

# Epsom and St Helier University Hospitals NHS Trust

## Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Requires improvement



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection of Epsom and St Helier University Hospitals NHS Trust (the trust) as part of our routine inspection programme. Epsom and St Helier University Hospitals NHS University Hospitals NHS Trust had been identified as having only two elevated and one risk on the Care Quality Commission's (CQC) Intelligent Monitoring system in May 2015 as such, had been placed in a low priority band for inspection (band 5 as of May 2015).

Epsom and St Helier University Hospitals NHS Trust has approximately 1,116 beds located across two acute locations; Epsom General Hospital which is located in Epsom and St Helier Hospital which is located in Sutton. The trust has a further four locations registered with the CQC: Kingston Satellite Dialysis Unit; Leatherhead; Mayday Satellite Unit 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 campus. 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. St Helier Hospital is also host to the Queen Marys Hospital for Children.

Epsom and St Helier University Hospitals NHS Trust provides district general hospital services to a population of approximately 420,000 people living across Southwest London and Northeast Surrey as well as more specialist services in particular renal and level two neonatal intensive care to a wider catchment area covering parts of Sussex and Hampshire.

We have focused our inspection on the acute services provided at Epsom and St Helier Hospital but have also included the renal service and the SWLEOC in the inspection due to the size of the services provided, in line with our published inspection methodology.

We have rated Epsom and St Helier University Hospitals NHS Trust overall as 'requires improvement'. The key questions of safe, effective, caring, responsive and well-led were all rated as 'requires improvement'. Both Epsom General Hospital and St Helier Hospital were rated as 'requires improvement'. However, the South West London Elective Orthopaedic Centre was rated as 'Outstanding' and the renal service was rated as 'good'.

Our key findings were as follows:

- There was a significant shortfall of staff in a number of areas including critical care, medicine, surgery, and maternity services. At the time of the inspection, the trust had embarked on a large recruitment drive to increase the numbers of medical, nursing and allied health professional staff to help support clinical services. Inappropriate skill mix issues and staffing numbers had been identified as contributing factors in a marginal increase in the number of ward-based cardiac arrests identified by the trust between April and September 2015. Additionally, staff shortages were identified as impacting on the ability of staff to consistently provide individualised, evidence based and compassionate care.
- Community paediatricians were unable to meet all statutory requirements of attending child protection conferences because of demand, capacity and vacancies within the service.
- The assessment and management of risks was not effective in several areas we inspected. In some instances, risks were either not identified, identified in various different meetings and documents, but not pulled together in a coherent risk register or remained on the risk register for several years with no timescale for resolution.
- The hospital was visibly clean. However data supplied by the trust indicated that wards repeatedly fell short of the infection prevention control compliance threshold. Staff reviewing patients on the critical care unit for example did not always comply with infection control practices such as being bare below the elbow and hand washing.
- The fabric of the St Helier building was reported as difficult to maintain due its age and the trust reported that this was likely to impact on the overall patient

# Summary of findings

experience. This was due to the fact that staff reported difficulties in a range of areas including ensuring the building was hygienically clean; spacing between bed spaces was not in line with nationally recommended standards and a lack of appropriately equipped side rooms and isolation facilities for patients identified as being at risk of acquiring an infection, or whom had developed an healthcare acquired infection. The trust recognised that in relation to infection rates, they were performing worse when compared both nationally and to peer hospitals of a similar size. Again, reasons behind the poor infection rates were partly attributed to the fabric of the buildings. We were concerned that, in light of the fact the physical environment was not always fit for purpose, there had not been sufficient focus on staff consistently applying standard, evidence based practice such as decontaminating hands both before and after patient contact; staff not abiding by bare below the elbow policies; staff not applying isolation protocols in a timely way and staff wearing theatre clothing such as scrubs and theatre shoes in communal areas of the hospital such as the public coffee area located on the ground floor of St Helier hospital. Root cause analysis into incidents associated with patients acquiring healthcare-associated infections included a lack of isolation facilities (side rooms) as a contributing factor to the spread of MRSA in three additional patients during 2014/2015. The NHS estates and facilities dashboard placed the trust in the lower quartile for the percentage of side rooms available and in the lowest (worst) quartile for the amount of functional and suitable space available for the delivery of clinical care.

- The estates critical maintenance backlog was such that, when considering the negative financial performance of the trust for 2015/2016 and the projected budgeted deficit reported for 2016/2017, it was unlikely the trust was going to be able to deliver any significant impact to the backlog which was reported as a risk adjusted backlog of circa £37 million; this placed the trust as having the 16th highest estates backlog nationally and in 3rd position when compared to peer groups across London of a similar size and activity. The trust was in the highest quartile (worst when compared nationally) for the total reported backlog for maintenance.

- Patient outcomes including mortality rates were good across the majority of specialities; the trust performed well in national surgery audits in particular. In the SWLEOC, patient outcomes and patient satisfaction consistently exceeded national averages.
- Whilst patients were complimentary about the care they received and the attitude of staff, concerns were raised by relatives and staff alike regarding the ability of nursing staff to provide compassionate care due to them appearing rushed as a result of, or a perception that they were short of staff.
- In comparison to both local and national performance, the trust was consistently seeing, treating, admitting, discharging or transferring over 94% of patients who presented to the two emergency departments.
- We identified significant concerns with the culture and leadership of the critical care service. Due to the nature of the concerns, CQC were minded to consider whether it was appropriate to utilise its regulatory powers to encourage improvement within the service. We opted not to utilise our powers because, on raising the concerns with the executive team, we were satisfied with the swift action taken by the trust to introduce new leadership into the service, as well as to embark on a thorough review of critical care services across the organisation, which was supported by a local NHS trust.
- We also identified concerns with the management of patients on specific wards including ward B5 at St Helier Hospital. An increase in incidents involving patient harm and an increase in the number of patients who deteriorated on that ward had been identified by both the inspection team and also by the trust. The executive team had placed the ward into a programme of heightened monitoring and had introduced a range of initiatives and new leadership to help enhance the standards of care on that ward.
- As part of this inspection, CQC used Epsom and St Helier University Hospitals NHS Trust as a pilot site for testing a new methodology relating to Workforce Race Equality Standards; the findings of this specific piece of work has not contributed to our aggregation of judgements for any rating within this inspection process. We found that the trust was not fulfilling all its requirements for the WRES, failed to address areas of concern, and had not presented to issues the trust board. Six of nine WRES indicators were not adequately completed or actioned.

# Summary of findings

We saw several areas of outstanding practice including:

- The leadership of the outpatients and diagnostic imaging teams; staff were inspired to provide excellent services to patients with an ethos of the patient being at the centre of service provision.
- The diagnostic and imaging service was one of only a handful of services which had truly embraced 'cross-site' working. The service was working to reduce the doses of radiation patients received during diagnostic testing and this had been presented at both national and international conferences.
- Surgical outcomes and patient satisfaction results for patients receiving treatment in the South West London Elective Orthopaedic Centre was consistently better than the national average.
- The OPAL team were striving to enhance the care and overall experience for elderly patients and specifically for patients living with dementia who were admitted into hospital.
- The renal team had developed an acute kidney injury care bundle which was used throughout the trust and also at referring hospitals.
- Teams in the SWLEOC service had introduced a new patient pathway for patients suffering from chronic pain associated with musculoskeletal conditions.
- Innovative simulation training, supported with the use of mannequins and actors, was used to support the delivery of end of life care scenario training to a range of hospital staff. This training helped to embed the concept of end of life care across the trust.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that there are sufficient numbers of suitably qualified staff both employed and deployed across the hospital at all times.
- Ensure child protection notifications are up to date and appropriate staff attend/produce reports for child protection conferences.

- Ensure that effective corporate governance and management arrangements are put in place.
- Ensure there are effective arrangements in place for the recognition, escalation and management of patients identified as being at risk of deterioration on the wards.
- Encourage collaborative working and sharing of clinical governance data between each of the core specialities, including critical care. The trust must ensure that there is a focus on cross-site working and sharing of information to aid in establishing an organisation-wide learning culture.
- Ensure that all patients who may lack capacity have a documented mental capacity assessment and, if appropriate, a deprivation of liberty safeguards (DoLS) assessment and application completed, and that patients consent is properly sought before treatment commences.
- Reaffirm and consistently apply the trust wide infection control policy, including the timely isolation of patients at risk of acquiring, or diagnosed with infectious diseases. Further, the trust must adopt a trust-wide culture whereby staff of all grades are empowered to challenge where non-compliance with the infection control policy is identified.
- Improve the care and compassion to shown to patients in the medicine, surgical and critical care areas on the St Helier Hospital site.
- Ensure that all emergency equipment is checked in line with the trust wide policy.
- Review the existing estate to ensure that it is fit for the purpose of delivering modern healthcare.
- Ensure that there are robust processes in place for the maintenance of medical equipment.
- Implement the required actions to ensure the requirements of the WRES are met.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Background to Epsom and St Helier University Hospitals NHS Trust

Epsom and St Helier University Hospitals NHS Trust comprises of 6 locations registered with the Care Quality Commission (CQC). Our inspection during November 2015 focused on the main acute hospital sites of Epsom General Hospital and St Helier Hospital. We also focused on the South West London Elective Orthopaedic Centre and also the renal service hosted at St Helier Hospital but for which a range of satellite dialysis centres were visited.

Epsom and St Helier University Hospitals NHS Trust located in Epsom and Carshalton respectively provide a range of district general services including emergency medicine; general elective and emergency surgery and medicine services; critical care; maternity and gynaecology; children services including level two neonatal intensive care services; end of life care and interventional and diagnostic radiology services. Additionally, St Helier Hospital is host to the South West

London transplantation service and the South West London Elective Orthopaedic Centre (SWLEOC). The trust has approximately 1,116 beds, 831 of which are dedicated to general and acute admission, 85 allocated to the provision of maternity services and 18 critical care beds. The trust employs approximately 5,024 staff, of which 667 form the medical workforce, 1,520 form the nursing workforce and 2,372 allied health support workers, domestic staff, support and clerical staff. The trust is also supported by some 550 volunteers who deliver 78,000 hours of support annually.

The trust reported an annual revenue of approximately £366 million for 2014/2015 and was reporting a surplus of £67,000. However, following both an internal and external review the trust identified an underlying deficit of some £19,000,000 in April 2015.

## Our inspection team

Our inspection team was led by:

**Chair:** Mr. Bill Cunliffe, Colo-rectal Surgeon; Medical Director (Ret)

**Head of Hospital Inspections:** Nick Mulholland, Head of Hospital Inspection, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Consultants in emergency medicine; obstetrics and gynaecology; general surgery; neonatology and paediatrics; intensive care medicine. We were also supported by nurses and nurse consultants who specialised in: emergency medicine; general medicine; surgery (including theatre nurses and surgery ward-based nurses; children's nurses; specialist end of life care nurse;

outpatients nurse manager. Additionally, we were supported by a specialist safeguarding nurse; physiotherapist; radiologist; specialist pharmacist and a race equality advisor.

The trust wide team carried a range of experience from those with a strong clinical governance background to individuals who currently or who have recently had executive or non-executive appointments within NHS organisations including a Director of Nursing; Medical Director and Non-Executive Directors. In order for us to seek an accurate view of patients experiences, the inspection team also comprised of experts by experience; Experts by Experience, are not independent individuals who accompany an inspection team – they are a valuable part of the inspection team and they are granted the same authority to enter registered persons' premises as CQC inspectors.

# Summary of findings

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We carried out an announced inspection of both Epsom and St Helier Hospital between 10-13 November 2015 and carried out further unannounced inspections on 21, 23 and 27 November 2015.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the trust. These included the local clinical commissioning groups (CCG's); Trust Development Authority; NHS England; Health Education England; General Medical Council; Nursing and Midwifery Council; Royal College of Nursing; Royal College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists; the local Healthwatch and local Health and Oversight Scrutiny Committee's.

We held a listening event on 22 October at Epsom Hospital and another event 26 October at St Helier Hospital when people shared their experiences and views of the care they had received at Epsom and St Helier University Hospitals NHS Trust.

During our inspection we spoke with a range of staff in the hospital including; nurses; junior and senior doctors; domestic and catering staff; clerical and administration staff; student nurses; allied health care professionals; radiographers; radiologists; governance leads; pharmacists; pharmacy technicians and assistants; care support staff; the hospital chair; members of the non-executive board and the entire executive team including the Chief Executive, Medical Directors; Director of Workforce; Chief Operating Officer; Director of Nursing; Director of Estates; Director of Finance and the Director of Strategy and Transformation. We also interviewed those with lead roles for infection control, race equality and diversity; safeguarding, end of life care and children's services.

## What people who use the trust's services say

The experience of patients using Epsom and St Helier University Hospitals NHS Trust was varied. The 2013/2014 cancer patient experience survey (CPES) showed that patients were generally getting a service which was in line with other trusts. The trust was in the top 20% of all trusts for 3 of the key questions; in the bottom 20% of all trusts for 10 key questions and about the same as other trusts for the remaining 21 questions. When comparing the trusts 2013/2014 performance in CPES against 2012/2013 performance, there was a downward performance trajectory in 5 key questions and an upward performance trajectory in 15 key questions. The most noticeable, positive changes were noted in "Hospital staff told patients they could get free prescriptions" (shift from 69% to 90%) and "Staff definitely did everything to control side effects of chemotherapy" (shift from 69% to 84%).

Performance in the 2014/2015 patient-led assessments of the care environment (PLACE) was marginally worse than the England average in each of the five assessed categories.

The trust scored similar to other trusts for 10 of 12 questions asked in the CQC inpatient experience survey and worse in two questions.

Data from the friends and family test showed that the trust consistently performed better than the England average from January 2015 – July 2015 however the response rate was noted to be below the England average.

# Summary of findings

## Facts and data about this trust

### Size and activity

- 1,116 beds
- 5,024 whole time equivalent staff
- 6 registered locations
- 2014/2015 annual revenue of circa £366,000,000 with a reported surplus of £67,000.00
- Inpatient admissions for 2014/2015 – 40,125
- Outpatient (total attendances) for 2014/2015 – 622,638
- Accident and Emergency (ED) attendances for 2014/2015 – 138,586

### Population served

The trust provides services to approximately 420,000 people living across Southwest London and Northeast Surrey, as well as more specialist services in particular Renal and Neonatal intensive care, to a wider area covering parts of Sussex and Hampshire.



# Summary of findings

## Deprivation:

Sutton borough is ranked 196th and Epsom & Ewell district ranked at 307th most deprived district out of 326 (1 being the most deprived and 326 being the least) in England in the 2010 Indices of Multiple Deprivation.

The health of people in Epsom & Ewell as well as Sutton is generally better than the England average. Life expectancy is high, and early deaths from cancer and from heart disease and stroke are lower than the national rates.

## Intelligent Monitoring

Two elevated risks:

- Incidence of Meticillin-resistant Staphylococcus aureus (MRSA) – Jan 2014 – Dec 2014
- Consistency of reporting to the National Reporting and Learning System (NRLS) – April 2014 – September 2014

One risk:

- Inpatient survey 2012 Q8 “Did you have confidence and trust in the nurse treating you?”



# Summary of findings

## Safety (Trust wide):

- Two never events reported at St Helier Hospital (May 2015 – misplaced nasogastric tube; August 2015 – retained foreign object)
- 95 serious incidents reported of which 70 were reported as pressure ulcers; it is important to note that of 70 pressure ulcers reported by the trust, only 9 pressure ulcers were directly attributable to the trust; the remainder of incidents were associated with patients who were admitted from the other sources having already developed significant pressure damage.
- 7 reported cases of MRSA; 44 cases of Clostridium difficile (C.diff) and 18 cases of Meticillin sensitive Staphylococcus aureus (MSSA).
- The trust reported 34 hospital acquired pressure ulcers; 69 falls and 21 catheter related urinary tract infections (CAUTI's) in the preceding 12 months prior to inspection.
- The number of incidents reported to NRLS per 100 admissions was 8.9; this was higher than the England average which may suggest that there was a positive reporting culture within the trust. A total of 8,202 incidents were reported to NRLS between July 2014 and June 2015; 8 were reported as resulting in death; 40 as severe; 367 as moderate harm; 1,261 as low harm and 6,526 as resulting in no harm.

## Effective (Trust wide):

- The trust was not identified as being a mortality outlier in any metric including either HSMR or SHMI.

# Summary of findings

## **Caring (trust wide):**

CQC inpatient experience survey (2014):

- Number of items in top 20%: Nil
- Number of items 'average': 10
- Number of items bottom 20%: 2

## **CQC inpatient experience survey (2015 – Provisional)**

### **Improved from 2014:**

- Hospital: patients using bath or shower area who shared it with opposite sex
- Hospital: did not always get enough help from staff to eat meals
- Surgery: anaesthetist / other member of staff did not fully explain how would put to sleep or control pain
- Surgery: results not explained in clear way

### **Worse than 2014:**

- Planned admission: specialist not given all the necessary information

# Summary of findings

## **Cancer patient experience survey 2013/2014**

- Number of items in top 20%: Nil
- Number of items 'average': 17
- Number of items bottom 20%: 20

## **Patient-led assessment of the care environment (PLACE)**

- Similar or slightly lower (worse than) the England average in each of the five areas assessed.

# Summary of findings

## Responsive

- Number of complaints in 12 months: 523 for 2014/2015 (average of 491 complaints per annum over a five year period with no single year being identified as a particular outlier).
- Average number of days for complaints to be closed: 69
- 6.3% of complaints were re-opened.
- 13,903 delayed transfers of care during April 2013 – May 2015.
- Bed occupancy: 89.9 for Q4 for 2014/2015; this was better than the England average
- 18 week referral to treatment times for medical specialities: generally in line or better than the England average and always above national standard in 5 out of 7 specialities (exceptions where standard not being met: Neurology and Dermatology).
- Average length of stay generally in line with national average with exception of non-elective geriatric medicine at St Helier Hospital and longer for elective cases at Epsom hospital for cardiology and nephrology.
- Percentage of operations cancelled is comparable to the national average.
- Length of stay for surgical cases is shorter than the national average for 6 of 9 categories of elective surgery, but is longer than average for 6 of 9 categories for non-elective cases.
- For surgical referral to treatment times, the trust was below the national standard and performance was variable against the national average. The surgical speciality RTT shows that performance has been improving and has been above the national average since April 2015 but still remains below the national standard. Trauma and Orthopaedics and Urology are not meeting the standards for RTT.

## Well-led

### Staffing:

- 5,024 whole time equivalent staff comprising of
- 667 medical staff
- 1,520 nursing staff
- 2,372 other staff
- Staff sickness rate trust wide – currently in line with national average

# Summary of findings

## Staff survey results (2014)

- Overall response rate of 35% versus 41% nationally
- No. of items in top 20%: Nil
- No. of items average: 28
- No. of items in bottom 20%: 3

## 2015 Staff survey results: Key Question measures:

Question 17b – In the last 12 months have you personally experienced discrimination at work from any of the following: manager/team leader or other colleagues?

Black and minority ethnic groups: 11.24% yes; 88.76% no (response of 356 staff)

White staff groups: 6.48% yes; 93.52% no (response of 1,096 staff)

Key finding 25 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Black and minority ethnic groups: 26.54% (base number of 358)

White staff groups: 26.95% (base number of 1,102).

Key finding 26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Black and minority ethnic groups: 29.05% (base number of 358)

White staff groups: 24.75% (base number of 1,103)

Key finding 21 – Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

Black and minority ethnic groups: 70.73% (base number of 246)

White staff groups: 87.10% (base number of 752)


# Summary of findings

## **General Medical Council – National Training Scheme Survey**

- No. of items in top 20%: Nil
- No. of items average: 11
- No. of items in bottom 20%: 2

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>We rated this key question as requires improvement because:</p> <ul style="list-style-type: none"><li>• There was a lack of robustness regarding how lessons learnt from incidents were embedded and communicated across the trust.</li><li>• Infection control and prevention processes were not sufficiently robust so as to mitigate the risk to patients of acquiring health-care associated infections.</li><li>• The physical environment was cramped and not always fit for purpose and created challenges for staff in specific settings including critical care.</li><li>• Whilst there were systems in place for the servicing and maintenance of medical equipment, this was not sufficiently robust and we identified deficiencies in the assurance mechanism. The executive team could not be assured that all medical equipment had been serviced and maintained in line with manufacturer recommendations.</li><li>• A high vacancy rate meant that there were not always sufficient numbers of appropriately skilled and competent staff deployed to meet the needs of patients.</li><li>• Further improvements were required in ensuring staff had access to, and completed their mandatory training including training associated with safeguarding of vulnerable children and adults.</li><li>• Whilst there were systems in place to recognise the deteriorating patient, staff were not routinely escalating patients at risk in a timely or consistent way therefore predisposing patients to increased risk of potentially avoidable morbidity or mortality.</li><li>• For more detailed information please refer to the reports for St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital.</li></ul>	<p><b>Requires improvement</b></p> 
<p><b>Duty of Candour</b></p> <ul style="list-style-type: none"><li>• The majority of front line staff were aware of the Duty of Candour regulations (Duty of Candour is concerned with openness and transparency and places a responsibility on organisations to inform patients when things have gone wrong and harm has been caused). Information provided by the trust and information we reviewed during the inspection evidenced that where incidents had occurred which met the threshold for</li></ul>	



# Summary of findings

the requirements of the duty of candour to be applied, discussions had taken place with patients and/or their relatives and that patients had been kept informed of investigations resulting from the incident. Apologies were offered to patients or relevant persons as required by the regulation.

- Senior staff were aware of their responsibilities relating to the Duty of Candour and were able to give us examples of when the duty had been applied. There was some variation of the level of candour regulation amongst more junior staff however they knew they could seek advice from senior colleagues.

## Safeguarding

- The trust had an identified executive lead for safeguarding children; the Director of Nursing and Quality assumed this role. The lead represented the trust at local safeguarding children's boards however it was noted that, because the trust served three different local authorities, Merton, Sutton and Surrey, there was, on occasion, occurrences of LCSB's clashing. In order to ensure the trust was represented at each LCSB, the executive lead would seek a senior member of staff to deputise in her absence.
- There was a named doctor, nurse and midwife within the organisation who were the professional leads for safeguarding.
- We found examples of poor child safeguarding practice. Community Paediatricians were unable to fulfil the agreed standard for attending or providing reports for child protection conferences in the London Boroughs of Sutton and Merton because of demand, capacity and vacancies within the service.
- Completion of vulnerable children training was an identified risk and was listed on the corporate risk register as the trust was not achieving its overall training target of 95% for level 1, 2 and 3 training. As of November 2015, the trust reported that only 72% of applicable staff were in receipt of up-to-date level 3 vulnerable child training.
- We also saw some examples of good safeguarding practice, where the trust has been proactive in minimizing harm to vulnerable adults. The trust very proud of setting up an adult safeguarding web-site on its intranet. This site was well populated with safeguarding information and guidance for staff, and contained the electronic version of the adult safeguarding referral form to social care, MCA assessment form and RCGP Best Interest Decision Making Toolkit.
- Clinical supervision was seen as a reactive rather than proactive process and was conducted on request and in relation to specific events only as compared to being a proactive, routine provision of support.

# Summary of findings

- There were trust-wide systems in place for ensuring that children who did not attend for outpatients appointments were followed-up and whilst not yet completed, the local children's safeguarding team were auditing the process to ensure it was sufficiently robust.
- It was noted that staff working at St Helier hospital had access to an electronic alert system which notified staff if a child presented to the emergency department who was currently subject to a child protection plan. Staff reported, and we noted from the corporate risk register that due to a vacancy in the administration team, this database had not been kept fully updated since July 2015. The trust had a range of actions to address the issue.
- Further, staff working in the Epsom Emergency Department did not have access to a similar database and so were required to make contact with, and raise enquiries with the local safeguarding board or local authority where it was identified that children may be at risk and to determine whether children were subject to a child at risk plan. The system and process for the checking and screening of children attending the ED, to determine whether they were linked to a child protection or vulnerable child plan was coordinated by local social services; this process was consistent across the region.

## Incidents

- The trust had reported two never events of which one related to a misplaced nasogastric (feeding tube inserted through the nose and passed into the stomach) tube and the second related to a retained foreign object. The majority of staff that we spoke with were aware of the incidents and could describe the actions and lessons learnt from each incident.
- The majority of serious incidents reported were attributed to pressure ulcers (70 of 95 total serious incidents reported).
- The dissemination of lessons learnt following incidents was varied across the trust. There was little in the way of cross-site learning and this was partly associated with poor working relationships amongst health care professionals. We identified however that staff working within the radiology department across both hospital sites were fully integrated and embraced cross-site working and were considered as a good model in terms of how they shared information from incidents and other clinical governance related matters.

# Summary of findings

- The trust was reporting marginally more incidents to the National Reporting and Learning System when compared to the England average (8.9 incidents per 100 admissions as compared to 8.4 nationally). This may be an indicator of the positive incident reporting culture within the organisation.
- All clinical incidents were screened by a small team of staff who ensured that incidents were appropriately categorised and escalated to the relevant people as required.
- The executive team recognised the need to increase the profile of learning from incidents and ensuring that changes to practice were fully embedded and sustained across the hospital.

## Medicines

- Arrangements for the supply of medicines was good. There were also effective arrangements in place for medicines supplies and advice out of hours.
- Staff told us that the pharmacy team were a valuable resource in identifying issues with medicines and encouraging improvement. In all of the inpatient areas we inspected there was good clinical input by the pharmacy team, providing advice to staff and patients, and making clinical interventions with medicines to improve patient safety. We were told that staff levels in the pharmacy were not sufficient and there was a vacancy rate of 16% but this did not appear to impact on day to day management of medicines in the hospital.
- Discharge medicines (TTOs) were usually ordered by pharmacists using a 'blue form' system. Pharmacists had to complete a robust training process before undertaking this task; however we were told that no spot checking was done after the completion of the training. Recent audits showed that TTO waiting times averaged 2 hours 23 minutes at St Helier and 1 hour 31 minutes at Epsom; however we heard of individual cases where people had waited longer or returned later for their medicines. Both hospitals had a discharge lounge where some people were able to wait for medicines and transport in more comfort. In order to speed up the TTO process some wards were supplied with TTO packs of common medicines and many prescribed medicines were labelled with the patient's name and instructions when used on the ward.
- On discharge patients were counselled by nurses on the use of their medicines. The pharmacy team attached a checklist to all TTOs to help with this, which was signed and added to the patient notes.

# Summary of findings

- The trust carried out a safe and secure storage of medicines audit. The most recent audit in July 2015 only covered 53% of wards; during the inspection we identified areas where medicines were not always stored securely or correctly.
- We saw the trust had responded to the 2010 National Patient Safety Agency (NPSA) rapid response alert 'Reducing harm from omitted and delayed doses' by carrying out an ongoing audit to check how many doses were omitted. The audit collected data since September 2014 and showed improvement over time; however the rate at July 2015 was still around 10%. The audit did not check if there were any delayed doses of critical medicines but only if they were omitted.
- A Controlled Drug Accountable Officer was appointed by the trust who worked closely with the pharmacy team. Incidents were investigated and reported appropriately and quarterly audits done on all wards.
- The pharmacy team were closely involved in the training of junior doctors in prescribing, including supporting them with feedback and allowing ward pharmacist shadowing opportunities. A junior doctor representative was included on the medicines management committee.
- All wards had pharmacist input into the reconciliation of people's medicines on admission and the clinical screening of prescriptions. The rate for reconciliation of medicines started within 24 hours averaged 67% over the last 6 months. The trust had plans to implement the use of Smart Cards to enable pharmacist access to patient records in order to improve this and was considering how best to improve weekend access.
- Medicines policies and resources were available on the trust intranet and members of staff were encouraged to access documents online. Medicines management was included within trust induction for nursing staff. Each nurse was also given a 'Clinical Competency Workbook' that they had to complete to record their progress. Nurses told us how useful they found this.
- 'Staff in both the paediatric and the neonatal unit have their medicines competencies tested every year. This involves checking their understanding of drug dosages, administration and knowledge.
- Electronic prescribing was being rolled out across the trust. Nursing staff felt positive about this new system and the pharmacy team described how it would improve their auditing and governance.
- Where non electronic prescribing was in use we saw that all prescriptions we saw were written clearly with allergy status recorded.

# Summary of findings

## Staffing

- The trust reported difficulties in recruiting and retaining staff across a range of professions including nursing and medicine. The trust had successfully appointed 49 doctors year to date (April – November 2015) however further recruitment was necessary to ensure all shifts and specialist posts were filled. The trust had embarked on a significant overseas recruitment campaign to fill the shortfalls in nurse vacancies. Whilst the trust had reported some success with this, the trust were now addressing the need to resolve issues associated with language and culture differences which were considered to potentially be impacting on nursing staff to deliver effective and consistent care.

## Infection control & the environment

- The trust has consistently reported a higher than expected rate of MRSA bacteraemia since monitoring first commenced. The executive team reported that challenges with the maintenance and upkeep of the hospitals was difficult and was a significant factor in how infections were controlled within the hospital. Whilst we acknowledged that not all clinical environments were fit for purpose due to cramped spaces between beds; poor performance of ward heating systems and insufficient numbers of isolation and side-room facilities, more work was required to ensure that all staff followed and applied local policies in relation to infection prevention and control. For example, trust audit data showed that a proportion of wards were consistently failing to meet the trust benchmark of attaining 85% compliance in infection control audits. We observed occasions when staff were not routinely decontaminating their hands before and after contacts with patients; staff were not always abiding by bare-below-the-elbow principles and theatre staff routinely wore theatre clothing including scrubs and footwear in communal public areas.
- The trust had one of the highest costing maintenance backlogs nationally and was in the lowest quartile (worst) on the NHS Estates and Facilities dashboard for the total cost required to resolve the maintenance backlog.
- The trust was in the lowest (worst) quartile nationally for the amount of suitable and available space needed for the delivery of clinical care.

## Assessing and responding to patient risk

- We raised concerns with the executive team during the inspection that not all patients who had been identified as being at risk of deterioration were being escalated in a timely

# Summary of findings

way, nor in line with local trust policies and procedures. Whilst the trust had introduced an electronic vital sign monitoring system in some clinical areas, nursing and medical staff reported the devices used to support the system were not always reliable, nor were there always sufficient numbers of them. Furthermore, the current configuration of the system meant that doctors were not automatically notified if a patient scored a high early warning score, and so there was a reliance on nursing staff to escalate the patient. During one unannounced inspection we identified three patients who had not been escalated despite there being clear documented evidence that the patients' early warning scores had steadily increased during the preceding 24 hours. The trust had conducted an internal review into an identified increase of ward-based cardiac arrests which had occurred between April and September 2015. Contributing factors included the deployment of a workforce without the necessary skills and experience, a lack of robust leadership and issues relating to a nurse-call bell system which has subsequently been replaced.

## Are services at this trust effective?

We have rated the trust as requires improvement for effective because:

- Whilst performance against a range of national audits was in line with, or better than the national average, where improvements had been identified, these had not always been achieved or sustained.
- Whilst the majority of clinical staff had access to updated clinical guidelines and protocols, a proportion of documents were in need of review. The critical care team had a lack of agreed clinical protocols due to senior staff not being able to agree standardised practices.
- Staff understanding of the Mental Capacity Act was inconsistent.
- Appraisal rate completion required improvement.
- Cross site working was insufficiently developed and there was an identified risk that, as a result of poor cross site engagement and working, patients may not always receive equitable care.
- For more detailed information please refer to the reports for St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital.

## Evidence based care and treatment

- The trust's policies and treatment protocols were, in the main, based on national guidelines from professional organisations

**Requires improvement**



# Summary of findings

including Royal Colleges and the National Institute for Health and Care Excellence (NICE). Staff were able to access clinical policies and guidelines however there were examples where policies were not always up-to-date or required review.

- Radiology services were striving to improve the safety of using radioactive diagnostic and interventional procedures by reducing radiation dose levels patients were exposed too; the unit were auditing their practice and had been responsible for presenting this both nationally and internationally.
- The surgical team in SWLEOC were working to improve the surgical procedures used in relation to elective orthopaedic procedures including knee and hip replacement surgery.
- The renal team were working to improve the pathway for surgical and radiological access procedures.
- The critical care service was not always following national best practice guidance and there was a significant lack of agreed guidelines within the department.

## Patient outcomes

- The trust was not identified as a mortality outlier in either Dr. Foster monitoring, SHMI or HSMR monitoring.
- Performance against a range of national audits was varied and whilst in some specialities there were examples of where audit had driven improvements, in other areas, this was not to be the case.
- The trust was noted to be performing well in the Sentinel Stroke National Audit Programme having attained and consistently delivered an overall audit score of A-B during 2015/2016.
- The OPAL team had been introduced to support and expedite the discharge of frail elderly patients and those individuals living with dementia.

## Multidisciplinary working

- Significant improvements were required to ensure that there was robust cross-site working. It was noted that there were variations in patient outcomes and there was inequity in the level of care and support patients could expect to receive when comparing Epsom and St Helier Hospital. The diabetes service was an example of where, depending on which hospital patients were referred to, access to nurse specialists was inconsistent and so the level of support patients could expect to receive varied. The trust had acknowledged this as an area of concern and had introduced a senior nurse whose remit it was to work across both sites as a means of addressing the challenges of cross-site working.



# Summary of findings

- In other areas, we saw very strong examples of multi-disciplinary working, notably within the radiology team and also within the South West London Elective Orthopaedic Centre; renal services; end of life care services, orthopaedics, and the outpatients department. Patients were at the centre of these services, with a significant focus placed on putting the “patient first”.
- There also existed evidence of multi-disciplinary team working with children with oncology conditions admitted to and seen at Epsom General Hospital through paediatric shared care unit (POSCU) arrangements with tertiary centres.

## Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff we spoke with were clear about their responsibilities in obtaining consent from people, however there was a lack of documented discussions regarding ‘best interest’ decision making processes for patients who did not have capacity to consent in some areas.
- There was a lack of clarity amongst some staff with regard to how the Deprivation of Liberty Safeguards should be used.

## Are services at this trust caring?

We have rated this trust as requires improvement for being caring because:

- St Helier Hospital is the largest hospital of the trust and it was rated requires improvement for caring. Medicine, surgery and critical care at St Helier Hospital were all rated as requires improvement.
- Most staff treated patients with dignity and compassion, although we did observe some staff to speaking over rather than to patients in some clinical areas.
- Most patients we spoke with were positive about their experience and staff caring for them.
- The trust primarily used the Family and Friends Test (FFT) to obtain feedback from patients and relatives.
- For more detailed information please refer to the reports for St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital.

## Compassionate care

- In the main, our observations of staff interactions with patients and relatives were good. Most patients and relatives we spoke

**Requires improvement**



# Summary of findings

with were complimentary about the care they received and most patients were treated with compassion, respect and dignity. However, we observed that some clinical areas did not always ensure that patients were treated with compassion.

- Performance against the privacy, dignity and well-being criteria within the patient led assessments for care environment audits (PLACE) for 2013, 2014 and 2015 was worse than the England average for all three years (trust performance for 2013, 2014 and 2015: 85%; 85% and 78% respectively versus 89%, 88% and 86% nationally).
- There was some negative feedback from patients, relatives and staff prior to our visit about poor standards of care on some wards. However, most were not corroborated by our visit, but a minority were.
- Performance against the national friends and family test showed that the trust was consistently better than the national average, however it was noted that the overall response rate to the test was lower than the national average.
- In the cancer patient experience survey, the trust performed in the top 20% of all trusts for the question:
  - Patients rating of care was excellent or very good

## Understanding and involvement of patients and those close to them

- In the cancer patient experience survey (2013/2014), the trust performed in the lowest 20% for the following questions:
  - Patients given a choice of different treatment types.
  - Got understandable answers to important questions all/most of the time
  - Patients did not think hospital staff deliberately misinformed them
  - Patients never thought they received conflicting information
  - Given clear written information about what should/should not do on discharge
- However, it performed in the top 20% for the question:
  - Family definitely given all information needed to help care at home.
- Patients in critical care were not, where appropriate, involved in, or encouraged to be involved their care.

## Emotional support

- There was a trust wide bereavement and chaplaincy service available seven days per week and patients had access to

# Summary of findings

specialist nurses in palliative care. A bereavement midwife was responsible for speaking with women who were bereaved during or after childbirth or had a late miscarriage or termination for medical reasons.

- Ward staff and specialist nurses provided emotional support to patients.

## Are services at this trust responsive?

We have rated the responsiveness of the trust as requires improvement because:

- Most services at both locations we inspected were rated as requires improvement apart from the outpatients and diagnostics, end of life care, elective orthopaedic centre and renal services.
- Due to varied commissioning arrangements, the trust was required to duplicate a number of services across two acute sites which was costly, did not provide good value for money, and was not sustainable in the long term.
- The trust was in the process of developing a comprehensive dementia plan. One ward had already been refurbished and redesigned to ensure the environment was suitable for those patients living with dementia.
- Meeting the RTT and cancer waiting times targets varied across services and specialities.
- Medical outliers on some surgical wards and delayed discharges impacted on the accessibility and flow of patients.
- For more detailed information please refer to the reports for St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital.

## Service planning and delivery to meet the needs of local people

- Whilst patient information leaflets were available to patients we observed that these were not readily available in a multi-lingual format.
- Due to varied commissioning arrangements, the trust was required to duplicate a number of services across two acute sites. For example, both Epsom Hospital and St Helier Hospital provided maternity services with similar levels of consultant cover. It was acknowledged by the executive team that duplicated services were costly, did not provide good value for money, were not sustainable in the long term and also led to variations in clinical outcomes and patient experiences because specialist services were being diluted to meet the needs of two differing demographics.

**Requires improvement**



# Summary of findings

## Meeting people's individual needs

- The trust had a process in place for ensuring that people with learning disabilities who presented to the hospital were identified and the trust learning disability nurse specialist was informed in order that they could support both staff and the patient in order to ensure individualised care plans could be developed.
- The trust was in the process of developing a comprehensive dementia plan. One ward had already been refurbished and redesigned to ensure the environment was suitable for those patients living with dementia.

## Access and flow

- The trust consistently met the target of ensuring that at least 95% of patients were seen, treated, admitted, transferred or discharged within 4 hours of presentation to the emergency department. It was however noted that adults could expect to wait an average of 25 minutes before they were initially assessed and children could expect to wait an average of one hour and 31 minutes.
- The trust reported a total of 13, 903 bed days of delayed transfers of care. The reason with the highest level of DTOC's was associated with the timely completion of assessments. The trust faced a number of challenges in that they were required to work with three different local authorities and a range of clinical commissioning groups. Whilst the trust were able to place patients into the right housing with the right level of support more timely than the national average, there was some delay caused by the trust having access to community equipment and adaptations when compared nationally.
- Senior nurse managers and operational leads met frequently to discuss capacity and demand requirements. However, the structure and format of the meetings were such that the individual needs of patients were not discussed and there was an ethos of patients being "Operationally managed" as compared to being "Clinically managed". By this, clinical staff reported that patients were moved from ward to ward on the basis of operational decisions as compared to the clinical needs of patients. This view was echoed by patients we spoke with who reported that they had experienced ward moves late at night and often with little or no warning.
- The trust performed well in relation to the number of patients who were not treated within 28 days of their elective procedure being cancelled for non-clinical reasons.
- The trust was failing to meet a number of referral to treatment time targets within the surgical service. The trust had

# Summary of findings

commissioned an external agency, whose objective was to improve theatre utilisation. This would enable the trust to make better use of resources and as a consequence, enable the trust to carry out more operations and therefore help achieve the RTT target.

## Learning from complaints and concerns

- The trust received a similar number of complaints year on year. We found that the response time for dealing with and resolving complaints far exceeded the trusts local policy. On average, the trust took 69 days to process and resolve complaints and approximately 6.3% of closed complaints were reopened.
- Prior to June 2015, the trust reported 100% of complaints as upheld. Of the 75 complaints closed between 1 June 2015 and 31 July 2015, 47% were upheld, 23% partially upheld and 30% not upheld. The trust acknowledged that further work was required to improve the time with which complaints were resolved and had restructured the complaints team as a means of addressing the issue.

## Are services at this trust well-led?

We have rated the well led of the trust as requires improvement because:

- The majority of services were rated as requires improvement with the South West London Elective Orthopaedic Centre at Epsom General Hospital rated as outstanding. Outpatients and diagnostics and end of life care at both locations were rated as good.
- We found evidence of a hierarchical structure with a lack of strong leadership in some clinical services.
- We considered that the governance arrangements used to offer the non-executive board the necessary assurances that patients received safe and effective care was not sufficiently robust.
- The presentation of merged data for both sites was a concern as this meant that in many areas, it was difficult to determine where to issues were and therefore how they should be addressed.
- For more detailed information please refer to the reports for St Helier Hospital and Queen Mary's Hospital for Children and Epsom General Hospital.

## Vision and strategy

- It was widely accepted by staff working for the trust and also with external stakeholders that the future of Epsom and St

**Requires improvement**



# Summary of findings

Helier University Hospitals NHS Trust had long been in question. The trust had previously been identified as not being sustainable in its current form and significantly advanced plans had been afoot for the two acute locations to be acquired by third party neighbouring NHS trusts; the acquisitions did not proceed for various reasons however it was apparent that the unknown future of the trust had left staff suffering 'Planning blight'. Staff reported that because they had been in a position whereby they were uncertain of the trusts future, they had paused work streams, stopped implementing new models of care and 'simply came to work'. When considering the overall ratings for the effective key question, it was apparent that not all core services were providing care which was in line with national best practice guidance. Our specialist advisors reported that a number of core services were providing care which was out-dated (although not unsafe). The executive team had identified the significant challenges that were faced by the organisation, especially in light of the history surrounding the sustainability of the organisation.

- A long term strategy had been developed which had been done in consultation with the public, stakeholders and other interested parties.
- The executive team were clear that there was a need for services to be provided at both Epsom and St Helier however it was identified that meeting the differing needs of commissioners; varying political views, ageing buildings that that were costly to maintain and financial instability would continue to pose as marked barriers in relation to the executive delivering a cost effective, evidence based health service to the local population.
- The chief executive was passionate about improving the standards of care at the trust and acknowledged that significant changes were required from an operational perspective to ensure the organisation operated as effectively as possible. The trust was failing to meet a number of referral to treatment time targets within the surgical service. The trust had commissioned an external agency to review and improve theatre utilisation rates and make better use of available resources. This was coupled with service redesign to help the surgery service carry out more procedures.
- The trust had introduced the "Patient First" initiative which was held in high regard by the executive and non executive champions. The initiative was seen as a means of improving both patient safety and patient experience. The initiative remained in its infancy at the time of the inspection and the

# Summary of findings

understanding of what the initiative was designed to achieve was varied amongst staff however it is important to note that approximately on 40% of the workforce had attended sessions on the Patient First programme at the time of the inspection.

- There was evidence that some core services had embedded Patient First in to their local clinical and operational visions and strategies however this was not consistent across the trust. Further, whilst some core services had ambitious plans to enhance the services they provided in light of the assurances from the executive and non-executive team that the future of Epsom and St Helier University Hospitals NHS Trust, this again was inconsistent across the trust. For example, poor working relationships, a lack of aligned cross site working partnerships and an excessive level of clinical hierarchy meant that critical care services could not agree an aligned strategy which was designed to offer safe, effective care to the differing populations of Sutton, Merton and Surrey.

## **Governance, risk management and quality measurement**

- The trust had a board assurance framework which was mapped to 26 clinical and strategic priorities. We were informed that the board assurance framework had been extensively reviewed in September 2015 as there had been a range of risks which had remained for significant periods of time. We considered that the governance arrangements used to offer the non-executive board the necessary assurances that patients received safe and effective care was not sufficiently robust.
- There was a lack of robust risk mitigation in place to demonstrate how the various risks linked to the delivery of effective healthcare was to be delivered. Examples included the persistently high numbers of healthcare acquired infections reported by the trust over a number of years.
- Governance structures were weak in many areas. There was a lack of good quality data on many aspects of performance and audits were not often used to drive improvement. Whilst all clinical divisions utilised a monthly quality report to support assessing services against a range of clinical and operational performance metrics, this data was not always used effectively. However, we noted that a number of clinical divisions including OPD and Diagnostic imaging used this information to support the delivery of clinical services.
- The presentation of merged data for both sites was a concern as this meant that in many areas, it was difficult to determine where to issues were and therefore how they should be addressed.



# Summary of findings

- Extensive estate strategies had been completed which showed that the hospital estate was not fit for purpose and that this was a contributing factor to the high infection rates. There had been little consideration given to other contributing factors such as ensuring staff complied with infection control policies. Additionally, there was a lack of correlation between how specific wards were consistently failing infection control audits as a result of observed poor hand hygiene practice, for example, which could lead to increased infection rates. It is not unreasonable to see staff going above and beyond what would ordinarily be required, especially in relation to infection control practices when the existing estate poses operational challenges; we saw multiple examples where by staff failed to apply basic infection control practices and the lack of risk mitigation exposed patients to increased risks.
- Poor working relationships and dysfunctional clinical culture meant that critical care services for example, had poor all-round governance arrangements. Significant focus and false assurance was given to the good outcomes noted within the ICNARC and Emergency Laparotomy audits with regards to the quality of care patients received in critical care. Whilst the executive team had identified underlying cultural difficulties in critical care, the full extent of the issues only arose during our inspection when staff disclosed extensive issues with regards to the clinical and nursing leadership of the department. The lack of robust governance arrangements meant that the full extent of the issues had not previously been identified despite there being anecdotal, soft intelligence amongst staff across the trust that concerns existed.
- Quality scorecards were in use across a range of specialties but these were in their insufficiently mature with regards to the data being captured. There lacked wider oversight and a lack of a 'birds-eye view' of wards and departments where clinical risks may evolve. Ward B5 can be used as an example of this; an increase in ward based cardiac arrests was only identified by the trust resuscitation officer who escalated their concerns to the executive team in August 2015. Matured governance systems may have identified a trend sooner which may have prompted a more timely review and intervention as compared to the review only being presented to the executive in December 2015.

## Leadership and culture of the trust

- The trust had suffered from inconsistent leadership for approximately 12 years, with 13 different chief executives during that time. The most recent chief executive had been in

# Summary of findings

post since January 2015. Staff reported that the new chief executive had identified the challenges and risks which the organisation had faced for a considerable period of time and in the main, staff spoke positively about the candour with which the chief executive spoke in regards to addressing those issues.

- Staff told us that the majority of the executive were visible.
- We found evidence of a hierarchical structure with a lack of strong leadership in some clinical services.
- It was noted that the portfolios of some executives was disproportionate and unmanageable and this was leading to individuals not being as effective as they might otherwise have been if their portfolio was appropriate.

## Equality and diversity

- We undertook a pilot inspection of the implementation of Workforce Race Equality Standard (WRES) on this inspection as part of our assessment of the well led domain. Our findings were not taken into account in the overall ratings.
- The WRES is a mandatory requirement for NHS organisations to identify and publish progress against nine indicators of workforce equality to review whether employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities, receive fair treatment in the workplace and to improve BME board representation.
- BME groups within the trust accounted for 32.1% of staff, considerably higher than the England average. We held targeted focus groups for BME staff on each hospital site and asked questions about race equality of staff throughout the inspection across all staffing groups, including doctors, nurses, pharmacists, midwives, administrators, managers and porters.
- All BME staff measures within the NHS Staff Survey in 2015 were worse for the trust than the national average. For example, more BME staff personally experienced discrimination, BME staff reported higher levels of bullying and harassment and three times more BME staff felt the trust did not offer equal opportunities for progression.
- We found that the trust was not fulfilling all its requirements for the WRES, failed to address areas of concern, and had not presented to issues the trust board. Six of nine WRES indicators were not adequately completed or actioned.
- Overall we were not assured that the trust had taken sufficient steps to meet the requirements of the WRES and implement required actions.

# Summary of findings

## Fit and Proper Persons

- The trust was prepared to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The people and organisational development committee (POD committee) discussed the FPPR in April 2015. The deputy director of HR, advised the committee that legislation had come into effect on 27 November 2014. It was advised to fully meet the legislation, additional checks had been put in place which included enhanced DBS checks and financial checks for bankruptcy. This meeting confirmed that the trust was carrying out all the checks required for relevant staff that had been appointed after 27 November 2014, but that the trust would need to consider staff in post before that date and carry out additional checks on Directors. This was agreed by the committee.
- The board discussed the FPPR and the recommendation of the POD Committee in May 2015.
- We reviewed the personnel files of six directors on the board. The files provided most of the evidence that relevant checks had been done. For example, we did not evidence of insolvency checks. When informed of this, the deputy director of HR stated that these will be carried out in future. There were also four directors, appointed before 27 November 2014, who were awaiting DBS clearance at the time of our inspection.

## Public engagement

- The trust mainly used the friends and family test to obtain feedback from people who used the service. However, the response rates were often low and little alternative ways were used to proactively engage with and obtain feedback from people, in order to develop and improve services.

## Staff engagement

- The trust's 'raising concerns at work' policy issued in February 2015 set out that a member of staff should initially discuss the concern with their immediate manager, who would consider it fully and then seek appropriate professional advice.
- The Chief Executive updated staff regularly via email, detailing any areas of progress or challenge faced by the organisation as well as sharing examples of good practice. Additionally, staff received "Eupdates" which included short updates on varying themes.

# Summary of findings

- The trust's Patient First programme is one which engages and enables its staff to positively change the patient's experience of being in our hospitals. Staff were empowered to recognise where improvements could be made, challenge any behaviour that undermined great care, and drive forward meaningful change.
- Staff told us 'Patient First' Programme had a lot of good ideas come from nursing teams. Patients and staff could put forward suggestions on how to improve the patient experience, people could sign up for a monthly newsletter and were encouraged to give feedback about the trust.

## **Innovation, improvement and sustainability**

- The trust actively participated in the South West London Provider Collaborative. This was a programme of work involving four south west London acute trusts, working together to develop sustainable, high quality clinical, financially viable services.
- Innovative SIM training day (utilising mannequins and actors) with End of life care scenarios for hospital staff teams and GPs, which embeds EOLC care across settings. This training was presented at a national conference.

# Overview of ratings

## Our ratings for Epsom Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Elective Orthopaedic Centre	Good	 Outstanding	Good	Good	 Outstanding	 Outstanding
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

# Overview of ratings

## Our ratings for St Helier Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Requires improvement	Requires improvement	Good	Requires improvement
Surgery	Inadequate	Good	Requires improvement	Requires improvement	Inadequate	Inadequate
Critical care	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Renal	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Epsom and St Helier University Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

### Notes

We are currently not confident that we are collecting sufficient evidence to rate the effective key question for outpatients and diagnostics.

# Outstanding practice and areas for improvement

## Outstanding practice

- The leadership of the outpatients and diagnostic imaging teams; staff were inspired to provide excellent services to patients with an ethos of the patient being at the centre of service provision.
- The diagnostic and imaging service was one of only a handful of services which had truly embraced 'cross-site' working. The service was working to reduce the doses of radiation patients received during diagnostic testing and this had been presented at both national and international conferences.
- Surgical outcomes and patient satisfaction results for patients receiving treatment in the South West London Elective Orthopaedic Centre was consistently better than the national average.
- The OPAL team were striving to enhance the care and overall experience for elderly patients and specifically for patients living with dementia who were admitted into hospital.
- The renal team had developed an acute kidney injury care bundle which was used throughout the trust and also at referring hospitals.
- Teams in the SWLEOC service had introduced a new patient pathway for patients suffering from chronic pain associated with musculo-skeletal conditions.
- Innovative simulation training, supported with the use of mannequins and actors, was used to support the delivery of end of life care scenario training to a range of hospital staff. This training helped to embed the concept of end of life care across the trust.

## Areas for improvement

### Action the trust MUST take to improve

- Ensure that there are sufficient numbers of suitably qualified staff both employed and deployed across the hospital at all times.
- Ensure child protection notifications are up to date and appropriate staff attend/produce reports for child protection conferences.
- Ensure that effective corporate governance and management arrangements are put in place.
- Ensure there are effective arrangements in place for the recognition, escalation and management of patients identified as being at risk of deterioration on the wards.
- Encourage collaborative working and sharing of clinical governance data between each of the core specialties, including critical care. The trust must ensure that there is a focus on cross-site working and sharing of information to aid in establishing an organisation-wide learning culture.
- Ensure that all patients who may lack capacity have a documented mental capacity assessment and, if appropriate, a deprivation of liberty safeguards (DoLS) assessment and application completed, and that patients consent is properly sought before treatment commences.
- Reaffirm and consistently apply the trust wide infection control policy, including the timely isolation of patients at risk of acquiring, or diagnosed with infectious diseases. Further, the trust must adopt a trust-wide culture whereby staff of all grades are empowered to challenge where non-compliance with the infection control policy is identified.
- Improve the care and compassion to shown to patients in the medicine, surgical and critical care areas on the St Helier Hospital site.
- Ensure that all emergency equipment is checked in line with the trust wide policy.
- Review the existing estate to ensure that it is fit for the purpose of delivering modern healthcare.
- Ensure that there are robust processes in place for the maintenance of medical equipment.
- Implement the required actions to ensure the requirements of the WRES are met.



## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  <b>Some premises and equipment was not properly used, properly maintained or suitable for the purpose for which they were being used because;</b>  <ol style="list-style-type: none"><li>1. Emergency equipment was not always checked in line with the trust wide policy.</li><li>2. The existing estate in some areas was not fit for the purpose of delivering modern healthcare.</li><li>3. There were not robust processes in place for the maintenance of medical equipment.</li></ol> <b>Regulation 15 (1) (c), (d), (e)</b>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Care and treatment was not always provided in a safe way because;</b>  <ol style="list-style-type: none"><li>1. Some staff did not consistently apply the trust wide infection control policy, including the timely isolation of patients at risk of acquiring, or diagnosed with infectious diseases and the restriction of wearing of theatre gear in general access areas.</li></ol> <b>Regulation 12 (2) (h)</b>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Requirement notices

Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided because;

1. The quality and accuracy of performance data and increase its use in identifying poor performance and areas for improvement was not adequate.

Regulation 17 (2) (a)

### Regulated activity

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

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**Care and treatment of patients was not always provided with their consent and in accordance with the Mental Capacity Act, 2005 because;**

1. Not all patients who may have lacked capacity, had a documented mental capacity assessment or if appropriate, a deprivation of liberty safeguards (DoLS) assessment and application completed.

Regulation 11(3)