicated the need for re-inspection.

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

## What we found

Our overall findings indicated improvements and progress in most areas. Of the services inspected, most were rated as good, apart from the emergency department on both sites.

The emergency department at St Helier Hospital remained as requires improvement. Effective improved from requires improvement to good. Caring remained as good. Safe and well-led remained as requires improvement. Responsive went down from good to requires improvement.

The emergency department at Epsom General Hospital remained as requires improvement. Caring remained as good. Safe remained as requires improvement. Effective and well-led improved from requires improvement to good. Responsive went down from good to requires improvement.

Surgery at St Helier Hospital improved from requires improvement to good. Well-led improved from requires improvement to good. Effective, caring and responsive remained as good and safe remained as requires improvement.

Maternity at St Helier Hospital remained as good. Responsive improved from good to outstanding. Well-led improved from requires improvement to good. Safe, effective and caring remained as good.

Maternity at Epsom General Hospital improved from requires improvement to good. Responsive improved from good to outstanding. Effective and well-led improved from requires improvement to good. Safe and caring remained as good.

# Summary of findings

Medical care at Epsom General Hospital improved from requires improvement to good. Safe remained as requires improvement. Effective improved from requires improvement to good. Caring, responsive and well-led all remained as good.

We noted that in many areas of the trust, the environment was not always appropriate for the services being delivered, due to the age and structure of the estate. The trust's estate was on its corporate risk register.

## Overall trust

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

- We rated safe as requires improvement; and effective, caring, responsive and well-led as good. We rated eight of the trust's nine services as good. Only the emergency departments were rated as requires improvement. In rating the trust, we took into account the current ratings of the six services not inspected this time.
- We rated well-led for the trust overall as good.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website [www.cqc.org.uk/provider/RVR/reports](http://www.cqc.org.uk/provider/RVR/reports)

## Are services safe?

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

- There was not a suitable and safe environment for children and young people presenting with mental ill health to be assessed.
- There were not effective systems for identifying risks to children and young people presenting with mental ill health; and planning to eliminate or reduce them.
- In the emergency department at Epsom General Hospital, some patients waited on trolleys between 30 – 50 minutes, to be handed over to the emergency department staff by the ambulance crew.
- In the emergency department at Epsom General Hospital, intra venous fluids in resuscitation area was stored openly on shelves and the floor under a hand wash basin.
- Staff did not monitor fridge and room temperatures on several areas, which could impact on the potency of some medicines.
- Staff completion of mandatory training remains below the target, particularly for medical staff.
- Actual number of nurses on some shifts, were below the planned number in some surgical wards at St Helier Hospital.

However:

- There was a good incident reporting culture and staff shared learning from incidents.
- Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

## Are services effective?

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

- Guidelines were in place to support staff to provide effective treatment, and these were up-to-date with national guidance and standards and regularly reviewed and audited.

# Summary of findings

- There was very good multidisciplinary team working in all areas, including with external partners.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. The trust introduced a range of initiatives to improve nutrition and hydration standards.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely manner.

However:

- Completion of staff appraisal of their performance continue to be below the trust target of 95% in many areas.
- Regular bank and agency staff could not access support such as relevant competency training or appraisals and supervision.

## Are services caring?

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.
- Patients, families and carers gave positive feedback about their care and the kindness of staff.
- Staff communicated clearly with patients to help them understand what was happening to them. They kept relatives and people accompanying patients informed.

However:

- The response rate for the friends and family test had declined since our previous inspection.

## Are services responsive?

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

- The trust planned and provided services in a way that met the needs of local people. The trust had a transition agenda and were rolling out new ways of working including a model of integrated care.
- At Epsom General Hospital, the hospital had an 'At Home' team. This was an integrated community-based team that could support patients when they were discharged into the community.
- The trust treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with staff, in most cases.
- In maternity, the service introduced a 'Green Armband' initiative on both sites, whereby women who were suitable for midwife-led discharge were given a green armband. This meant staff could recognise and prioritise women who were ready to go home and facilitate a speedier discharge.

However:

- People living with dementia were not always highlighted to ensure they were cared for in an individualised way.

# Summary of findings

- The responsiveness of the emergency departments, were not in line with good practice in relation to waiting times and arrangements to admit, treat and discharge patients.
- Over a period of two years, the percentage of cancelled operations at the trust had generally been higher than the England average.

## Are services well-led?

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

- Managers had the right skills and abilities to run a service providing sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience and worked together to do so.
- Staff used a systematic approach to continually improve the quality of its services and safeguard high standards of care. Staff understood their roles and accountabilities.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However:

- Structured board development was currently not taking place, but we were told was scheduled to start in September 2019.
- Board assurance about the trust's capture of dementia diagnoses, needed to improve.
- Oversight, governance and leadership of safeguarding needed to improve.
- There was a lack of oversight, governance and control of risks associated with medicines management.

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## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in maternity at both St Helier and Epsom General Hospitals.

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

## Areas for improvement

We found areas for improvement that the trust must put right. We found 10 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.

# Summary of findings

## Action we have taken

We issued four requirement notices to the trust. Our action related to a breach of four legal requirements in two core services.

For more information on action we have taken, see the section on Areas for improvement.

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in maternity at both Epsom General Hospital and St Helier Hospital. These were;

- In September 2018, the maternity service at the trust received the Unicef Baby Friendly Achieving Sustainability Gold Award accreditation and were the first London NHS trust to achieve this. Baby Friendly is an international initiative to encourage breast feeding and the Gold award is designed help services to embed Baby Friendly care in their workplace for the long term.
- The maternity service had introduced an innovative Pregnancy Advice Line, in partnership with South East Coast Ambulance Service. This had resulted in more timely access to services for women, ensuring they received the right care at the right time.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

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

We told the trust that it must take action to bring services into line with four legal requirements. This action related to two services.

- Ensure there are suitable and safe environments for children and young people presenting with mental ill health to be assessed in the emergency departments.
- Ensure there are effective systems for identifying risks to children and young people in the emergency department at St Helier Hospital; and there are plans to eliminate or reduce them.
- Ensure there is adequate staffing across surgical units at St Helier Hospital to provide safe delivery of care to patients.
- Ensure there are proper governance arrangements for the management of medicines.

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

- Review whether staff receive appropriate mandatory training to undertake their roles in a safe and effective way, in the emergency departments.

# Summary of findings

- Consider how to achieve national key performance indicators in line with the Royal College of Emergency Medicine (RCEM). This includes the 4-hour waiting target.
- Review whether all staff adhere to best practice in hand hygiene, in medical care at Epsom General Hospital.
- Review whether venous thromboembolism (VTE) risk assessments are completed for all patients, in medical care at Epsom General Hospital.
- Review whether paper copies of policies and procedures that are kept on the wards are in date, in medical care at Epsom General Hospital.
- Review whether there is enough staff on all shifts to meet patients' needs and ensure patient safety.
- Consider whether all staff receive an appraisal in accordance with the trust's staff development policy.
- Increase the number of eligible patients that are screened for dementia.
- Continue work to improve understanding of the vision and strategy for the service amongst staff, in maternity services.
- Increase medical staff compliance rates with safeguarding mandatory training, to bring it into line with the trust's target.

## Is this organisation well-led?

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

### **Our rating of well-led at the trust improved. We rated well-led as good because:**

- The trust board had the appropriate range of skills, knowledge and experience to perform its role.
- Whilst there were still some improvements that could be made to the board assurance framework, the document had improved, and last years' requirement notice was met.
- Senior leaders were aware of the current priorities and challenges of the trust and knew of the various strategies and measures to address them.
- The senior leadership team were visible. All board members undertook the 15 steps programme prior to board meetings.
- The Epsom Health and Care and Sutton Health and Care services were positive developments and provided integrated primary, secondary, community and social care to the local community.
- The 'Your Voice, Your Values' programme, co-designed values and behaviours between leaders and staff and supported the development a highly engaged workforce.
- The trust was meeting target for completing complaints and the team used FFT data to improve the patient experience.
- The trust engaged with people who use services and their relatives/carers.



# Summary of findings

- We received positive comments from patients and their relatives, during the inspection, about their care and treatment.
- We found the trust adhered to the duty of candour requirement appropriately.
- Some BAME midwives said the trust was a better place now, than it was last year.
- Infection prevention and control had improved in the past year.

However:

- Structured board development was currently not taking place, but we were told was scheduled to start in September 2019.
- There was a lack of oversight, governance and control of risks associated with medicines management.
- Board assurance about the trust's capture of dementia diagnoses, needed to improve.
- Oversight, governance and leadership of safeguarding needed to improve.
- Data input was not consistent, due to various reasons such as limitations in the current infrastructure, user training, and lack of resources.
- The trust scored below the England average for recommending the trust as a place to receive care from February 2018 to January 2019.

## Use of resources

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

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019

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.

## Ratings for St Helier Hospital and Queen Mary's Hospital for Children

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↔ Sept 2019	Requires improvement ↔ Sept 2019
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Renal services	Good	Good	Good	Good	Good	Good
<b>Overall*</b>	Requires improvement ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019

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

## Ratings for Epsom General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↑ Sept 2019	Requires improvement ↔ Sept 2019
Medical care (including older people's care)	Requires improvement ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Requires improvement	Good
Maternity	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
South West London Elective Orthopaedic Centre	Good	Outstanding	Good	Good	Outstanding	Outstanding
<b>Overall*</b>	Requires improvement ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019

\*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.

# Epsom General Hospital

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## Key facts and figures

Epsom General Hospital is part of Epsom and St Helier University Hospitals NHS Trust and provides acute hospital services to population of around 166,257. Services are commissioned by Surrey Downs Clinical Commissioning Group.

The hospital has 383 beds, across 25 wards, including;

- 19 children's beds

There are also 68 day case beds.

Epsom General Hospital operates 24 hours per day and has an accident and emergency department.

During the inspection, we spoke with 79 patients, 26 carers/relatives and over 143 members of staff from various disciplines. We checked over 49 patient records. We observed care being delivered and attended meetings, safety briefings and handovers.

## Summary of services at Epsom General Hospital

**Good**  

Our rating of services improved. We rated them as good because:

- The hospital had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients and key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Staff planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Summary of findings

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

However:

- There were not proper governance arrangements for the management of medicines.
- Although services offered mandatory training in key skills to all staff, staff attendance at some mandatory training courses did not meet the trust's own target.
- Some members of staff did not always have their performance reviewed or had the opportunity to discuss development needs. Nurse staffing was a challenge on medical care wards and shifts were not always covered by the planned number of staff.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Epsom General Hospital provides urgent and emergency care services, 24 hours, seven days a week. Services are provided to the local populations within areas of north east Surrey and the London Boroughs of Sutton and Merton.

There are separate entrances for ambulance patients and those who make their own way to the department. The reception has a seated waiting area and a glass-fronted reception desk with a lowered counter for wheelchair users.

The department had a waiting room and two triage rooms, three urgent care rooms, one of which, is a dedicated GP room for urgent care services. There are 12 cubicles in majors, three paediatric cubicles with a separate waiting room for children and a resuscitation area with four bays.

The department has different areas where patients are treated depending on their acuity including an area for minors, a resuscitation area, and an area receiving patients with major concerns. There was a separate paediatric ED with its own waiting area, triage and treatment cubicles. The ED also has a separate Ambulatory Care Unit.

From December 2017 to November 2018 there were 155,601 attendances at the trust's urgent and emergency care services, 16,877 of these resulted in admission.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We used a variety of methods to gather evidence to assess urgent and emergency care services at Epsom General Hospital.

During the inspection visit, the team visited adult and paediatric (children's) emergency departments, urgent care centre, which was incorporated within the department and clinical decision unit (CDU). We spoke with 43 members of staff from a variety of grades. This included consultants, middle grade and junior grade doctors, senior managers, matrons, nurses, healthcare assistants, and reception staff and physician assistants. We spoke with 15 patients and 11 relatives and observed staff giving care to both adults and children. We reviewed 16 patient care records.

## Summary of this service

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

- Although we found some improvements had been made since our previous inspection, particularly regarding the responsiveness of the service, there remained areas which required further improvements.
- Governance and risk management processes were not as strong or effective as would be expected. The department did not have an oversight of the work of the emergency nurse practitioners.
- The completion of mandatory safety training by staff was less than the trust's own target and was unlikely to be achieved within the current year.
- There were no competency assessments for most staff groups working in the department. New staff in the department were not provided with the required induction to the department and were not assigned mentors to work with.
- Emergency nurse practitioners felt they would benefit from clinical supervision and tuition from consultants and medical staff to increase their clinical knowledge.

# Urgent and emergency services

- The emergency department had not achieved the Department of Health's 95% performance target from October 2018 to February 2019 and there were sometimes delays for emergency medical staff being able to refer patients to specialty services in a timely manner.
- Patients waiting for X-rays were left unattended, unobserved, and left with no means of calling for help.
- Staffing in the department was always not sufficient to safely manage the numbers of patients. This was particularly evident during the periods of high attendance.

However:

- Guidelines were in place to support staff to provide effective treatment, and these were up-to-date with national guidance and standards and regularly reviewed and audited.
- Clinical staff ensured that patient treatment and care was delivered with kindness and compassion. Staff used professional guidance and best practices, including risk assessment tools and consent procedures to support the provision of safe and responsive care.
- Although nursing and medical staffing remained a challenging area, the day to day arrangements were focused on staffing the department to safe levels.
- There was excellent multidisciplinary team working both within the department and with teams outside the department, including external partners.
- The ED team included or had access to the full range of specialists required to meet the needs of patients in the ED. There was an onsite psychiatric liaison team. The team assessed patients aged 16 and over and provided advice to ED staff. Paediatric ED staff contacted the Children and Adolescent Mental Health team when they needed advice. The team were not based on site but would attend to visit paediatric patients who presented with mental health needs.
- Beds for mental health patients were obtained for those who were detained under the Mental Health Act through the bed management system of the hospital. Paediatric patients who presented with mental health problems were admitted to the paediatric ward routinely before being discharged or transferred to a mental health bed.
- Although much of the ED environment was not free from ligature points, staff assured us that, they had completed a risk assessment of the area for the appropriateness of its use by patients.
- ED staff had been trained on how to complete mental health risk assessment for patients presenting to the ED with mental health challenges.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff were not always able to complete mandatory training during working hours.
- Some patients were seen waiting on the trolley between 30 – 50 minutes to be handed over to the ED staff by the ambulance crew.
- Not all patients had an assessment of pressure areas, including patients that had breached the four-hour target.
- Not all staff had a log-in assess to vitalPAC to record or review patient's observations.
- There were not enough nurses to fill shifts, and some shift were uncovered due to lack of staff.



# Urgent and emergency services

- The department was not achieving 16 hours a day consultant cover as requirement by the Royal College of Emergency Medicine (RCEM).
- Patient records we reviewed in majors were not consistently completed. We saw a lack of nursing care plans and personal care being documented on the care records we reviewed.
- Intra venous fluids in the resuscitation area were stored openly on shelves and the floor under a hand wash basin.

However;

- There was a good incident reporting culture and shared learning from incident.
- There was good middle grade doctors and physician assistant cover at the department.
- Staff were 'bare below the elbows' and the department looked visibly clean.
- Staff knew how to report a safeguarding concern and were able to show us the referral and information sharing system used.
- The psychiatric liaison team provided informal training sessions to staff in the ED on mental health awareness and how to manage patients risk for mental health patients.
- Children and Adolescent Mental Health Services Emergency Care Service provided input for ED staff. Mental health assessments, interventions and treatments offered were in line with National Institute for Health and Care Excellence guidance.

## Is the service effective?

**Good** ● ↑

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

- The ED performed better in 2018/19 RCEM audit of feverish child, vital signs in adults and venous thromboembolism (VTE) risk in lower limb immobilisation.
- Guidelines were in place to support staff to provide effective treatment, and these were up-to-date with national guidance and standards and regularly reviewed and audited.
- There was excellent multidisciplinary team working both within the department and with teams outside the department, including external partners.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff generally gave patients enough food and drink to meet their needs while in the ED. They used special feeding and hydration techniques when necessary.
- Patients who used urgent and emergency care services were supported to live healthier lives and manage their own health, care and wellbeing.
- Although much of the ED environment was not free from ligature points, staff assured us that, they had completed a risk assessment of the area for the appropriateness of its use by patients.
- ED staff had been trained on how to complete mental health risk assessment for patients presenting to the ED with mental problems.

# Urgent and emergency services

However;

- There were no competency assessments for most staff groups working in the department. New staff in the department were not provided with the required induction to the department and were not assigned mentors to work with.
- Regular bank and agency staff could not access support such as relevant competency training or appraisals and supervision.
- Clinical pathways and patient outcomes were not routinely monitored and acted upon.
- Unplanned re-attendance rate was consistently above the national standard. In the last year, it was below the national average for seven months and above the national average for five months.
- Some members of staff did not always have their performance reviewed or had the opportunity to discuss development needs.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and treated them with dignity and respect.
- Patients, families and carers gave positive feedback about their care and the kindness of staff.
- Parents accompanying their children in the paediatric ED said nurses and doctors were professional, supportive and knowledgeable.
- Patients and people supporting them were treated with compassion and consideration and said they had the opportunity to be involved in decisions about their care.
- Staff communicated clearly with patients to help them understand what was happening to them. They kept relatives and people accompanying patients informed.
- Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.
- Staff provided emotional support to patients during difficult discussions and additional resources were available through the 24-hour chaplaincy service and local counselling services.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Patients could not always access the service when they needed it in a timely way. Waiting times and decision to admit, treat and discharge patients were not in line with good practice.
- The trust did not meet the standard of reviewing all patients within one hour of arrival from June 2017 to May 2018.
- The department did not have specific arrangements to meet the needs of patients living with dementia.

# Urgent and emergency services

- The ED reception did not have a hearing loop for people with sensory loss.

However:

- Staff demonstrated a good understanding of the frailty pathway.
- There was an NHS Improvement's 'Fit to Sit' model of care which enabled patients who were medically fit enough to sit in a designated area whilst waiting for treatment.
- Children and Adolescent Mental Health Services Emergency Care Service provided input for ED staff. Mental health assessments, interventions and treatments offered were in line with National Institute for Health and Care Excellence guidance (NICE). • The psychiatric liaison team provided informal training sessions to staff in the ED on mental health awareness and how to manage patients risk for mental health patients.
- The ED team included or had access to the full range of specialists required to meet the needs of patients in the ED.
- Beds for patients who were detained under the Mental health Act were obtained through the bed management system of the hospital.
- The number of patients who waited more than 12 hours from the decision to admit to being admitted was significantly better than the England average.
- The percentage of patients waiting more than four hours from the decision to admit until being admitted was better than the England average.

## Is the service well-led?

Good  

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

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience and worked together to do so.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy were developed with involvement from staff and key groups representing the local community.
- The service used a systematic approach to continually improve the quality of its services and provided high standards of patients care. The arrangements for governance were not always clear and did not operated effectively, however, staff understood their roles and accountabilities.
- The service participated in national and local audits, which were used to monitor quality systems and identify where actions should be taken to improve performance.
- The ED staff used "board rounds" to suggest ideas and solutions to problems and issues preventing admissions and discharges from ED.

However;

- The service did not have effective system to manage urgent care staff. Most of the staff especially the ENP's told us they did not have a supervisor, they were not provided with supervision and peer support.
- Some of the ENP staff we spoke with told us, there was no dedicated service manager responsible for the urgent care services and its staff.

# Urgent and emergency services

- The service was not able to demonstrate improvement to services by learning from when things went well and when they went wrong, and of promoting training, research and innovation.

## Areas for improvement

### Action the service **SHOULD** take to improve:

- Review nursing and medical staffing levels, so that they are adequate to keep all patients safe, including paediatric patients.
- Consider whether all staff receive appropriate mandatory training to undertake their roles in a safe and effective way.
- Review the rooms allocated for use by mental health patients, so that they meet requirements to keep them safe.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Epsom General Hospital provides care and treatment for seven specialties. There are 178 medical inpatient beds located across eight wards. These were: Haematology Day Case Unit; Alexandra Ward; Britten Ward; Buckley Ward; Chuter Ede Ward, Acute Medical Unit (AMU); Coronary Care Unit (CCU); Croft Ward; Gloucester Ward.

They have approximately 175 WTE medical and 500 WTE nursing staff in post. In 2017/18 there were approximately 60,000 emergency medical admissions.

There are 44 acute medical unit (AMU) beds at Epsom General Hospital (EGH) and 38 beds at St Helier Hospital (STH), staffed by 16 consultants' cross-site. Each AMU has rapid assessment hubs where admissions are managed, with the hub at EGH being within the Emergency Department (ED). STH has a short-stay ward managed jointly by acute medicine and frailty geriatricians. Through capital investment the trust has expanded its medical ambulatory care services at both sites and these are run by the acute medical team.

At Epsom and St Helier hospitals there are three general inpatient medical wards on each site. The on-call medical rota is covered by 16 consultants at STH and 14 consultants at EGH.

The trust has significantly increased their number of geriatricians to 11 and appointed a new clinical director for elderly care. There are three dedicated wards at STH, including a nurse/GP-led closer-to-home ward run in conjunction with the Sutton Health and Care Alliance. There is a frailty assessment service in ED/AMU that feeds into older persons short stay beds on the short stay ward. At EGH the service is integrated with general medicine, with a GP-led sub-acute ward run in conjunction with the Epsom Health and Care Alliance. The trust had just recruited two consultants to provide a frailty service in the ED/AMU/community commencing in April 2019.

Both St Helier and Epsom hospital sites provide gastroenterology and endoscopy services, as well as stroke units. There is a 24/7 hyper-acute service (HASU) at EGH.

Other key medical services:

- Cardiology/respiratory – EGH has one cardiac and one respiratory ward. STH has a ward that is 50% respiratory and 50% coronary care. The respiratory team in-reach to the acute medical wards on both sites. There is a cardiac catheter laboratory at EGH.
- Haematology/oncology – day care is centred at EGH and inpatient services at STH. Both sites provide daily acute oncology services jointly with the Royal Marsden NHS Foundation Trust.
- Epsom Health and Care Alliance – a partnership consisting of the trust; Central Surrey Health; Surrey County Council; and GP Health Partners, which provides integrated healthcare for adults in the Epsom area.
- Sutton Health and Care Alliance – a partnership consisting of the trust; London Borough of Sutton; South West London and St George's Mental Health NHS Trust; and Sutton GP Services Limited, which delivers integrated healthcare and social services in the Sutton area.

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

The trust had 32,030 medical admissions from December 2017 to November 2018. Emergency admissions accounted for 17,242 (53.8%), 812 (2.5%) were elective, and the remaining 13,976 (43.6%) were day case.

# Medical care (including older people's care)

Admissions for the top three medical specialties were:

- General medicine 17,184
- Gastroenterology 5,786
- Nephrology 2,513

(Source: Hospital Episode Statistics)

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. The trust had a transition agenda and was rolling out new ways of working including a model of integrated care.
- Managers at all levels in the trust had the right skills and abilities to run a service.
- The trust used a systematic approach to continually improve the quality of its services.
- The trust had effective systems for identifying risks and planning to eliminate or reduce them.
- The trust was committed to improving services. There was a range of quality improvement and patient safety initiatives in progress. However, most of these were relatively new and were not embedded into practice.

However:

- Nurse staffing was a challenge and shifts were not always covered by the planned number of staff. Some staff regularly worked more than their contracted hours to cover staffing shortages.
- We found issues with the monitoring of fridge and room temperatures on some wards.
- Although, the service offered mandatory training in key skills to all staff, some mandatory training courses did not meet the trust's 95% standard.
- The effectiveness of care and treatment was monitored by managers. However, outcomes of patient care audits were variable.
- Medical care was not meeting the trust's 85% standards for staff appraisals

# Medical care (including older people's care)

- There were issues with regards to discharge lounge closures and discharge summaries being completed within 24 hours.

## Is the service safe?

**Requires improvement**   

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

- Hand hygiene audit results were variable. We viewed the divisional 'heat map' dashboard for January 2019 and found most wards had not met the 95% compliance standard for that month, with the exception of Alexandra ward where the standard had been met. Following our inspection, the trust informed us that an action plan had been developed in March 2019 which had resulted in improved hand hygiene compliance in April and May 2019.
- Although staff completed and updated risk assessments for each patient. The medicines division 'heat map' dashboards covering the period January to March 2019 recorded that medical care wards were not meeting the trust's 95% standard for venous thromboembolism (VTE) risk assessments.
- The hospital had introduced a system of 'tag' bays. These were bays on wards where patients requiring close observation or supervision were placed together with one member of staff permanently staffing the bay. We saw that staff did not always adhere to the trust's policy on tag bay care. This had resulted in a patient suffering harm as a result of a tag nurse leaving a bay unsupervised. This was not in accordance with the trust's tag nursing policy.
- Nurse staffing was a challenge, shifts were not always covered by the planned number of staff. Some staff regularly worked more than their contracted hours to cover staffing shortages.
- Although the service offered mandatory training in key skills to all staff, some mandatory training courses did not meet the trust's 85% standard.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service had enough medical staff with the right qualifications and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents 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.

## Is the service effective?

**Good**  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff followed guidance from the National Institute of Health and Care Excellence and Royal Colleges.

# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. The hospital had introduced a range of initiatives to improve nutrition and hydration standards. These included improved kitchen-based information, new nutritional care action plans and updated menus to meet individual needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff worked collaboratively across health care disciplines and with other agencies to provide care and treatment.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- We found wards kept paper copies of policies and procedures in files in the ward offices. We found some of the guidelines in the folders were out of date. This meant staff using information in the files could not be assured they were using the most up to date guidance.
- From December 2017 to November 2018, patients at the trust had a higher than expected risk of readmission for elective admissions and a higher than expected risk of readmission for non-elective admissions when compared to the England average.
- During our previous inspection in 2016, we found appraisal rates were not meeting the trust's 95% standard. During this inspection, we found appraisal rates in medicines services were still not meeting the trust's standards. From January to June 2018, 78.7% of staff within medicine department at the trust received an appraisal compared to a trust target of 95%.

## 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 patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- During our previous inspection in 2016 we found response rates for the Friends and Family Test were 29%. During this inspection we found the response rate had declined further since our previous inspection at 22%.

## Is the service responsive?

Good ● → ←

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



# Medical care (including older people's care)

- The trust planned and provided services in a way that met the needs of local people. The trust had a transition agenda and were rolling out new ways of working including a model of integrated care which involved close working with both acute and community care
- The hospital was in the process of introducing a frailty team. Staff told us the intention was for the frailty team to merge with the integrated care team and create a new frailty pathway. This was still work in progress at the time of our inspection.
- The hospital had an 'At Home' team. This was an integrated community-based team that could support patients when they were discharged into the community.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The divisional dashboard for medicine recorded that the medicines division were not meeting the trust's 90% standard for dementia screening, with screening rates being variable between 33.1% in April and August 2018 to 45% in February 2019.
- The wards did not have a discharge checklist. However, staff told us the safeguarding lead nurse was in the process of standardising a discharge checklist and this would be rolled out in 2019.
- Between 1 April 2018 and 31 March 2019, the discharge lounge had been closed on 88 occasions.

## Is the service well-led?

**Good**  

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

- Managers at all levels in the trust had the right skills and abilities to run a service. There were lines of accountability from ward to board.
- The hospital had introduced ward-based matrons as part of the hospital's quality agenda.
- The trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Although, some staff did not think managers involved them in decisions about services.
- The trust used a systematic approach to continually improve the quality of its services. The divisional team held monthly governance meetings that included the heads of nursing and divisional managers.
- The trust had effective systems for identifying risks and planning to eliminate or reduce them. There were arrangements in place to identify, record and manage risks. All risks were categorised, and an action plan was put in place to mitigate risks.
- The trust had engaged patients and the local community in a range of engagement projects related to the trust's change agenda. This had included public and group meetings. The trust had also engaged with stakeholders, official organisations and campaigners.
- The trust was committed to improving services. There was a range of quality improvement and patient safety initiatives in progress. However, most of these were relatively new and were not embedded into practice.

However:

# Medical care (including older people's care)

- The trust had a strategic vision for what it wanted to achieve. However, the vision was a work in progress and was not embedded in practice.
- Staff in the cardiac care unit told us ward rounds could often take four hours due to the time the IT system took to process data.

## Areas for improvement

### Action the service SHOULD take to improve:

- Ensure all staff adhere to best practice in hand hygiene.
- Ensure fridge and room temperature records are completed in accordance with the trust's policy.
- Ensure venous thromboembolism (VTE) risk assessments are completed for all patients
- Ensure staff on 'tag' bays are aware of and follow the trust's policy on 'tag' bays.
- Ensure there is sufficient staff on all shifts to meet patients' needs and ensure patient safety.
- Ensure paper copies of policies and procedures that are kept on the wards are in date.
- Ensure all staff receive an appraisal in accordance with the trust's staff development policy.
- Ensure all eligible patients are screened for dementia.

# Maternity

Good   

## Key facts and figures

The trust sites provide maternity services at both Epsom and St Helier sites with satellite clinics for antenatal care. Both hospitals provide consultant led obstetric units with 98 hours labour ward presence at each site. In 2017/18, the trust reported they delivered for 4,688 mothers across the two sites. Both maternity units have midwife-led birth centres overseen by senior midwives and consultant midwives. Epsom General Hospital has a level 1 Special Care Baby Unit. The trust provides a community midwifery service for Sutton, Merton and Surrey Downs clinical commissioning groups. These community midwives undertake most of antenatal and postnatal care.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During our inspection we visited the birth centre, labour ward, postnatal ward, antenatal clinic. We also spoke to community midwives both on site and over the telephone. We spoke to approximately 40 staff including, midwives of all grades, maternity support workers, doctors of all grades, administrative staff and leaders. We spoke to approximately 20 women and their partners or family. We viewed three sets of patient records.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most midwifery staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service managed patient safety incidents well. Staff recognised incidents 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.
- Staff made sure women and their babies had enough nutrition and hydration to meet their needs and improve their health, by providing outstanding support for breastfeeding.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had made positive progress towards ensuring all midwives were treated fairly in accordance with the Health and Social Care Act and Workforce Race Equality Standards.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

# Maternity

- Compliance rates amongst medical staff were not met for two of the four safeguarding mandatory training modules they were eligible for. This meant there was a risk that not all medical staff had received training essential to protect patients from abuse and neglect.
- We received mixed feedback from staff about their understanding of and involvement of the vision and strategy for the service, and not all staff were aware of it.

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most midwifery staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service managed patient safety incidents well. Staff recognised incidents 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.
- The service controlled infection risk well and had suitable premises and equipment and looked after them well.
- The service had enough midwifery staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However:

- Compliance rates amongst medical staff were not met for two of the four safeguarding mandatory training modules they were eligible for. This meant there was a risk that not all medical staff had received training essential to protecting patients from abuse and neglect.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff made sure women and their babies had enough nutrition and hydration to meet their needs and improve their health, by providing outstanding support for breastfeeding.
- 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.

# Maternity

- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The service had an innovative approach to planning and providing care in a way that was tailored to the needs of local people and the communities served. It also worked well with others in the wider system and local organisations to plan integrated and person-centred pathways of care. For example, the service was participating as an early adopter site in the Surrey Heartlands Better Births initiative, through projects such as forming a single community midwifery team.
- The service had demonstrated a proactive and inclusive approach to understanding the needs and preferences of different groups of people. Care was centred around patients' individual needs and preferences and delivered in an accessible way. For example, the perinatal mental health team had been restructured so that any woman experiencing mental ill health during their pregnancy would receive continuity of care from the same small team.
- Women could access the service when they needed it and received the right care promptly. The service used technology innovatively to ensure women had timely access to treatment, support and care. For example, the service had launched a Pregnancy Advice Line in April 2018, in partnership with South East Coast Ambulance Service and through collaboration with a neighbouring trust. Midwives working on the line triaged calls, assessed any risks and signposted women to the most appropriate place for their care.
- The service regularly audited waiting times and developed initiatives to improve access and flow through the service. For example, the service had introduced a 'Green Armband' initiative on both sites, whereby women who were suitable for midwife-led discharge were given a green armband. This meant staff could recognise and prioritise women who were ready to go home and facilitate a speedier discharge and was in the process of being embedded.

# Maternity

- It was easy for people to give feedback and raise concerns about care received, and the service encouraged this. The service treated concerns and complaints seriously and investigated them. The service included patients in the investigation of their complaint. The service demonstrated a strong focus on learning from complaints, by holding weekly open forums that all staff could attend to discuss recent complaints and concerns.

## Is the service well-led?

Good  

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had made positive progress towards ensuring all midwives were treated fairly in accordance with the Health and Social Care Act and Workforce Race Equality Standards.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- We received mixed feedback from staff about their understanding of and involvement of the vision and strategy for the service, and not all staff were aware of it.

## Outstanding practice

We found examples of outstanding practice in this service.

- In September 2018, the maternity service at the trust received the UNICEF Baby Friendly Achieving Sustainability Gold Award accreditation and were the first London NHS trust to achieve this. Baby Friendly is an international initiative to encourage breast feeding and the Gold award is designed help services to embed Baby Friendly care in their workplace for the long term.
- The service had introduced an innovative Pregnancy Advice Line, in partnership with South East Coast Ambulance Service. This had resulted in more timely access to services for women, ensuring they received the right care at the right time.

## Areas for improvement

**Action the service SHOULD take to improve:**

- Continue work to improve understanding of the vision and strategy for the service amongst staff.
- Improve medical staff compliance rates with safeguarding mandatory training, to bring it in line with the trust's target.

# St Helier Hospital and Queen Mary's Hospital for Children

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Carshalton  
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SM5 1AA  
Tel: 02082962000  
[www.epsom-sthelier.nhs.uk](http://www.epsom-sthelier.nhs.uk)

## Key facts and figures

St Helier Hospital and Queen Mary's Hospital for Children are two hospitals on the same site managed by Epsom and St Helier University Hospitals NHS Trust. The hospital serves a population of around 420,000 people in South West London, with services commissioned by Sutton and Merton Clinical Commissioning Groups.

The hospital has 509 beds across 32 wards, including;

- 34 children's beds

There are also 129 day case beds.

St Helier Hospital and Queen Mary's Hospital for Children operates 24 hours per day and has an accident and emergency department.

During the inspection, we spoke with over 40 patients/relatives and over 80 members of staff from various disciplines. We reviewed over 25 sets of patient records. We observed care being delivered and attended and handovers.

## Summary of services at St Helier Hospital and Queen Mary's Hospital for Children

**Good** ● ↑

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

- The hospital mostly had enough staff to care for patients. The hospital controlled infection risks well. Most staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, and key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff provided emotional support to patients, families and carers.

# Summary of findings

- Most staff planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Most leaders ran services well and supported staff to develop their skills. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.

However:

- There was not a suitable and safe environment for children and young people presenting with mental ill health to be assessed in the paediatric emergency department.
- There were not effective systems for identifying risks, planning to eliminate or reduce them, in the paediatric emergency department.
- There was not adequate staffing across all surgical units at St Helier Hospital to provide safe delivery of care to patients.
- There were not proper governance arrangements for the management of medicines.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

St Helier Hospital provides urgent and emergency care services which are open 24 hours a day, 365 days per year. The hospital provides services to the local populations within areas of North East Surrey and the London Boroughs of Sutton and Merton.

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

From December 2017 to November 2018 there were 155,601 attendances at the trust's urgent and emergency care services. During 2017/2018 Epsom and St Helier University Hospitals NHS Trust were in the top fifteen performing trusts nationally for the Accident and Emergency standard of 95% of patients being treated and admitted or discharged in under four hours.

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

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

We were careful in our approach to interviewing staff and gathering of observational evidence so as not to disrupt the work of the department.

During this inspection, we spoke with staff from a range of clinical and non-clinical roles and of varying grades. We reviewed patient records, including records related to children and young people. We made observations and looked at documentary information accessible within the department and those provided by the trust.

## Summary of this service

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

- Staff we spoke with were not always able to demonstrate they understood how to protect patients from avoidable harm or abuse.
- The service did not always monitor the effectiveness of care and had limited scope to improving the service as a result.
- The paediatric ED did not have a suitable room for assessing children and young people presenting with mental ill health.
- The service did not adequately safeguard children and young people who had left the department without being assessed by a member of the nursing or medical team.
- The service was not achieving national key performance indicators in line with the Royal College of Emergency Medicine (RCEM).

# Urgent and emergency services

- Appraisal rates for staff in urgent care and emergency services across staff grades had not attained the trust's target of 85%. Yearly appraisals were not completed in line with the trust's target for any of the staffing groups working in the emergency department.
- Governance and risk management processes were not as strong or effective as would be expected. There service did not have effective systems for identifying risks, planning to eliminate or reduce them.

However:

- There was good multidisciplinary team working both within the department and with teams outside the department, including external partners.
- Staff were using latest guidelines to provide effective treatment, these were up-to-date with national guidance, regularly reviewed and audited.
- Staff delivered care and treatment with kindness and compassion.

## Is the service safe?

**Requires improvement** ● → ←

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

- There was not a suitable and safe environment for children and young people presenting with mental ill health to be assessed.
- There were not effective systems for identifying risks to children and young people presenting with mental ill health; and planning to eliminate or reduce them.
- The service provided mandatory training in key skills to all staff, however the service was unable to provide evidence to demonstrate full compliance with all mandatory training subjects.
- Staff could not always demonstrate they understood how to protect patients from abuse, but the service worked well with other agencies when they reported concerns. Staff had training on how to recognise and report abuse, but they could not demonstrate they always applied this training to situations that arose.

However:

- The service mostly controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.
- The service had enough nurses with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed national guidance.

# Urgent and emergency services

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff from different specialities worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The majority of staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Managers did not adequately monitor the effectiveness of care and treatment and were not able to use the findings to improve them. They did not compare local results with those of other services to learn from them.
- Some members of staff did not always have their performance reviewed or had the opportunity to discuss their development needs.

## 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. They respected patients' privacy and dignity and supported their individual needs.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The trust did not always plan and provide services in a way that met the needs of local people.
- The service did not always take account of patients' individual needs. People living with dementia were not always highlighted to ensure they were cared for in an individualised way.
- People could not always access the service when they needed it. Waiting times for patients to be admitted, transferred or discharged were not in line with good practice.
- The service was unable to demonstrate they treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Requires improvement** ● → ←

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

# Urgent and emergency services

- Some managers had some skills and abilities to run the service but did not always act to ensure high-quality sustainable care was delivered.
- The trust had a vision for what it wanted to achieve; however, staff were unaware of this vision and any workable plans to turn it into action.
- The service did not always engage well with patients, staff, the public and local organisations to plan and manage appropriate services.

However:

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The ED had a clinical governance structure, which provided accountability and facilitated communication from ward to board.

## Areas for improvement

### **The trust must:**

- Ensure there is a suitable and safe environment for children and young people presenting with mental ill health to be assessed.
- Ensure there are effective systems for identifying risks, planning to eliminate or reduce them.

### **The trust should:**

- Consider whether staff receive appropriate mandatory training to undertake their roles in a safe and effective way.
- Review whether children and young people who leave the department before being medically assessed are appropriately safeguarded.
- Consider whether medical staffing is adequate to keep all patients safe, including paediatric patients.
- Consider how to adequately monitor the effectiveness of care and treatment and use the findings to improve services.
- Consider how to achieve national key performance indicators in line with the Royal College of Emergency Medicine (RCEM). This includes the 4-hour waiting target.
- Review how incidents are investigated and learned lessons shared with the whole team and the wider service.

# Surgery

Good ● ↑

## Key facts and figures

St Helier Hospital and Queen Mary's Hospital for Children (St Helier) is the trust's main site for providing emergency surgical services. Surgery is made up of specialities including: general and colorectal surgery; urology; ophthalmology; ear, nose and throat; oral and maxillo-facial services; and trauma and elective orthopaedic surgery.

The trust works closely with St George's Hospital and work collaboratively to appoint consultants who can benefit from working across the organisations. There are joint appointments in vascular surgery, urology, ENT and paediatric surgery.

Emergency care is delivered at St Helier and surgical patients attending the emergency department at Epsom will be transferred to St Helier to be assessed there. There are four surgical wards at St Helier. These include:

- Mary Moore Ward, a 37 bedded ward provided care for general surgery patients
- Surgical Ambulatory Care Unit (SACU), consists of three clinical rooms, four trolley beds and four chairs.
- A3 ward, a 28 bedded ward for hip fracture patients
- B3 ward, an 11 bedded ward for trauma and orthopaedics patients.

The hospital has seven operating theatres. These consisted of three main operating theatres for emergency surgery, trauma and gynaecology and a five bedded recovery suite. On the fourth floor, there are three theatres mainly used for elective surgery including ophthalmology, gynaecology and plastic surgery. An additional theatre for paediatric surgery is in a separate building housing Queen Mary's Hospital for Children.

We carried out an unannounced inspection on 1 and 2 May 2019. During our inspection, we visited all surgical wards and the main theatres, we spoke with 20 members of staff including consultants, junior doctors, nurses, allied staff and domestic staff. We spoke with 10 patients and relatives who were using the service at the time of our inspection. We observed care and treatment and looked at 12 patient records and 21 medication charts.

## Summary of this service

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

- Following our inspection in 2018, there had been improvements to the surgical service. The trust had strengthened the leadership of the service with the recruitment of senior nursing staff. In addition, the trust appointed two joint directors of planned care to oversee surgical services. There were clear lines of responsibility and accountability on the units and staff understood how to escalate problems.
- There were effective systems in place to protect patients from harm and a good incident reporting culture.
- Patients received effective, evidence-based care from staff who were appropriately qualified to care for them. The service monitored the effectiveness of care and treatment and achieved good outcomes for patients.
- Feedback for the services inspected were mostly positive. Staff respected confidentiality, dignity and privacy of patients.

# Surgery

- Services were developed to meet the needs of patients. The service had recently opened a new Surgical Ambulatory Care Unit (SACU) for rapid assessment and treatment of patients. There were dedicated surgical wards for different specialities and good patient flow across surgical services.
- Most staff were positive about the local leadership across surgical services. In contrast to findings during our last inspection, staff felt the senior leadership were visible and approachable. Nursing staff felt senior staff listened when they raised concerns about staffing and they were willing to improve the service.

However:

- Staff on Mary Moore ward and the SACU said they were caring for too many patients and did not always have enough time to provide the appropriate level of care.
- Medicines management was not always in line with best practice. Allergy statuses were not recorded for nine out of 10 patient prescription sheets reviewed on the SACU. The fridge temperature on B3 Ward was not checked regularly and the room temperature was not checked. Staff did not update the controlled drugs register to reflect when patients were discharged with “to take out” (TTO) medication.

## Is the service safe?

**Requires improvement** ● → ←

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

- Some nursing staff were concerned about their ability to do their jobs well due to insufficient staff. Ward staff described themselves as working under extreme pressure.
- Staff had raised incidents which indicated they frequently worked beyond their allocated hours and often missed breaks due to staff shortages.
- The service did not always follow best practice when recording and storing medicines. On the B3 ward, staff did not check the room temperature where medicines were kept. The fridge temperature was not checked regularly. Staff did not update the controlled drugs register to reflect when patients were discharged with “to take out” (TTO) medication. Allergy statuses were not recorded in up to nine patient prescription sheets reviewed on the Surgical Ambulatory Care Unit (SACU).

However:

- The service provided mandatory training in key skills to all staff and made sure the completion rate met the trust’s target for most of the training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- The service controlled infection risks well. The service used systems to identify and prevent surgical site infections.
- Staff completed and updated risk assessments for each patient and either removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. We observed good compliance with the World Health Organisation (WHO) five steps to safer surgery checklist.

# Surgery

- 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 and adjusted staffing levels and skill mix.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## 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 evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious and cultural needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service 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.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Although the service achieved good outcomes for patients in most cases, ophthalmology patients had a slightly higher than expected risk of readmission for elective admissions compared with the England average. Trauma and orthopaedics patients also had a slightly higher expected risk of readmission for non-elective admissions when compared with the England average.

## Is the service caring?

Good  → ←

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

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

# Surgery

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

However:

- Although patients were generally positive about the care provided, a few of the patients we spoke to felt there were delays in care and treatment due to insufficient staff on the SACU.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaints.

However:

- Over a period of two years, the percentage of cancelled operations at the trust has generally been higher than the England average.

## Is the service well-led?

Good ● ↑

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

- Managers had the right skills and abilities to run a service providing sustainable care.
- The trust had a vision for what it wanted to achieved and workable plans to turn it into action.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had systems for identifying risks and planning to eliminate or reduce them.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning, promoting training, and innovation.

However:



# Surgery

- Although staff were generally positive about their local leadership, they still felt stretched due to staff shortages.

## Outstanding practice

- The urology service received the Health Service Journal award for acute sector innovation 2018.

## Areas for improvement

### **Action the hospital MUST take to improve:**

- Ensure there is adequate staffing, so that staff are not working under extreme pressure and are able to do their jobs well.
- Ensure the service follows best practice when prescribing, giving, recording and storing medicines.

# Maternity

Good   

## Key facts and figures

The trust provides maternity services at both Epsom and St Helier Hospitals with satellite clinics for antenatal care. Both hospitals provide consultant led obstetric units with 98 hours labour ward presence at each site. In 2017/18, the trust reported births for 4,688 mothers across the two sites. Both maternity units have midwife-led birth centres overseen by senior midwives and consultant midwives. St Helier Hospital has a level 2 Neonatal Unit with pre-term births before 34 weeks undertaken at St Helier. The trust provides a community midwifery service for Sutton, Merton and Surrey Downs clinical commissioning groups. These community midwives undertake most of the antenatal and postnatal care.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During our inspection we visited all areas of the St Helier site including the birth centre, labour ward, postnatal ward, antenatal clinic and Maternity Assessment Unit (MAU). We also spoke to community midwives both on site and over the telephone and visited a community postnatal clinic at a health centre in Wallington. We spoke to approximately 40 staff including, midwives of all grades, maternity support workers, doctors of all grades, administrative staff and leaders. We spoke to approximately 20 women and their partners or family. We viewed three sets of patient records.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service managed patient safety incidents well. Staff recognised incidents 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.
- Staff made sure women and their babies had enough nutrition and hydration to meet their needs and improve their health, by providing outstanding support for breastfeeding.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had made positive progress towards ensuring all midwives were treated fairly in accordance with the Health and Social Care Act and Workforce Race Equality Standards.

# Maternity

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Vacancy rates for medical staff did not meet the trust target of 10%. However, many medical staff rotated into different posts, and staff such as clinical fellows were on fixed term contracts.
- We received mixed feedback from staff about their understanding of and involvement of the vision and strategy for the service, and not all staff were aware of it.

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service managed patient safety incidents well. Staff recognised incidents 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.
- The service controlled infection risk well and had suitable premises and equipment and looked after them well.
- The service had enough midwifery and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However:

- Vacancy rates for medical staff did not meet the trust target of 10%. However, many medical staff rotated in to different posts, and staff such as clinical fellows were on fixed term contracts.

## 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 evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff made sure women and their babies had enough nutrition and hydration to meet their needs and improve their health, by providing outstanding support for breastfeeding.
- 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.

# Maternity

- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The service had an innovative approach to planning and providing care in a way that was tailored to the needs of local people and the communities served. It also worked well with others in the wider system and local organisations to plan integrated and person-centred pathways of care. For example, the service was participating as an early adopter site in the Surrey Heartlands Better Births initiative, through projects such as forming a single community midwifery team.
- The service had demonstrated a proactive and inclusive approach to understanding the needs and preferences of different groups of people. Care was centred around patients' individual needs and preferences and delivered in an accessible way. For example, the perinatal mental health team had been restructured so that any woman experiencing mental ill health during their pregnancy would receive continuity of care from the same small team.
- People could access the service when they needed it, appointments when suited them and received the right care promptly. The service used technology innovatively to ensure women had timely access to treatment, support and care. For example, the service had launched a Pregnancy Advice Line in April 2018, in partnership with South East Coast Ambulance Service and through collaboration with a neighbouring trust. Midwives working on the line triaged calls, assessed any risks and signposted women to the most appropriate place for their care.
- The service regularly audited waiting times and developed initiatives to improve access and flow through the service. For example, the service had introduced a 'Green Armband' initiative on both sites, whereby women who were suitable for midwife-led discharge were given a green armband. This meant staff could recognise and prioritise women who were ready to go home and facilitate a speedier discharge and was in the process of being embedded.

# Maternity

- It was easy for people to give feedback and raise concerns about care received, and the service encouraged this. The service treated concerns and complaints seriously and investigated them. The service included patients in the investigation of their complaint. The service demonstrated a strong focus on learning from complaints, by holding weekly open forums that all staff could attend to discuss recent complaints and concerns.

## Is the service well-led?

Good  

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had made positive progress towards ensuring all midwives were treated fairly in accordance with the Health and Social Care Act and Workforce Race Equality Standards.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- We received mixed feedback from staff about their understanding of and involvement of the vision and strategy for the service, and not all staff were aware of it.

## Outstanding practice

We found examples of outstanding practice in this service.

- In September 2018, the maternity service at the trust received the Unicef Baby Friendly Achieving Sustainability Gold Award accreditation and were the first London NHS trust to achieve this. Baby Friendly is an international initiative to encourage breast feeding and the Gold award is designed help services to embed Baby Friendly care in their workplace for the long term.
- The service introduced an innovative Pregnancy Advice Line, in partnership with South East Coast Ambulance Service. This had resulted in more timely access to services for women, ensuring they received the right care at the right time.

## Areas for improvement

Action the service should take to improve:

- Continue work to improve understanding of the vision and strategy for the service amongst staff.
- Improve the vacancy rates for medical staff at St Helier, to bring it into line with the trust target.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Amanda Williams, Head of Hospital Inspection, led this inspection. An executive reviewer, Maureen Choong, supported our inspection of well-led for the trust overall.

The team included one inspection manager, 10 inspectors, two assistant inspectors, three pharmacist inspectors, one executive reviewer and 12 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.