

Homerton University Hospital NHS Foundation Trust

Inspection report

Trust Offices
Homerton Row, Hackney
London
E9 6SR
Tel: 02085105555
www.homerton.nhs.uk

Date of inspection visit: 10 April 2018
Date of publication: 10/08/2018

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

Summary of findings

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

Background to the trust

Homerton University Hospital NHS Foundation trust is an integrated care trust in Hackney, East London. The trust provides general health services at hospital and in the community. The trust operates acute services from a single site: Homerton University Hospital, which opened in 1986. The trust provides a full range of adult, older people's and children's services across medical and surgical specialties. The hospital has almost 500 beds spread across 11 wards, a nine bed intensive care unit and maternity, paediatric and neonatal wards. Community services are provided by staff working out of 75 partner sites in Hackney and the City of London. The trust has a separate registration to provide continuing health care at the Mary Seacole Nursing Home which in Hoxton, East London, approximately two miles from the hospital.

The trust provides some highly specialised tertiary services, including bariatric surgery and the Regional Neurological Rehabilitation Unit. It is one of London's designated perinatal centres and provides a range of highly specialised obstetric and neonatal intensive care services. The trust has 40 neonatal intensive care cots. During 2017/2018 the trust provided care for 5,588 births.

The trust serves a diverse and changing local population from Hackney, the City of London and surrounding boroughs in East London. Hackney was the 11th most deprived local authority overall in England in the 2015 Index of Multiple Deprivation. The City of London has a growing population and was judged as the 262nd most deprived local authority out of 326. Hackney's population is estimated at more than 263,000 people. Hackney has a relatively young population, with 25% of residents under 20 years old. The proportion of residents between 20 and 29 has grown in the last ten years and now stands at 21%. People aged over 55 make up 18% of the population.

The trust is managed by a board of directors comprising six executive and seven non-executive directors. The board is advised and supported by a council of governors comprised of 14 members of the public, six trust staff and seven people representing interested parties such as the London Borough of Hackney. Responsibility for clinical management and leadership is delegated to the trust management board, comprising the executive directors and associate medical directors. Clinical care is the responsibility of clinical teams divided into three clinical directorates of:

- Surgery, women's and sexual health services
- Children's services, diagnostics and outpatients
- Integrated medical and rehabilitation services.

Over the twelve-month period of January to December 2017 the trust reported activity figures of 29,000 non-elective spells and 23,500 elective spells. During the same period there were 270,000 outpatient attendances and 120,000 attendances through the Accident and Emergency (A&E) department.

The CQC last undertook a comprehensive inspection of the trust in February 2014 when it was rated as 'good' overall, including a rating of 'outstanding' for the hospital emergency department. Since then, we conducted two inspections of the trust's maternity services in March and October 2015 and a comprehensive inspection of the trust's community services in February 2017.

Summary of findings

Overall summary

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

What this trust does

The trust provides a full range of acute and community services for adults, older people and children across medical and surgical specialties. The hospital has almost 500 beds spread across 11 wards, a nine bed intensive care unit and maternity, paediatric and neonatal wards. Community services are provided by staff working out of 75 partner sites in Hackney and the City of London. The trust has a separate registration to provide continuing health care services at the Mary Seacole Nursing Home in Hoxton, East London, approximately two miles from the hospital.

The trust provides some highly specialised tertiary services, including bariatric surgery and the Regional Neurological Rehabilitation Unit. It is one of London's designated perinatal centres and provides a range of specialised obstetric and neonatal intensive care services. The trust has 40 neonatal intensive care cots. During 2017/2018 the trust provided care for 5,588 births.

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

Between 10 and 12 April we carried out unannounced inspections of four core inpatient services at the main hospital site: emergency and urgent care (including A&E), medical care (including older peoples care), surgery and maternity services. We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We last inspected emergency and urgent care in 2014 where we found the service 'outstanding' overall and returned on this occasion to evaluate the progress of this service.

We last inspected medical care and surgery services in 2014 also. Prior to our inspection we evaluated a wide range of intelligence and gathered feedback from stakeholders to help us focus our inspections on services that carried the greatest risk. Concern had been raised regarding both of these services therefore our decision to inspect on this occasion.

We had inspected maternity services on two further occasions since 2014 where the service had been rated 'requires improvement'. We returned on this occasion to evaluate the trust's improvement action plan and the progress of the service.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key line of enquiry at senior leadership team level. Our findings are in the section headed 'Is this organisation well-led?'. We carried out the well-led inspection between 9 and 11 May 2018.

Summary of findings

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

What we found

Overall trust

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

- Overall, we rated Homerton University Hospital as 'good'.
- We took into account the current ratings of the four core services that were not inspected at this time and aggregated the ratings with the four core services we did inspect at Homerton University Hospital.
- We rated urgent and emergency services as 'outstanding' overall, with an 'outstanding' rating applied to the caring, responsive and well-led domains. We also rated medical care (including care of the older person) as 'outstanding' overall, with an 'outstanding' rating applied to responsive and well-led domains.
- All other services at Homerton University Hospital we rated 'good'. However, we rated the well-led domain in maternity services as 'requires improvement'.
- We carried out a well-led review of the trust and gave an overall rating of 'good' for this domain and considered this when aggregating the overall trust rating.
- We inspected community health services in 2017. Both adult community health services and community health services for children, young people and families were rated 'good' across all domains and this was considered when aggregating the combined overall rating for the trust.
- We also inspected the Mary Seacole Nursing Home in 2017 and rated this as 'good'.

Are services safe?

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

- Incidents were investigated and learning was used to improve the delivery of care across services. Staff were encouraged to be open and report incidents and raise concerns.
- The trust had implemented the national early warning score (NEWS) to effectively assess and escalate deteriorating patients, and most staff we spoke with had good knowledge of what to do in the event of a patient deteriorating.
- Staffing was well managed in medical care and the emergency department. Although many services were reliant on bank and agency doctors and nurses to staff wards, local and divisional leadership mitigated the risks associated with temporary staff well.
- We observed good medicines management, including the management of controlled drugs, across services.
- Staff we spoke with demonstrated good knowledge and understanding of the needs of people living with dementia or learning disabilities.
- Theatre staff were compliant with completing safety checks before, during, and after surgery using the World Health Organization (WHO) surgical safety checklist.
- Women had a choice of where to give birth and the proportion of home and birth centre births was rising and almost all women had one to one care during labour.
- The emergency department assessment of patients from time of their arrival was better than the overall England average. It was 87% for paediatric patients and 92% for adult patients.

Summary of findings

- The environment across services was mostly clean and clutter free.

However:

- We had concerns regarding the capacity and sustainability of the trust's adult safeguarding team to ensure timely completion of safeguarding referrals and Deprivation of Liberty Safeguards (DoLS) assessments, monitor incidents, provide engagement with other agencies, and ensure consistent delivery of training for staff due to vacancies and workload.
- In surgery and maternity services, mandatory training completion rates for medical staff was below the trust target of 90%. Nursing staff in the surgery service also did not meet trust targets for most mandatory training modules. However, senior leaders acknowledged this and were working to address it.
- Although we observed good adherence with infection prevention and control across most services when delivering patient care, we saw inconsistent hand hygiene carried out by doctors and midwives in maternity services.
- We found varying understanding and gaps in the compliance of the WHO surgical safety checklist and its use among staff in maternity services.
- Although we observed good examples of record keeping, supported by an electronic patient records system that had been introduced across the trust, we also found examples of inconsistent compliance with record keeping in maternity and medical services.

Are services effective?

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

- There was evidence that patient care was delivered in accordance with good practice and national guidelines, such as National Institute for Health and Care Excellence (NICE).
- The effectiveness of care and treatment was monitored through local and national audits across services.
- Trust policies were reviewed regularly and new clinical guidelines were shared with staff appropriately.
- We saw evidence that pain was well managed across services.
- Staff mostly spoke positively about the training and development opportunities that the trust offered. We saw examples in urgent and emergency services of a well-developed and supported training and development programme for doctors and nurses of all grades.
- There was good multi-disciplinary working amongst clinical staff across services.
- We saw examples of good engagement with patients and the public to promote good health.
- Medical wards performed above the England average in a number of national patient outcome audits. The trust was graded as 'A' for the Sentinel Stroke National Audit Programme (SSNAP).
- The hospital was a regional centre for bariatric surgery. The service was actively involved in clinical research and in regional teaching of bariatric surgery doctors in training.

However:

- Staff appraisals rates in medical and surgery services were lower than the trust target of 90%.
- Although staff we spoke with in urgent and emergency services understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 (MCA), staff understanding of MCA and Deprivation of Liberty safeguards (DoLS) was variable across other services.

Summary of findings

- Recording of capacity assessments and decisions on deprivation of liberty were not found to be consistently or appropriately documented in patient records that were reviewed within medical services.
- The maternity service did not meet expected standards in some patient outcomes, for example, the rate of caesarean section was 32% in the first three months of 2018 which was high.

Are services caring?

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

- We observed examples of kind and compassionate care delivered to patients across services.
- Patients and relatives we spoke with mostly shared positive experiences where staff had treated them with dignity and respect.
- A number of support groups and services were in place to provide emotional support for patients. Bariatric patients had access to specific psychological support.
- We observed staff in urgent and emergency services specifically working hard to ensure that people's privacy and dignity needs were always respected, including during physical or intimate care and examinations. Staff made great efforts to engage patients' relatives and included them in planning of care.
- Staff in urgent and emergency services understood and respected the personal, cultural, social and religious needs of patients. They actively engaged with elders of the community to ensure that particular sensitivities were recognised.

Are services responsive?

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

- Urgent and emergency services evidenced consistently good performance against national indicators. The percentage of patients admitted, transferred or discharged within four hours was consistently better than the England average between February 2017 and January 2018. The percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was consistently better than the England average. No patients waited more than 12 hours from the decision to admit until being admitted between February 2017 and March 2018.
- There was good patient flow through the hospital. Patients were appropriately streamed through urgent and emergency services and effective bed management ensured admissions and discharges were addressed in a timely way. The Emergency Surgery Ambulatory Clinic (ESAC) helped to avoid unnecessary admissions and to further take the pressure off the emergency department.
- Discharge planners and coordinators provided a seven-day service and worked closely with the multi-disciplinary teams across services, which included the patient, specialist nurses and social workers.
- Integration of acute and community services helped ensure that the trust was effective in delivering responsive and consistent care across inpatient wards and the community.
- The trust delivered a number of highly specialised surgical services; for example, the Homerton Anal Neoplasia service (HANS) which was the only one of its kind in the UK and one of very few in the world.
- Arrangements were in place across services to support patients with specific and individual needs.
- Between 2015/16 to 2017/18, the percentage of cancelled operations was consistently lower than the England average.

However:

Summary of findings

- There were some delays in elective caesareans which appeared to result from poor planning and communication processes, as well as staff shortages.
- Theatre lists did not always start on time, which meant they over ran. Although the divisional management team had taken appropriate actions to address this, more time was required to embed the changes.
- There were few facilities for relatives in the surgical wards. Staff told us they used the staff room or office to communicate sensitive news to families.
- Although the trust had suitable arrangements in place for translation and advocacy, some patients we spoke with gave a mixed response to being aware of these services.
- The trust's adult safeguarding team and learning disability acute liaison was not sufficiently resourced and there was concern as to the effectiveness and sustainability of the service.

Are services well-led?

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

- We found a strong and cohesive senior leadership within the emergency department that provided a high level of interaction and good communication across all staff groups. Each member of staff we spoke with within this service told us how the leadership team was visible, supportive, and encouraging. They said they felt their views and contributions were valued by managers.
- The culture within urgent and emergency services was generally seen both within and outside the department to be progressive, with consideration given to patient care, comfort and safety at all times.
- Multidisciplinary working across the trust was effective. The urgent and emergency service worked closely with specialties from other parts of the trust. This led to a collective response to the improvement of patient flow out of the emergency department along a variety of recognised patient pathways.
- Staff across services commented that divisional and senior leadership were visible and spoke positively about working with the trust. For example, midwifery staff we spoke with emphasised that they were proud to work in a maternity service that was well-respected by women and families locally.
- Since previous inspection, the midwifery team had worked successfully to improve staff awareness of guidelines, incidents and risks.
- The trust had responded to address whistleblowing incidences in both theatres and pre-operative assessment areas. At the time of our inspection, the trust's interventions and development work were ongoing
- The trust had a number of leadership programs to support the development of managers, and staff felt encouraged by their managers to apply for positions. The trust offered a nine-month leadership development programme which included formal teaching and mentoring.
- The trust had implemented an electronic patient records system that was working effectively across most services, although intrapartum records in maternity services did not automatically interface with the hospital's electronic patient record, which led to documentation errors.

However:

- We found variations in the application of governance processes across core services and the divisions they were aligned to. For example, urgent and emergency services had a robust governance structure in place, which was organised in such a way as to provide full oversight of each area of the department and anticipate potential issues. However, we found that governance processes within maternity services did not provide sufficient assurance that senior staff had an overview of all performance and safety issues within the service.

Summary of findings

- We found variations in how risks were managed across services. The previous inspection of maternity services found there were some risks that staff told us about which were not recorded on the service risk register. We found this was still the case. In addition, some risks were not clearly articulated in documentation, particularly around medical and midwifery staffing levels and links were not made between risks.
- Staff we spoke with mostly reported a positive working culture at the trust. Staff spoke of good multidisciplinary working and emphasised that the culture was one that “put the patient first”. Staff were generally dedicated and passionate about the work they carried out. However, staff we spoke with across the trust told us they felt stretched in their roles and raised concern as to the longer-term sustainability of staff morale.
- Results from the Workforce Race Equality Standards (WRES) survey showed that there was an under-representation of BAME staff in posts that were Band 8a and above, and there was no representation of BAME staff in Bands 8d and 9 at the time of inspection.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice across all four core services we inspected.

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

Areas for improvement

We found areas for improvement that included 23 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 the quality of services.

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

Action we have taken

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action

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

Urgent and emergency services:

- The urgent care clinical quality group (UCCQG) oversaw all work streams in the emergency department. This meant that there was a cohesive and open approach to managing all aspects of the department including patient and staff safety; performance and sustainability.

Summary of findings

- The UCCQG published an annual report which reviewed clinical governance, outcomes, risks, performance and all other data relating to patient safety and quality of care. The content of this report was used to benchmark against current departmental performance measures and identify areas for further improvement.
- There were multiple ways in which information on risk, incidents and learning were shared with staff. These included daily teaching, poster displays and e-mails.
- The quality improvement programme was managed in a way which led to an increased number of quality initiatives in the department.
- The way in which the sepsis awareness training programme was delivered was innovative and interactive.
- All patients who came to the emergency department were seen and treated and decisions were made in relation to which pathway to follow. The patient could be discharged from the department; admitted to the OMU; admitted to the ambulatory medical unit or admitted by a specialty onto a hospital ward.
- There were patient pathways and service level agreements in place which enhanced patient safety and the patient's experience of the emergency department. These included rapid referral to other specialties and hospital admission avoidance.

Medical Care:

- The trust's in-situ training program and hospital facilities provided unique opportunities for learning and training for medical staff. For example, scenarios simulated a patient with complex care needs, and staff were able to work through how best to deliver treatment as a group. Staff we spoke with stated that this was better than standard training as it replicated the realities of what happens on the ward. Medical wards had weekly simulation training, while the endoscopy unit had fortnightly in-situ training which included screen-based endoscopy technical skills (SETS) with three screen-based endoscopy simulators used to develop technical skills, and 'human factors in virtual endoscopy' (HiFIVE), a full immersion simulation with actors and scenarios to practice communication skills and team working. This training was highly commended in the trust's endoscopy accreditation report.

Surgery:

- The bariatric service was involved in a pan-UK wide study looking at bariatric surgery safety. Staff told us this was one of the biggest studies in the world. Bariatric surgery consultants were involved in regional teaching of bariatric surgery consultants and doctors in training.
- The surgical rehabilitation team mapped the audit data to understand the patient pathway and developed the early supported discharge programme. In February 2018, the Falls and Fragility Fracture Audit Programme (FFFAP) in collaboration with the Royal College of Physicians recognised the programme as model of excellence. A member of the surgical rehabilitation team presented the model at the conference and is due to present to Physio UK in October 2018. The Year 3 National Emergency Laparotomy Audit showed that the trust was one of the top performers in terms of data submission, standards of care and outcomes.

Maternity:

- The service demonstrated excellent safeguarding practices and support for vulnerable women.

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.

Summary of findings

Action the trust **SHOULD** take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

Trust wide:

- The trust should establish processes to routinely monitor compliance with the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5).
- The trust should review the capacity of the safeguarding team and learning disability acute liaison, and ensure that Mental Capacity Act (MCA) assessments and Deprivation of Liberty Safeguards (DoLS) applications are adequately completed and correctly recorded.

Urgent and emergency services:

- The trust should ensure that all staff are clear about what communication aids are available to support and facilitate communication with patients with learning disabilities or communication difficulties.

Medical services:

- The trust should ensure that Mental Capacity Act (MCA) assessments and Deprivation of Liberty Safeguards (DoLS) applications are adequately completed and correctly recorded.
- The trust should ensure that risk assessments are completed and correctly recorded in patient records.
- The trust should ensure there is suitable provision on medical wards to support the care of patients diagnosed with a learning disability.
- The trust should take steps to ensure compliance with mandatory training meets the trust targets for both medical and nursing staff and have systems in place to address non-compliance.
- The trust should ensure staff receive timely appraisals and meet the trust's target rates for completion.

Surgery services:

- The trust should take steps to ensure compliance with mandatory training meets the trust targets for both medical and nursing staff and have systems in place to address non-compliance.
- The trust should review consent training and processes to ensure all clinicians understand their responsibilities for obtaining consent.
- The trust should continue taking steps to ensure theatre lists start on time and monitor compliance against the new process for list ordering.
- The trust should take steps to improve the facilities for relatives in the surgical wards and consider flexibility with visiting times to meet patient's needs.
- The trust should take steps to ensure all surgical specialities have consistent and standardised governance arrangements.
- The trust should take steps to improve the attendance of clinical leads representing surgical specialities at divisional governance meetings dedicated to clinical governance
- The surgical wards should display the NHS safety thermometer for staff or patients to view.
- The trust should ensure staff receive timely appraisals and meet the trust's target rates for completion.

Summary of findings

- The trust should take steps to improve the response rate for the Friends and Family Test and for the National Cancer Patient Experience Survey (NCPES) and should proactively seek patient feedback.

Maternity services:

- The trust should ensure sufficient numbers of appropriately skilled doctors and midwives are deployed to meet the needs of the service.
- The trust should improve governance systems to ensure effective oversight of all risks, particularly those regarding staffing and operative safety.
- The trust should take further action to ensure consistent compliance with hand hygiene.
- The trust should improve the reliability of systems for checking all emergency equipment, including emergency boxes for postpartum haemorrhage, asthma and diabetic emergencies.
- The trust should review the way the service benchmarks itself against regional and national performance.
- The trust should ensure staff, women and their families are aware the information that is available in other languages.

Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust leadership team had the experience, capability and integrity to ensure that the strategy could be delivered and risks to performance were addressed.
- Executive and non-executive directors were visible and approachable across the trust.
- The trust leadership team were knowledgeable about issues and priorities for the quality and sustainability of services and largely understood what the challenges were to address these.
- The trust had a clear vision and set of values that prioritised the delivery of safe and effective patient care.
- The trust strategy was aligned to local plans in the wider health and social care economy and services were planned to meet the needs of a diverse local population. Although interaction with the local sustainability and transformation plan was less developed.
- Senior leaders and managers across the trust predominantly modelled and encouraged caring, inclusive and supportive relationships among staff so that they felt respected and valued.
- The trust had effective governance processes to support the delivery of its strategy and ensure quality and performance information was reviewed and escalated appropriately. However, there was scope to further improve the reporting lines between both divisions and committees.
- The trust had effective systems to identify learning from incidents, complaints and safeguarding alerts and make improvements. Arrangements were also in place to identify and manage risks, issues and mitigating actions.

Summary of findings

- The trust had in place processes to ensure information used in reporting, performance management and delivering quality care was reliable, timely and relevant. The trust had implemented an electronic patient records system that was working effectively across almost all services.
- The trust had structured processes to communicate to staff and engage with people who use services and their representatives, across a diverse population, and had built strong collaborative relationships with local stakeholders.
- The trust positively promoted staff participation in both learning and quality improvement.

However, we also found:

- During the inspection visit the trust was unable to provide sufficient assurance that relevant checks to comply with the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5) had been systematically carried out for all executive and non-executive directors. The trust was also unable to provide a formal, approved and up to date policy which made clear the trust processes and principles for FPPR. We raised this with the trust and they provided evidence shortly after the inspection that the trust had approved an updated FPPR policy for board directors and confirmed processes to ensure the policy was adhered to.
- We had concerns regarding the capacity of the adult safeguarding team and learning disability acute liaison to effectively ensure timely completion of safeguarding referrals and Deprivation of Liberty Safeguards (DoLS) assessments, monitor incidents, provide engagement with other agencies, ensure consistent delivery of training for staff, as well as ensure consistent provision of services for patients diagnosed with learning disability due to vacancies and workload.
- Staff we spoke with mostly reported a positive working culture at the trust. Staff spoke of good multidisciplinary working and emphasised that the culture was one that “put the patient first”. However, many staff we spoke with across the trust told us they felt stretched in their roles and raised concern as to the longer-term sustainability of staff morale.
- The trust had taken a number of steps to further promote equality and diversity, although it was recognised by senior leaders and by staff we spoke with that further work was needed to promote this across the trust.
- The two divisions we inspected were not exercising an equally consistent approach to governance, which was reflected in the divergent quality outcomes we found during our core service inspections. For example, governance processes in maternity did not provide sufficient assurance that senior staff had an overview of all performance and safety issues within the service.

Use of resources

The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The assessment team, according to the published framework, examined the trust’s performance against a set of initial metrics alongside local intelligence from NHS Improvement’s day-to-day interactions with the trust, and the trust’s own commentary of its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance.

NHS Improvement visited the trust on 15 May 2018 and met the trust’s leadership team including the chief executive and the chair, as well as relevant senior management responsible for the areas under this assessment’s KLOEs.

We rated the trust’s use of resources as good.

The final Use of Resources report has been published alongside this CQC quality report.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018
Community	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017
Overall trust	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018	Good →← Aug 2018

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

Ratings for Homerton University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Aug 2018	Good Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018
Medical care (including older people's care)	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↑ Aug 2018
Surgery	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Critical care	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
Maternity	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018
Services for children and young people	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
End of life care	Good Apr 2014	Good Apr 2014	Good Apr 2014	Requires improvement Apr 2014	Good Apr 2014	Good Apr 2014
Outpatients	Good Apr 2014	N/A	Good Apr 2014	Good Apr 2014	Good Apr 2014	Good Apr 2014
Overall*	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017
Community health services for children and young people	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017

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

Ratings for adult social care services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mary Seacole Nursing Home	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017

Homerton University Hospital

Trust Offices
Homerton Row, Hackney
London
E9 6SR
Tel: 02085105555
www.homerton.nhs.uk

Key facts and figures

Homerton University Hospital NHS Foundation trust is an integrated care trust in Hackney, East London. The trust provides general health services at the hospital and in the community. The trust operates acute services from a single site: Homerton University Hospital, which opened in 1986. The trust provides a full range of adult, older people's and children's services across medical and surgical specialties. The hospital has almost 500 beds spread across 11 wards, a nine bed intensive care unit and maternity, paediatric and neonatal wards. Community services are provided by staff working out of 75 partner sites in Hackney and the City of London. The trust has a separate registration to provide adult social care services at the Mary Seacole Nursing Home which is located in Hoxton, East London, approximately two miles from the hospital.

The trust provides some highly specialised tertiary services, including bariatric surgery and the Regional Neurological Rehabilitation Unit. It is one of London's designated perinatal centres and provides a range of highly specialised obstetric and neonatal intensive care services. The trust has 40 neonatal intensive care cots. During 2017/2018 the trust provided care for 5588 births.

The trust serves a diverse and changing local population from Hackney, the City of London and surrounding boroughs in East London. Hackney was the 11th most deprived local authority overall in England in the 2015 Index of Multiple Deprivation. The City of London has a growing population and was judged as the 262nd most deprived local authority out of 326. Hackney's population is estimated at more than 263,000 people. Hackney has a relatively young population, with 25% of residents under 20 years old. The proportion of residents between 20 and 29 has grown in the last ten years and now stands at 21%. People aged over 55 make up 18% of the population.

The trust is managed by a board of directors comprising six executive and seven non-executive directors. The executives all have a clinical background. The board is advised and supported by a council of governors who comprise of 14 members of the public, six staff and seven people representing interested parties such as the London Borough of Hackney. Responsibility for clinical management and leadership is delegated to the Clinical Board, comprising the executive directors and clinical directors. Clinical care is the responsibility of clinical teams divided into three clinical directorates of:

- Surgery, women's and sexual health services
- Children's services, diagnostics and outpatients
- Integrated medical and rehabilitation services.

Summary of findings

Over the twelve month period of January to December 2017 the trust reported activity figures of 29,000 non-elective spells and 23,500 elective spells. During the same period there were 270,000 outpatient attendances and 120,000 attendances through the Accident and Emergency (A&E) department.

The CQC last undertook a comprehensive inspection of the trust in February 2014 when it was rated as 'good' overall, including a rating of 'outstanding' for the hospital emergency department. Since then, we conducted two inspections of the trust's maternity services in March and October 2015 and a comprehensive inspection of the trust's community services in February 2017.

Summary of services at Homerton University Hospital

Good   

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

Since our last inspection of acute services at Homerton University Hospital NHS Foundation Trust in 2014 and 2015, the trust had addressed or shown improvement for most of the previously reported concerns and requirement notices, for which we commend them. There were evident improvements in a number of areas, for example the introduction of maternal early warning scores and greater use of audit, and improved record keeping in surgery.

Across all services, the staff we spoke with knew how to report incidents and could give examples of learning from them. There was an open culture of incident reporting and a willingness to learn from incidents. Learning from incidents was shared with staff using a variety of different methods and was embedded in trust governance processes.

There were comprehensive, clearly defined and embedded processes to protect people from abuse. Staff were knowledgeable about safeguarding and were confident to escalate concerns. There were well-developed care pathways for 'at risk' patients, for example in maternity services and the emergency department.

There was good compliance with infection prevention and control across the hospital, although we saw inconsistent hand hygiene carried out by doctors and midwives in maternity services. All areas of the hospital we inspected were visibly clean, tidy, and clutter free. Patients, relatives, staff and managers we spoke with consistently told us they were satisfied with cleaning services in clinical areas. Equipment was well maintained.

The trust had improved the storage of medicines and Controlled Drugs in clinical areas and operating theatres. Staff were aware of policies and protocols in relation to the administration of medication and we observed adherence to these protocols. Staff recorded administration of medication and performance was maintained through audits.

The trust had introduced measures to better anticipate and manage patient risks. For example national early warning score (NEWS) in surgery and modified early warning score (MEWS) in maternity to assess and escalate deteriorating patients. Staff had good knowledge of what to do in the event of a patient deteriorating. There were good protocols in place for the recognition and management of sepsis in ED and the surgery service consistently met the 95% trust target for venous thromboembolism (VTE) risk assessments showing improvements from the last inspection.

Staffing was well managed in medical care and the emergency department. Although many services relied on bank and agency doctors and nurses to staff wards, local and divisional leadership mitigated the risks associated with temporary staff well.

Across services, patient care was delivered in line with good practice and evidence-based guidance from relevant bodies. Trust policies were reviewed regularly and new clinical guidelines were disseminated to staff appropriately.

There were good opportunities for education and development across services. Doctors in training were very positive about the support and teaching they received from senior clinicians.

Summary of findings

Throughout our inspection, we saw consistent evidence of effective multidisciplinary team (MDT) working across all disciplines and wards. The delivery of patient care included all relevant healthcare professionals and their input was reflected in patient records. Ward staff worked closely with staff across acute and community services as well as practitioners in the local health economy.

Staff demonstrated compassion to patients and their relatives in all of the services we inspected. Staff included patients in decision making so they understood their care and treatment. Patients and their relatives spoke very highly of the kindness and compassion shown to them by staff.

People using the trust's services were treated with dignity and respect. Patients told us they felt listened to by health professionals and felt informed and involved in their treatment and plans of care. Trust staff provided patient-centred support on wards, in clinics and in patients' homes. For example, the surgical rehabilitation team visited patients in their homes for up to two weeks post discharge.

The trust's services were responsive to the needs of people using them and adapted provision to meet the diverse and specific needs of the local community, including tailored clinics and support services for different populations. The integrated nature of the trust's acute and community services facilitated the integrated delivery of care for patients between inpatient wards and community teams.

The trust had introduced a dementia identifier to support patients across the hospital. This was considered good practice by the Alzheimer's Society and all staff received a dementia awareness training session.

The trust delivered a broad range of surgical services including a number of highly specialised services such as the Homerton Anal Neoplasia service (HANS), which was the only one of its kind in the UK and one of very few in the world. The hospital was also a regional centre for bariatric surgery. The service was actively involved in clinical research and in regional teaching of bariatric surgery doctors in training.

The emergency department used innovative standard operating procedures designed to be responsive to the needs of 'at risk' patients and patients with complex needs.

There was an effective system for bed management across the hospital, from the assessment unit and throughout the wards. Admissions and potential discharges were discussed daily in the consultant-led morning white board rounds, which informed the site managers and emergency department of bed availability throughout medical wards.

There were pockets of outstanding leadership within services at the trust, notably in the trust's emergency department. The senior leadership of the emergency department was a dynamic and cohesive group with a high level of interaction and good communication across all staff groups. Each member of staff we spoke with told us the leadership team was supportive, visible and encouraging.

There was a clear governance structure within the division for Integrated Medicine and Rehabilitation Services (IMRS) and staff at all levels were clear about their roles and what they were accountable for. The divisional structures were well managed by the leadership triumvirate and communication from divisional leadership down to ward level was clear. The divisional leadership had oversight of clinical governance and operational governance through monthly divisional meetings. Departmental risks were widely understood and staff described the same risks as those identified by the leadership team. Measures were in place to mitigate identified risks.

Senior leaders and managers of services had, for the most part, a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.

During the inspection most staff we spoke with felt they were listened to by service and trust leadership and felt they could approach managers if they needed support.

The trust had responded to address whistleblowing incidences in both theatres and pre-operative assessment areas. At the time of our inspection, the trust's interventions and development work were ongoing.

Summary of findings

However,

There were some challenges with staffing in the maternity service. Consultant numbers were lower than expected for a unit this size and there had been a long running issue about whether to appoint a new consultant and how to attract more middle grade doctors. This meant there were not always consultant-led elective caesarean sections or consultant ward rounds. Midwifery skill mix arising from the high proportion of newly qualified midwives was a concern considering the high acuity of women using the service.

Despite many improvements in areas of weakness identified in the previous inspection, there remained a few areas where tighter control was needed, for example, ensuring emergency boxes on the delivery suite were immediately restocked after use, and that records of triage and baby observations were correctly maintained at all times.

Some women told us concerns about their experience of triage, and also said the level of activity on the postnatal ward meant they did not receive as much support from staff as they felt they needed.

In surgery and maternity services, mandatory training completion rates for medical staff was below the trust target of 90%. Nursing staff in the surgery service also did not meet trust targets for most mandatory training modules. However, senior leaders acknowledged this and were working to address this.

The trust did not provide specific training for staff in understanding their responsibilities under the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS). The principles of MCA and DoLS were covered in the mandatory safeguarding training course, but staff understanding of the MCA and DoLS was variable across wards.

The capacity of the trust's adult safeguarding team was limited due to vacancies and high workload. This meant that the safeguarding team was not always able to provide comprehensive support to all services. At the time of inspection the post for the trust lead nurse for safeguarding adults and learning disability acute liaison was unfilled and had been for the last six months. This created a current gap in the provision of services for patients with learning disabilities.

On medical wards recording of capacity assessments and decisions on DoLS was not consistently documented in patient records and patient notes used limited contextual information rather than using the specific MCA records sections. In some cases it was not sufficiently clear if patients had received a capacity or DoLS assessment.

There were frequent late starts in operating theatres. The service did not collect data for the number of 'on the day' list changes with reasons despite list changes contributing to late starts in theatres.

Governance processes in the Surgery, Women and Sexual Health division (SWSH) required improvement. Some of the maternity risks we identified were not recorded on the service risk register and there were inconsistent governance structures across surgical specialities. The divisional management team was aware of varied agendas and quality of reporting and there were plans to address this as part of the ongoing governance review.

The maternity service did not proactively benchmark outcomes for women against national or pan-London standards and did not have plans for reducing rates of caesarean section. Consultant obstetricians' engagement with the local maternity network was limited, although we were told this was likely to grow.

There were very few facilities for relatives in the surgical wards. Staff told us they used the staff room or office to communicate sensitive messages with families.

Urgent and emergency services

Outstanding   

Key facts and figures

Urgent and Emergency services at Homerton University Hospital NHS Foundation Trust serve the local community 24 hours a day seven days a week and cover the London boroughs of Hackney, City of London, Newham, Tower Hamlets and Waltham Forest. There were 123,611 attendances from April 2017 to March 2018. Of this 97,275 were adults over the age of 16 and 26,336 children.

The emergency department comprised of the following key areas:

- A co-located and co-owned Primary Urgent Care Centre (PUCC) which acts as a bridge between primary care and the emergency department. Patients allocated to the PUCC are potentially manageable in a primary care setting or can be managed according to a number of locally approved pathways.
- Majors area for the assessment and treatment of major illness with 12 cubicles.
- Resuscitation area which has five resuscitation cubicles, one of which is a dedicated paediatric bay.
- Injuries area with four chairs and three bays for patients on trolleys.
- Observation Medical Unit (OMU) with eight beds for patients who do not require hospital admission but are not well enough to be discharged for up to 24 hours.
- Children's early assessment area which had a separate waiting area; a treatment room and three cubicles.

The service was previously inspected in February 2014 and was rated as 'outstanding' overall. At the time, caring, responsive and well-led domains were each rated as 'outstanding'. It was rated 'good' in safe and not rated in effective as there was no sufficient evidence to support this.

We carried out an unannounced inspection of the emergency department on 10-12 April 2018. We looked at 10 sets of adult patient records and six sets of paediatric patient records. We spoke with 53 members of staff including doctors, nurses, managers, allied health professionals, support staff, administrative staff and ambulance crews. We also spoke with five patients and 12 relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

Summary of this service

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

- The service performed consistently better than the England average for patients admitted, transferred or discharged within four hours between February 2017 and March 2018.
- Length of time for patient assessment from their arrival to the department was better than the overall England median.
- No patients waited more than 12 hours from the decision to admit until being admitted.
- The percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was consistently better than the England average.
- 95% of patients between March 2017 and February 2018 would recommend the service to friends and family if they needed similar care or treatment.

Urgent and emergency services

- Staff demonstrated very good safeguarding awareness and were confident about how to escalate concerns.
- The department was clean and equipment well maintained. Staff followed infection control policies and adhered to 'bare below the elbows' policy.
- There were good protocols in place for the recognition and management of sepsis.
- The service made sure staff were competent for their roles. Appraisals were up to date for all nurses and doctors.
- Staff knew how to report incidents and could give examples of learning from them.
- Treatment was delivered in accordance with National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- There were many pathways in place which enhanced the patient experience in the department. Clinical pathways aim to promote organised and efficient patient care based on evidence-based medicine and aim to optimise outcomes.
- There was an active quality improvement programme in place which was monitored by two consultants.
- Doctors and nurses of all grades were given protected work time to participate in training.
- We saw staff being compassionate to patients and their relatives. Patients and relatives spoke highly of the kindness and compassion shown to them by staff.
- We saw staff communicated with and included people so that they understood their care and treatment.
- There was a separate waiting area and assessment area for children.
- There were innovative standard operating procedures designed to be responsive to the needs of 'at risk' patients or patients with complex needs.
- The senior leadership of the service was a dynamic and cohesive group with a high level of interaction and good communication across all staff groups.
- Each member of staff we spoke with told us the leadership team was supportive, visible and encouraging.
- The department had a clear, achievable and sustainable five year strategy for medical and nursing staff.
- There was a robust governance structure in place, organised in such a way as to provide full oversight of each area of the department and anticipate potential issues.
- Patient safety, clinical effectiveness, patient experience, complaints and compliments were regularly discussed at all governance meetings.
- The service risk register was reviewed and updated at every governance meeting. Departmental risks were widely understood and staff described the same risks as those identified by the leadership team. Measures were put in place to mitigate identified risks.

However:

- Whilst consultant cover was not in line with Royal College of Emergency Medicine (RCEM) recommendations, we were assured that processes were in place to mitigate this risk with the provision of senior doctor presence in the department 24 hours a day seven days per week in accordance with RCEM guidance.
- There was a 'toolkit' of communication aids for staff use with patients with learning disabilities, however some nurses we spoke with were not aware of this.

Urgent and emergency services

Is the service safe?

Good  → ←

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

- Staff demonstrated a good level of awareness of safeguarding and were confident about how to escalate and report concerns.
- Staff knew how to record incidents and told us they received feedback, depending on the type of incident. We saw that incidents were investigated and learning was shared with staff in a variety of ways. These included information posters, daily discussions at the afternoon handover and a round-up of all incidents, risks and learning outcomes sent via e-mail to all staff each month.
- All of the areas we inspected were visibly clean, tidy, and clutter free. The mental health interview room was safe. Staff followed good infection prevention and control practice.
- Medicines were stored securely and resuscitation trolleys were stocked in line with the Resuscitation Council's recommendations. Trolleys were checked daily and these checks were recorded. All trolleys were situated in areas without obstruction and could be easily accessed.
- Patient records were managed in a way that kept patients safe. There was consistent recording of information within the patient records we reviewed. This included good completion of risk assessments and pain scores.
- The emergency department assessment of patients from time of their arrival was better than the overall England average. It was 87% for paediatric patients and 92% for adult patients.
- There was a high level of sepsis awareness in the department. The emergency department sepsis lead initiated a sepsis training programme. Sepsis awareness was included in study days for all staff groups, as well as part of local induction for new staff. Sepsis packs were added to the sepsis trolley.
- The consultant medical staff group was stable and had 0% turnover.
- Rosters were planned in such a way to ensure a suitable skill mix of nursing and medical staff.
- The department had plans for dealing with major incidents and staff understood their roles. The plans had been tested and reviewed.

However:

- Although consultant cover was not in line with Royal College of Emergency Medicine (RCEM) recommendations to provide consultant presence in the ED 16 hours a day seven days per week, we were assured that robust processes were in place to mitigate this risk. We confirmed that there was higher tier doctor in training presence (ST4 and above) in the department 24 hours a day seven days per week in accordance with RCEM guidance.

Is the service effective?

Good  → ←

We did not have sufficient evidence to rate this domain at the last inspection in February 2014. We rated it as good this time because:

Urgent and emergency services

- Treatment was delivered in accordance with National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits.
- There was an active quality improvement programme in place which was monitored by two consultants.
- There was evidence of robust pain management, with certain patient groups benefitting from an innovative approach to pain management such as those with sickle cell disease or those living with dementia.
- Patients were offered fluids and nutrition on a regular basis.
- The trust performed well in the RCEM Audit: Vital signs in children 2015/16 and was in the upper England quartile for one fundamental standard and three developmental standards. It was in the upper UK quartile for one standard in the RCEM Audit: Moderate and Acute Severe Asthma 2016/17
- Nursing staff were supported to maintain their competencies as they were rotated around all areas of the emergency department (ED), including the children's assessment area and the primary and urgent care centre.
- There was a well-developed and supported training and development programme for doctors and nurses of all grades.
- We observed good multidisciplinary working between doctors, nurses and non-clinical staff in the emergency department. This was also evident in working relationships with other specialties and professions. Staff told us this was a major contributory factor to the effectiveness of the department.
- There was good engagement with patients and the public to promote good health. They were signposted to smoking cessation and drug and alcohol misuse services. There were also safety posters developed in response to recurrent injuries amongst children.
- 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.

However:

- Although the service's performance in the Royal College of Emergency Medicine (RCEM) Audit: Moderate and Acute Severe Asthma 2016/17 was in the lower quartile for four standards, the emergency department took several actions to address this.

Is the service caring?

Outstanding ☆ ➡ ➡

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

- Staff understood and respected the personal, cultural, social and religious needs of patients. They actively engaged with elders of the community to ensure that particular sensitivities were recognised.
- Staff interacted in a respectful way with patients and family members and asked for their preferred name or title prior to any discussion.
- Staff went to great lengths to make sure that people's privacy and dignity needs were always respected including during physical or intimate care and examinations. Curtains were drawn around cubicles and patients on trolleys were covered with a blanket.

Urgent and emergency services

- Patients and relatives spoke highly of the kindness and compassion shown to them by staff and said they felt listened to.
- 95% of patients between March 2017 and February 2018 would recommend the service to friends and family if they needed similar care or treatment.
- Staff took time to communicate with people so they understood their care and treatment. Patients were given time to absorb information and opportunities to have a further discussion sometime later.
- Staff made great efforts to engage patients' relatives and included them in planning of care. They checked relatives' availability and arranged for any discussions of a sensitive nature to be carried out in a private area.
- When staff took patient details they assured them this would be held securely and confidentially. They told patients that any information was shared on a 'need to know basis'.

Is the service responsive?

Outstanding   

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

- The percentage of patients admitted, transferred or discharged within four hours was consistently better than the England average between February 2017 and January 2018.
- The percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was consistently better than the England average.
- No patients waited more than 12 hours from the decision to admit until being admitted between February 2017 and March 2018.
- Non-clinical navigators supported patients who attended the primary urgent care centre (PUCC) and ED. They worked alongside the assessment nurse in ED to offer advice and information to patients including GP registration and signposting to other services.
- There was a dedicated children's waiting area totally separate from the general adult area.
- The service offered by the emergency department was particularly responsive to the needs of patient groups with specific needs, for example those with sickle cell disease, where a standard operating procedure to assist with pain management was introduced.
- Patients considered 'at risk' were fast tracked to the relevant area of the emergency department. These included those living with dementia or learning disabilities.
- A geriatrician was available Monday - Friday to review and provide advice for appropriate patients, include those who displayed signs of dementia.
- There were dementia champions in the department and a 'forget me not' name band was worn by the patient to alert staff to their specific and complex needs.
- There were systems in place to ensure appropriate discharge arrangements were in place for people with complex health and social care needs. Patients in the observational medicine unit (OMU) were assessed by the integrated independence team, and took into account their health and social care needs upon discharge.
- The department was able to stream patients appropriately to the primary and urgent care centre away from the main ED areas.

Urgent and emergency services

- The department engaged with and was responsive to the cultural and religious needs of the local area.
- Psychological support was available for patients with mental health support needs and staff could access this 24 hours a day 7 days a week.
- There was a frequent attenders' project managed by a nurse who engaged with a variety of stakeholders including local police, ambulance service and local authority services. They agreed care plans for certain patients which gave a consistency of approach across the services.
- There was a policy to support the transfer of selected appropriate patients to some specialities including general surgery, orthopaedics and medicine to the Acute Care Unit (ACU) prior to them being seen by the accepting speciality teams. This improved flow and the patient experience.
- There were innovative pathways in place, some of which reduced the pressure on hospital beds in the case of patients with suspected malaria and some which expedited patient referrals to other specialties.
- The way in which the OMU functioned meant that patients remained in the unit for up to 24 hours but avoided admission to the trust's inpatient services. They were assessed by other specialties when in the OMU, including care of the elderly, which contributed to their safe discharge.
- The service investigated and closed complaints in a timely manner in line with the trust complaints policy. Lessons learnt were widely shared with staff.
- The trust had a chaplaincy service available in the hospital, which provided a multi-faith service for patients and their families reflecting the range and diversity of faiths within the local population.
- Information leaflets were available in different languages for example; we saw the patient advice and liaison service (PALS) leaflet was available in multiple community languages.

However,

- There was a 'toolkit' of communication aids such as cards with signs and symbols for to staff use with patients with learning disabilities. However some nurses we spoke with were not aware of this. We observed staff positively engaged in different ways with patients who had a variety of special needs.

Is the service well-led?

Outstanding ☆ ➡ ➡

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

- The senior leadership of the emergency department was a cohesive team with a high level of interaction and good communication across all staff groups.
- Each member of staff we spoke with told us how the whole of leadership team was very visible, supportive, and encouraging. They said they felt their views and contributions were valued by managers.
- Staff understood and strongly identified with the departmental vision and philosophy. They expressed tremendous pride in the work of the emergency department.
- The culture of the emergency department was generally seen both within and outside the department to be progressive, with consideration given to patient care, comfort and safety at all times.

Urgent and emergency services

- The service leadership encouraged multidisciplinary working within the department and with specialties from other parts of the trust. This led to a collective response to the improvement of patient flow out of the emergency department along a variety of recognised patient pathways.
- Staff told us there was a 'no blame' culture in the department and they felt confident to report all incidents.
- Potential capacity issues in the emergency department were reviewed at handover times. Any developing issues were escalated to senior managers.
- There was a clear, achievable and sustainable five year strategy for medical and nursing staff.
- There was robust governance structure in place, which was organised in such a way as to provide full oversight of each area of the department and anticipate potential issues
- Patient safety, clinical effectiveness, patient experience, complaints and compliments were regularly discussed and lessons learnt shared with staff.
- Learning boards displayed recent risks, incidents and learning from them. The contents of these were discussed at daily handover meetings.
- The risk register was reviewed and updated at every governance meeting. Departmental risks were widely understood and staff described the same risks as those identified by the leadership team. Measures were put in place to mitigate identified risks
- Staff engagement was actively encouraged and was achieved in a variety of ways; for example, via a comments and suggestions form directly downloadable onto their mobile phones from a barcode on posters.

Outstanding practice

We found examples of outstanding practice in this service.

- The urgent care clinical quality group (UCCQG) oversaw all work streams in the emergency department. This meant that there was a cohesive and open approach to managing all aspects of the department including patient and staff safety; performance and sustainability.
- The UCCQG published an annual report which reviewed clinical governance, outcomes, risks, performance and all other data relating to patient safety and quality of care. The content of this report was used to benchmark against current departmental performance measures and identify areas for further improvement.
- There were multiple ways in which information on risk, incidents and learning were shared with staff. These included daily teaching, poster displays and e-mails.
- The quality improvement programme was managed in a way which led to an increased number of quality initiatives in the department.
- The way in which the sepsis awareness training programme was delivered was innovative and interactive.
- All patients who came to the emergency department were seen and treated and decisions were made in relation to which pathway to follow. The patient could be discharged from the department; admitted to the OMU; admitted to the ambulatory medical unit or admitted by a specialty onto a hospital ward.
- There were patient pathways and service level agreements in place which enhanced patient safety and the patient's experience of the emergency department. These included rapid referral to other specialties and hospital admission avoidance.

Urgent and emergency services

Areas for improvement

We found one area for improvement:

- The trust should ensure that all staff are clear about what communication aids are available to support and facilitate communication with patients with learning disabilities or communication difficulties.

Medical care (including older people's care)

Outstanding  

Key facts and figures

Medical services involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery.

The medical care service at Homerton University Hospital NHS Foundation Trust provides care and treatment for geriatric medicine, cardiology, respiratory medicine, gastroenterology, stroke rehabilitation, clinical haematology, clinical oncology and general medicine. There are 320 medical inpatient beds located across the wards.

The trust had 19,693 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 10,228 (52%), 1,129 (6%) were elective, and the remaining 8,338 (42%) were day cases.

Admissions for the top three medical specialties were:

- General Medicine with 8,139
- Gastroenterology with 6,556
- Clinical Haematology with 2,239

Medical care at Homerton University Hospital was last inspected in April 2014 when it was rated 'good' for effective, caring, responsive, and well led, and 'requires improvement' for safe. Medical care was rated as 'good' overall. Areas for improvement that were found during the last inspection included completing and recording risk assessments, insufficient levels of nursing staff on some wards, and staff awareness of quality and safety performance.

We carried out our unannounced inspection at Homerton University Hospital medical wards from 10 to 12 April 2018. During our inspection we visited seven wards, including the elderly care unit (ECU); Graham Ward (stroke rehabilitation); acute care unit (ACU); Edith Cavell Ward (gastroenterology and rheumatology); Lamb Ward (respiratory and general medicine); Cardiology Ward; Lloyd Ward (endocrinology, haematology and general medicine). We also visited the Homerton Ambulatory Medical Unit (HAMU), the endoscopy unit, the discharge lounge and the medical day unit.

We spoke with 15 patients and two relatives and reviewed 30 sets of patient records. We also spoke with 74 members of staff, including qualified and student nurses, matrons, consultant doctors, doctors in training, senior managers and support staff.

Summary of this service

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

- The environment on the medical wards and areas we visited was visibly clean and tidy and staff followed the trust's infection control policy. We saw staff used personal protective equipment, washed their hands in between attending to patients adhered to the trust's 'bare below the elbow' policy.
- Although medical wards were reliant on bank and agency nurses to staff wards, local and divisional leadership had mitigated the risks associated with temporary staff well.
- Identifying, screening and monitoring of patients at risk of deteriorating had improved significantly since the last inspection. The trust had improved access to the critical care outreach team which provided quicker response to deteriorating patients, while the sepsis nurse provided training for staff and advice for patients at risk of deteriorating.

Medical care (including older people's care)

- There was consistent consultant presence on medical wards during normal hours and sufficient on-call support on nights and weekends. The use of locum doctors on medical wards was low, and there were speciality consultant roles on-site and on-call to manage specific patient emergencies.
- Staff were aware of policies and protocols in relation to the administration of medication, and we observed adherence to these protocols. Staff recorded administration of medication, and performance was maintained through audits. Controlled drugs (CDs) were also managed safely and securely.
- Medical ward staff investigated all incidents and used learning to improve the delivery of care. Incidents were reported on and discussed through the divisional governance structure, and from this actions were identified to minimise the risk of repeat occurrences. Staff told us they were encouraged to report incidents by managers and we found there was a positive attitude towards raising concerns.
- Patient care was delivered in line with evidence-based guidance from the National Institute for Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. Policies we viewed were reviewed regularly, and new clinical guidelines were disseminated to staff by email and in divisional and team meetings.
- Throughout our inspection we saw consistent evidence of effective multidisciplinary team (MDT) working across all disciplines and wards. The delivery of patient care included healthcare professionals from all the backgrounds necessary, and their input was reflected in patient records. Ward staff worked closely with staff in other divisions, as well as with community services.
- Across medical wards we observed positive interaction between patients and staff. Staff were available to support patients when needed and treated them with dignity and respect. Interactions between staff and patients were friendly and staff took time to make sure patients were comfortable.
- We found the service was responsive to the needs of patients and the local community. The division which included medical wards also included the delivery of local community services, which facilitated the integrated delivery of care for patients on their transfer from inpatient to community teams.
- There was an effective system for bed management on the assessment unit and throughout the medical wards. Admissions and potential discharges were discussed daily in the consultant-led morning white board rounds, which informed the site managers and emergency department of bed availability throughout medical wards.
- There was a clear governance structure within the division and staff at all levels were clear about their roles and what they were accountable for. The divisional structures were managed by the leadership triumvirate and communication from divisional leadership down to ward level was clear. The divisional leadership had oversight of clinical governance and operational governance through monthly divisional meetings.
- During the inspection most staff we spoke with felt they were listened to by the divisional leadership and felt they could approach managers if they needed support. Staff stated managers had an open door policy and felt they would be listened to if they had any issues or raised any concerns.

However:

- Mandatory training completion for medical staff on wards was 73%, below the trust target of 90%.
- We found staff understanding of the responsibilities for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) was variable across wards.
- Recording of capacity assessments and decisions on deprivation of liberty were not consistently or appropriately documented in patient records. The safeguarding team had introduced a new electronic MCA form in June 2017 to improve recording of capacity assessments, however this was not being used consistently on medical wards.

Medical care (including older people's care)

- We found a variable degree of knowledge and promotion of the trust values across medical wards. Some staff were able to identify the four trust values, while others were unclear.

Is the service safe?

Good ● ↑

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

- The environment on the medical wards and areas we visited was visibly clean and tidy, and staff followed the trust's infection control policy. We saw staff used personal protective equipment, washed their hands in between attending to patients adhered to the trust's 'bare below the elbow' policy.
- Equipment was well maintained and checked regularly to ensure it continued to be safe to use. We examined resuscitation equipment on medical wards and found staff had carried out daily checks. Staff we spoke with told us there was sufficient access to equipment to meet the needs of patients receiving care.
- Staff used national early warning scores (NEWS) to identify when patients were deteriorating. Staff we spoke with were aware of the importance of monitoring the NEWS score, and monthly NEWS audits were completed to ensure completion of observations. Patients at risk of deterioration were discussed in daily safety huddles and ward rounds, and there was a sepsis nurse in post to ensure consistent care for at risk patients.
- Although medical wards had high usage of bank and agency nurses prior to inspection, local and divisional leadership had mitigated the risks associated with temporary staff well. Medical wards used regular bank staff to fill shifts, which allowed for more consistent delivery of care. This had improved since the last CQC inspection.
- There was consistent consultant presence on medical wards during normal hours and sufficient on-call support on nights and weekends. The use of locum consultants on medical wards was low, and there were specialty consultant roles on-site and on-call to manage specific patient emergencies.
- During our inspection we reviewed patient records and found care plans and notes were well completed. Staff we spoke to were positive about the electronic records system and stated they received information governance training as part of their induction.
- Staff were aware of policies and protocols in relation to the administration of medication, and we observed adherence to these protocols. Staff recorded administration of medication, and performance was maintained through audits. Controlled drugs (CDs) were also managed safely and securely.
- Medical wards investigated all incidents and used learning from investigations to improve the delivery of care. Incidents were reported on and discussed through the divisional governance structure, and from this actions were identified to minimise the risk of repeat occurrences. Staff also told us they were encouraged to report incidents by managers, and we found there was a positive attitude towards raising concerns.

However:

- Mandatory training completion for medical staff on wards was 73%, below the trust target of 90%.
- In the 30 patient records we looked at, risk assessments were inconsistently completed. Risk assessments for falls, pressure ulcers and NEWS scores were generally well completed, however VTE and Malnutrition Universal Screening Tool (MUST) scores were not consistently recorded.

Medical care (including older people's care)

- Although safety thermometer information was displayed for patients and visitors to see how well the wards were performing in relation to harm-free care, the information displayed was not clear and did not specify what types of harm had occurred. Staff awareness of ward performance was raised in the last CQC report.

Is the service effective?

Good   

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

- We reviewed patient records and saw patients' care was delivered in line with evidence-based guidance from the National Institute for Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. Policies we viewed were reviewed regularly, and new clinical guidelines were disseminated to staff by email and in divisional and team meetings.
- Staff monitored patients' pain on medical wards, and provided pain management when needed. The trust's acute pain service managed the needs of patients with acute and chronic pain in the hospital. Clinical nurse specialists in this team provided daily support and regular ward rounds.
- Medical wards performed above the England average in a number of national patient outcome audits. The trust was graded as 'A' for the Sentinel Stroke National Audit Programme (SSNAP), and performed well on the Heart Failure Audit and the National Inpatient Diabetes Audit.
- Throughout our inspection, we saw consistent multidisciplinary team (MDT) working across all disciplines and wards. The delivery of patient care included healthcare professionals from all the backgrounds necessary, and their input was recorded in patient records. Ward staff worked closely with staff in other divisions, as well as with community services.
- Staff we spoke with felt they were supported to access professional and personal development and training. The trust had three practice development nurses (PDNs) who were available to provide advice, as well as deliver training, and staff told us the PDNs were easy to access and supportive. There was also continuous skills training for staff, including regular complex simulation training scenarios.
- We saw information on health promotion clearly displayed around medical wards and throughout the hospital. Patient records we looked at showed that staff considered and discussed health promotions for patients as part of their care.

However:

- Recording of capacity assessments and deprivation of liberty decisions was not consistently or appropriately documented in patient records. The safeguarding team had introduced a new electronic MCA form in June 2017 to improve recording of capacity assessments, however this was not being used consistently. We also found information on capacity and DoLS was recorded in patient notes with little contextual information rather than using the specific MCA records sections. This meant it was not sufficiently clear which patients had received a capacity or DoLS assessment.
- The principles of MCA and DoLS were covered in the trust's mandatory safeguarding training course, however we found variable understanding of MCA and DoLS responsibilities across medical wards.
- The number of nursing staff receiving an appraisal was 71%, lower than the trust target of 90%.

Medical care (including older people's care)

Is the service caring?

Good ● ➡ ➡

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

- Across medical wards we observed positive interaction between patients and staff. Staff were available to support patients when needed and treated them with dignity and respect. Interactions between staff and patients were friendly and staff took time to ask if patients were comfortable.
- We spoke with 15 patients during the inspection across a number of medical wards, who were generally positive about the care they received and the staff they had met.
- The trust provided emotional support to patients through a number of different groups and services. Medical wards ran a number of support groups for patients and their family members, including for patients with sickle cell anaemia, neurological rehabilitation, and respiratory care. There was also a Macmillan information and support centre on-site, where oncology patients and families could receive free information and support.
- Emotional support was available to patients and their families from the trust multi-faith chaplaincy service.
- The chaplaincy service could provide access to religious texts, prayer services and a multi-faith prayer room, as well as support during bereavement. Staff told us that the chaplaincy service often visited the wards to provide support to patients and advice to staff. The bereavement service also provided support to families following a death of a patient.
- Most patients and relatives we spoke with felt they had been well involved in their care or their relative's care. Care planning was patient centred and clinicians incorporated the views of patients' families. We observed staff taking time to speak with patients and their families and explain their treatment.

Is the service responsive?

Outstanding ☆ ↑

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

- The service was responsive to the needs of patients and the local community. The division that managed medical services also included the delivery of local community services, which facilitated the integrated delivery of care for patients on their transfer from inpatient to community teams.
- Flow through the medical wards was excellent, facilitated by effective streaming of patients through the assessment unit and on to the specialty wards. Medical wards did not have outliers on other wards or unnecessary patient transfers at the time of inspection. Despite a busy winter period, patient flow was well managed enough to not need to use the hospital escalation ward.
- The trust had one of the highest rates of referral for patients with sickle cell anaemia and thalassaemia in the UK. The medical day unit provided specialised and targeted health promotion, diagnosis, treatment, and follow up (as well as crisis support) for patients living with sickle cell anaemia and thalassaemia.
- Medical wards at the trust had access to a number of clinical nurse specialists to meet the needs of local patients. This included access to a dementia support team, mental health liaison, critical care outreach, and various oncology nurse specialists. There was also a clinical nurse specialist team based in the Medical Day Unit, which supported the specialties delivered on medical wards (for example rheumatology, respiratory, and cardiology).

Medical care (including older people's care)

- Staff on medical wards could access translation services for patients with English as an additional language. Staff were familiar with the process of how to do so. Translation services could be arranged by telephone or in person. Some staff also spoke local community languages and could provide translation support to patients if needed.
- There was effective system for bed management on the assessment unit and throughout the medical wards. Admissions and potential discharges were discussed daily in the consultant-led morning white board rounds, which informed the site managers and emergency department of bed availability throughout medical wards.
- Ambulatory patients could be treated in the Homerton Ambulatory Care Unit (HAMU) following triage by a nurse in the emergency department. HAMU was a rapid access clinic which helped avoid unnecessary admissions or stays for patients who could be seen as regular outpatients. This helped reduce the number of patients going to A&E and subsequently to ACU and other inpatient wards. Staff were very positive about the impact HAMU had since opening fully.
- There was a clear and robust complaints process which engaged with the complainant and had involvement from staff at all levels.

However:

- The trust took an average of 52 calendar days to investigate and close complaints. This was not in line with the trust complaints policy which states complaints should be completed within 30 working days. This was a trust issue and not specific to medical care.

Is the service well-led?

Outstanding  

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

- There was a clear vision for the trust and for the Integrated Medical and Rehabilitation Services (IMRS) division, which was outlined in the trust strategy to 2020. The trust vision included delivering improvements to outcomes and pathways where possible, developing local partnerships (including more integration with their community services), and increasing turnover. Divisional business plans were completed annually, and quarterly performance reviews of plans were chaired by the trust chief executive.
- There was a clear governance structure within the division and staff at all levels were clear about their roles and what they were accountable for. The divisional structures were managed by the triumvirate and communication from divisional leadership down to ward level was clear. The divisional leadership had oversight of clinical governance and operational governance through monthly divisional meetings.
- Medical staff we spoke with were positive about the quality of medical engagement within the division. Medical staff felt they had been supported to develop services through the 'Medical Productivity Project' led by the associate medical director.
- During the inspection most staff we spoke with felt they were listened to by the divisional leadership and felt they could approach managers if they needed support. Staff stated managers had an 'open door' policy and felt they would be listened to if they had any issues or raised any concerns.
- The trust had a number of leadership programs to support the development of managers, and staff felt encouraged by their managers to apply for positions. The trust offered a nine month leadership development programme which included formal teaching and mentoring, also developed a leadership course specifically for BAME staff.

Medical care (including older people's care)

- The trust in-situ training program and hospital facilities provided unique opportunities for learning and training for staff. Medical wards had weekly simulation training, while the endoscopy unit had fortnightly in-situ training which was highly commended in the trust's endoscopy accreditation report. Staff we spoke with stated that this was better than standard training as it replicated what happens on the ward.

However:

- We found a variable degree of knowledge and promotion of the trust values across medical wards. Some staff were able to identify the four trust values, while others were unclear.

Outstanding practice

- The trust's in-situ training program and hospital facilities provided unique opportunities for learning and training for medical staff. For example, scenarios simulated a patient with complex care needs, and staff were able to work through how best to deliver treatment as a group. Staff we spoke with stated that this was better than standard training as it replicated the realities of what happens on the ward. Medical wards had weekly simulation training, while the endoscopy unit had fortnightly in-situ training which included screen-based endoscopy technical skills (SETS) with three screen-based endoscopy simulators used to develop technical skills, and 'human factors in virtual endoscopy' (HiFIVE), a full immersion simulation with actors and scenarios to practice communication skills and team working. This training was highly commended in the trust's endoscopy accreditation report.

Areas for improvement

We found areas for improvement in this service.

- The trust should ensure that Mental Capacity Act (MCA) assessments and Deprivation of Liberty Safeguards (DoLS) applications are adequately completed and correctly recorded.
- The trust should ensure that risk assessments are completed and correctly recorded in patient records.
- The trust should ensure there is suitable provision on medical wards to support the care of patients diagnosed with a learning disability.
- The trust should take steps to ensure compliance with mandatory training meets the trust targets for both medical and nursing staff and have systems in place to address non-compliance.
- The trust should ensure staff receive timely appraisals and meet the trust's target rates for completion.

Surgery

Good   

Key facts and figures

Homerton University Hospital NHS Foundation Trust provides a wide range of elective (planned) and emergency surgical services to the local population, including trauma and orthopaedics, ENT, general, thyroid, breast, colorectal, urology and oral and maxillofacial surgery. The trust provides some highly specialist services such as the Homerton Anal Neoplasia Service (HANS). The hospital is also a regional centre for bariatric surgery for East London, East of England and South East England.

The trust had 13,508 surgical admissions from October 2016 to September 2017. Emergency admissions accounted for 2,594 (19%), 9,473 (70%) were day case, and the remaining 1,441 (11%) were elective. (Source: Hospital Episode Statistics)

We inspected Homerton University Hospital on an unannounced visit on 10-12 April 2018. We visited all surgical areas including all inpatient wards, the surgical centre, main theatres (which included a 10 bedded post-operative anaesthetic recovery room), discharge lounge, pre-operative assessment clinics, day surgery unit and the acute care unit (ACU) which had 35 beds for both surgical and medical patients.

We spoke with 15 patients including relatives. We observed care and treatment and looked at a sample of 28 patient records. We also spoke with 66 staff including allied healthcare professionals (AHPs), nurses, health care assistants (HCAs), doctors in training, consultant anaesthetists and surgeons, ward and theatres managers, senior and lead nurses, members of the senior management team and divisional managers. We reviewed and used information provided by the organisation in making our decisions about the service.

Summary of this service

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

- Following our last inspection in February 2014 we issued one requirement notice requiring the service to take action to remedy breaches to Regulation 20 (1) (a), in relation to records and issued seven actions the provider should take to improve. During this inspection, the service had dealt with or shown improvement for most of the previously reported concerns.
- The trust had addressed the previous inspection's requirement notice in relation to records through the implementation of electronic patient records (EPR) throughout the hospital. We reviewed 28 patient records and found all records were completed in a logical and comprehensive way with no gaps or inconsistencies.
- Staff were encouraged to raise concerns and to report incidents and near misses. The division effectively shared learning from incidents and good practice with staff through regular meetings.
- All of the areas we inspected were clean, tidy, and clutter free. Patients, relatives, staff and managers we spoke with consistently told us they were satisfied with the cleaning services in the ward and operating theatre areas.
- During our last inspection we identified concerns around the storage of medicines and controlled drugs. During this inspection we found this had improved and medicines and controlled drugs were stored securely in the clinical areas and operating theatres. A remote electronic system monitored fridge temperatures and if temperatures were out of range, the pharmacy team received an alert.

Surgery

- The trust had clearly defined and embedded processes to keep people safe from abuse and staff demonstrated understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns.
- During our last inspection we found the trust did not use the nationally recommended early warning score for monitoring changes in a patient's condition. During this inspection, we found this had improved as the trust had implemented the national early warning score (NEWS) to effectively assess and escalate deteriorating patients. Staff had good knowledge of what to do in the event of a patient deteriorating.
- During our last inspection we identified concerns around the consistent completion of venous thromboembolism (VTE) assessments. During this inspection, we found this had improved as the surgical service consistently met the 95% trust target for VTE risk assessments.
- The service demonstrated effective internal and external multidisciplinary (MDT) working, for example the service had links with the trust social worker and the homeless liaison officer as part of discharge planning.
- During our last inspection, we were told there was no orthopaedic medical cover based on site out of hours. During this inspection, we found the service had improved the onsite orthopaedic medical cover for out of hours with eight consultants who provided orthopaedic medical cover on call and remote support (off-site) from an orthopaedic senior doctor in training.
- People using the trust's surgical services were treated with dignity and respect.
- Patients told us they felt listened to by health professionals, and felt informed and involved in their treatment and plans of care.
- Staff provided patient-centred support in clinics and in homes. For example, the surgical rehabilitation team visited patients in their homes for up to two weeks post discharge.
- The service was responsive to the needs of people using it and had adapted to meet the diverse needs of the community it served.
- During the last inspection we found the trust did not have a dementia identifier which was considered good practice by the Alzheimer's Society. During this inspection, we found this had improved as the trust had introduced a dementia identifier and all staff received a dementia awareness training session.
- During the last inspection, we found lack of information on display for patients who wanted to raise a concern. During this inspection, we saw some improvement in signposting for patients in some surgical areas but not all.
- The trust had responded appropriately to address whistleblowing incidences in both theatres and pre-operative assessment areas. At the time of our inspection, the trust's interventions and development work were ongoing.
- Senior leaders and managers of the surgical service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The trust delivered a broad range of surgical services including a number of highly specialist services such as the Homerton Anal Neoplasia service (HANS). It was the only one of its kind in the UK and one of very few in the world.
- The hospital was a regional centre for bariatric surgery. The service was actively involved in clinical research and in regional teaching of bariatric surgery doctors in training.

However:

- Medical and nursing staff in the service did not meet trust targets for most mandatory training modules. However, senior leaders acknowledged that the current method of monitoring compliance rates was not robust enough and they were currently addressing this.

Surgery

- The NHS Friends and Family Test (FFT) response rate for surgery was 19% between December 2016 and November 2017, which was worse than the England average of 29%.
- During this inspection, staff and managers told us about frequent late starts in theatres. We requested trust data in order to investigate this further but found the trust did not collect the requested data. For example, the trust did not collect data for the number of 'on the day' list changes with reasons despite list changes contributing to late starts in theatres.
- There were very few facilities for relatives in the surgical wards. Staff told us they used the staff room or office to communicate sensitive messages with families.
- The trust had inconsistent governance structures across surgical specialities. The divisional management team was aware of varied agendas and quality of reporting and there were plans to address this as part of the ongoing governance review.
- The NHS Staff Survey 2017 survey results showed the trust scored below the national average (86%) for this indicator with 76%.
- During our last inspection the trust was asked to consider introducing 'patient safety at a glance' boards across all wards to improve communication and safety. During this inspection we found the surgical wards did not display the NHS safety thermometer information for staff or patients to view.

Is the service safe?

Good ● ↑

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

- There was a good overall safety performance in the service and a culture of learning to ensure safety improvements. For example, the weekly divisional complaints, litigation, incidents and PALS (CLIP) meetings where all staff including students were encouraged to attend. Staff were encouraged to report incidents and received timely feedback.
- Senior staff within the surgery service understood their responsibilities for duty of candour and were able to describe giving feedback in an honest and timely way when things have gone wrong.
- The trust had clearly defined and embedded processes to keep people safe from abuse. Staff demonstrated understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns.
- During our last inspection we found the trust did not use the nationally recommended early warning score for monitoring changes in a patient's condition. During this inspection, we found this had improved as the trust had implemented the national early warning score (NEWS) to effectively assess and escalate deteriorating patients. Staff had good knowledge of what to do in the event of a patient deteriorating.
- Staff we spoke with demonstrated good knowledge and understanding of patient risk, particularly for people living with dementia or learning disability.
- Following our last inspection, we issued one requirement notice requiring the service to take action to remedy breaches to Regulation 20 (1) (a) in relation to records. During this inspection we found this had addressed this by implementing electronic patient records (EPR) throughout the hospital.
- We reviewed 28 patient records on EPR and found all records were completed in a logical and comprehensive way. The clinical notes provided a good description of care plans, observations, patient progress and patient preferences and psychological needs.

Surgery

- Theatre staff completed the appropriate safety checks before, during, and after surgery using the World Health Organization (WHO) surgical safety checklist.
- During our last inspection we identified concerns around the consistent completion of venous thromboembolism (VTE) assessments. During this inspection, we found this had improved as the surgical service consistently met the 95% trust target for VTE risk assessments.
- Clinical staffing was mostly well managed and there were processes in place to ensure safe staffing levels based on patient acuity. The service had 24 hour consultant cover.
- During our last inspection, we were told there was no orthopaedic medical cover based on site out of hours. During this inspection, we found the service had improved the onsite orthopaedic medical cover for out of hours with eight consultants who provided orthopaedic medical cover on call and remote support (off-site) from an orthopaedic senior doctor in training.
- We observed effective hygiene and cleanliness across the theatres and wards. All of the areas we inspected were visibly clean, safe and had safe arrangements for the handling, storage and disposal of clinical waste, including sharps bins.
- We observed staff wearing personal protective equipment (PPE), including aprons and gloves, when delivering personal care. Patients, relatives, staff and managers we spoke with consistently told us they were satisfied with the cleaning services in the ward and operating theatre areas.
- Systems were in place to ensure the environment was safe and secure with access to theatres and other clinical areas limited to specific staff using a digital keypad access system or intercom for visitors.
- During our last inspection we identified concerns around the storage of medicines and controlled drugs. During this inspection we found this had improved and medicines and controlled drugs were stored securely in the clinical areas and operating theatres. A remote electronic system monitored fridge temperatures and if temperatures were out of range, the pharmacy team received an alert.
- There was safe provision of emergency equipment with accessible resuscitation trolleys and equipment used for the management of unanticipated difficult airways. Staff informed us that the emergency equipment was always kept in the same place so they knew where to locate it.
- During our last inspection, the surgical wards did not consistently meet the trust's MRSA screening target of 100%. On this inspection the trust data which showed the division fluctuated between 90% and 97% between January 2017 and March 2018 and did not include a trust target for MRSA screening.

However:

- Medical and nursing staff did not meet trust targets for most mandatory training modules and senior leaders acknowledged the current methods of monitoring compliance rates was not robust and were currently addressing this.
- Although we saw evidence of carbapenemase-producing Enterobacteriaceae (CPE) screening, staff awareness of CPE was inconsistent.
- During our last inspection the trust was asked to consider introducing 'patient safety at a glance' boards across all wards to improve communication and safety. During this inspection we found the surgical wards did not display the NHS safety thermometer for staff or patients to view.

Surgery

Is the service effective?

Good  → ←

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

- We reviewed a sample of trust policies including those for safeguarding processes and found they were within date and appropriately referenced current good practice and national guidelines. We saw staff use the intranet and access the relevant documents with ease.
- Bariatric surgery consultants were involved in the regional teaching for bariatric consultants as the speciality was in its infancy and the clinicians wanted to develop it in a sustainable way.
- There was effective multidisciplinary team (MDT) working both internally and externally to support patients' health and wellbeing.
- There were effective processes to ensure patient's pain relief needs were met.
- Service leaders monitored the effectiveness of care and treatment through continuous local and national audits.
- The surgical service had practice development nurses (PDN) dedicated to theatres and recovery and the surgical wards.
- Nurses told us they were actively encouraged to apply for development opportunities and told us study days were factored into the rota.
- The hospital delivered a full inpatient service for surgical services over seven days with timely access to diagnostics such as computerised tomography (CT) and ultrasound scans.
- Staff supported patients to manage their own health and wellbeing; ensuring patient's nutritional needs were met. For example, bariatric surgery patients had an individualised eating plan to follow immediately after surgery for at least eight weeks.
- All patients we spoke with said they had been given information about the benefits and risks of their surgery before they signed the consent form. We saw evidence in patient records, which showed the consent process had been completed in full, signed and dated appropriately.
- Staff were aware of the requirements of their responsibilities as set out in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

However:

- The appraisal rate for some staff groups did not meet the trust's target of 85%; for example, nursing staff was 68%.
- Consent for surgery processes did not follow good practice; with records highlighting patient consent for surgery was in some cases being taken on the day of the procedure.

Is the service caring?

Good  → ←

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

- Patients and relatives we spoke with consistently told us about the kindness of the staff across the surgery division.

Surgery

- We observed good interaction by all grades of staff with patients and saw excellent interactions between therapy staff and patients.
- People using the trust's surgical services were treated with dignity and respect.
- Patients had noticed that staff were very busy but told us staff always had time to be patient, kind and helpful.
- Ward staff told us there were good processes and pathways in place for bariatric patients. Staff told us bariatric patients had access to psychological support and were assessed before agreeing to surgery.
- The trust had clinical nurse specialists within tissue viability, stoma care and palliative care to provide emotional support to patients with their discharge.
- Patients we spoke with felt involved in their care and expressed confidence in their care teams. Patients felt involved in the decision making process of their care.
- All of the patients we spoke with told us staff encouraged patients to mobilise post operation as soon as possible.

However:

- Between December 2016 and November 2017, the FFT response rate for surgery at the trust was 19%, which was worse than the England average of 29%.
- Although most patients praised the nursing staff, there were some isolated incidents where patients described staff attitude as unapproachable and unfriendly.

Is the service responsive?

Good   

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

- During the last inspection we found the trust did not use a dementia identifier which was considered good practice by the Alzheimer's Society. During this inspection, we found this had improved as the trust had introduced a dementia identifier and all staff received a dementia awareness training session.
- The trust delivered a broad range of surgical services including a number of highly specialist services such as HANS and the bariatric service.
- The trust had initiated the Emergency Surgery Ambulatory Clinic (ESAC) in HAMU to avoid unnecessary admissions and to take the pressure off the emergency department.
- Discharge planners and coordinators provided a seven-day service and worked closely with the multi-disciplinary team on the wards, which included the patient, specialist nurses and social workers.
- As a continuation of the enhanced recovery programme offered by the trust, the surgical rehabilitation team had developed an early supported discharge programme, which included home visits for up to two weeks post-discharge.
- The trust had a chaplaincy service available in the hospital, which provided a multi-faith service for patients and their families reflecting the range and diversity of faiths within the local population.
- Information leaflets were available in different languages for example; we saw the patient advice and liaison service (PALS) leaflet was available in multiple community languages.
- The bariatric surgery team told us there were special group sessions for the local Turkish community as well as patient-led support groups for bariatric surgery patients as many patients were socially isolated.

Surgery

- Psychological support was available for patients with mental health support needs as staff could refer patients to the mental health liaison team easily.
- From December 2016 to November 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery was generally better than the England average.
- Between 2015/16 to 2017/18, the percentage of cancelled operations at the trust showed no significant change, and was consistently lower than the England average.
- The service dealt with concerns and complaints appropriately and investigated them in the required time frame.

However:

- Theatre lists did not always start on time, which meant they over ran. Although the divisional management team had taken appropriate actions to address this, more time was required to embed the changes.
- We did not see any facilities for relatives in the surgical wards. Staff told us they used the staff room or office to communicate sensitive news to families.
- During the last inspection, we found lack of information on display for patients who wanted to raise a concern. During this inspection, we saw some improvement in signposting for patients in some surgical areas but not all.

Is the service well-led?

Good   

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

- Staff told us they valued working for the trust and that service leaders were supportive, visible and approachable. For example, theatre staff told us the divisional operations director visited theatres to engage with staff as part of the theatre productivity programme.
- The staff we met told us they felt cared for, respected and listened to by their peers and managers.
- Managers told us they recognised their staff for their dedication and commitment through the SWSH newsletters which highlighted staff achievements.
- The trust had responded appropriately to address whistleblowing incidences in both theatres and pre-operative assessment. However, senior leaders and managers acknowledged that more time was required to embed and sustain a positive culture especially when vacancy levels within theatres remained a risk.
- The service had highly dedicated staff who were very positive, knowledgeable and passionate about their work. We met many staff members that had been working at this hospital for over 20 years.
- Senior leaders and managers of the surgical service had a good understanding of risks to the service and these were appropriately documented in risk management documentation with named leads and actions.
- The trust had implemented a full electronic patient record (EPR) and there were sufficient numbers of computers on wheels for staff to access information and prevent clashes of need.
- The trust had involved staff in focus groups to develop the trust's values and had embedded the values in everyday work, appraisals and recruitment.
- The trust provided some highly specialised and innovative surgical services such as the Homerton Anal Neoplasia Service (HANS) and bariatric surgery.

Surgery

However:

- There was inconsistent application of governance processes across surgical specialities. Minutes from specialty meetings showed variation in quality, format, detail and minute taking practice, with no set agenda across the specialities. Senior staff were aware of this and there were plans in place to improve consistency.
- There was poor attendance of clinical leads representing surgical specialities at divisional clinical governance meetings.
- We found insufficient oversight of theatre efficiency, with lists starting late due to late changes to theatre schedules, despite this being identified as the main contributing factor by an external consultancy team.
- Although most staff told us there was good rapport between nurses and doctors, some staff felt a 'disconnect' with consultant surgeons. Some staff also felt that surgery services were not sufficiently represented in decision making within the division.

Outstanding practice

- The surgical rehabilitation team mapped audit data to understand the patient pathway and developed the early supported discharge programme. In February 2018, the Falls and Fragility Fracture Audit Programme (FFFAP) in collaboration with the Royal College of Physicians recognised the programme as model of excellence. A member of the surgical rehabilitation team presented the model at the conference and is due to present to Physio UK in October 2018. The Year 3 National Emergency Laparotomy Audit showed that the trust was one of the top performers in terms of data submission, standards of care and outcomes.
- The bariatric service was involved in a pan-UK wide study looking at bariatric surgery safety. Staff told us this was one of the biggest studies in the world. Bariatric surgery consultants were involved in regional teaching of bariatric surgery consultants and doctors in training.

Areas for improvement

We found areas for improvement in this service.

- The trust should take steps to ensure compliance with mandatory training meets the trust targets for both medical and nursing staff and have systems in place to address non-compliance.
- The trust should review consent training and processes to ensure all clinicians understand their responsibilities for obtaining consent.
- The trust should continue taking steps to ensure theatre lists start on time and monitor compliance against the new process for list ordering.
- The trust should take steps to improve the facilities for relatives in the surgical wards and consider flexibility with visiting times to meet patient's needs.
- The trust should take steps to ensure all surgical specialities have consistent and standardised governance arrangements.
- The trust should take steps to improve the attendance of clinical leads representing surgical specialities at divisional governance meetings dedicated to clinical governance
- The surgical wards should display the NHS safety thermometer for staff or patients to view.
- The trust should ensure staff receive timely appraisals and meet the trust's target rates for completion.

Surgery

- The trust should take steps to improve the response rate for the Friends and Family Test and for the National Cancer Patient Experience Survey (NCPES) and should proactively seek patient feedback.

Maternity

Good  

Key facts and figures

Homerton University Hospital NHS Foundation Trust maternity services delivered care for 5588 women in 2017-2018 who lived in the London boroughs of Hackney, City of London and the southern part of Waltham Forest and women who did not live in the catchment area.

The maternity unit in the hospital has a four bed birth centre for women on the midwife-led pathway, and a 14 bedded, consultant-led delivery suite. Two operating theatres are used for obstetrics. A maternity triage room has one couch and there is an emergency obstetric unit with two couches, two reclining chairs and one side room. The antenatal ward has nine beds, and there are 32 postnatal beds.

A large neonatal unit with 46 cots is designed and equipped for babies needing extra medical and nursing care. This supports the hospital and the wider region.

Seven community midwifery teams (Team A-G) are based in local GP surgeries, health centres and children's centres and run weekly antenatal and postnatal clinics. Some clinics for women with medical needs are held at Homerton University Hospital, for example, for women with diabetes, high body mass index (BMI), perinatal mental health problems or blood disorders. The hospital offers a foetal medicine service, fertility service and termination of pregnancy for foetal abnormality. We did not inspect the last two services.

During our inspection, we spoke with 42 members of staff including midwives, maternity support workers, consultant doctors, doctors in training, managers, domestic staff and facilities and estates staff. We spoke with 16 women who used maternity services and four of their partners and two relatives. We observed how staff cared for patients and looked at the quality of the environment. We reviewed 16 sets of medical records and observed a multi-disciplinary team (MDT) handover and observed a clinic at a children's centre. We reviewed a variety of information about the service including meeting minutes, policies and performance data.

Summary of this service

The trust had made some significant improvements since the last CQC inspection in 2015, for which we commend them. Our rating of this service improved. We rated it as good because:

- Senior managers of the service had addressed most of the concerns raised in the previous inspections and there were evident improvements in a number of areas, for example maternal early warning scores and greater use of audit.
- There were comprehensive systems and training to protect people from abuse. Staff were knowledgeable about safeguarding and had well-developed care pathways for the high proportion of women in the area identified as being 'at risk' because of medical, mental health conditions or vulnerability. Support for women with social or mental health problems had been strengthened
- There was an open culture of incident reporting and a willingness to learn from incidents.
- Staff engagement was strong and staff supported the women they cared for and each other.
- Most women we spoke with were happy with their care and praised staff for being welcoming and supportive.
- Doctors in training were very positive about the support and teaching they received from senior clinicians, and obstetric training posts at the trust were highly sought after.

Maternity

However

- Consultant numbers were lower than expected for a unit of this size which meant there were not always consultant-led elective caesarean sections or ward rounds, and gaps in middle grades meant locum and agency staff were used. The high proportion of newly qualified midwives meant suitable skill mix of midwives was a risk. Midwifery staffing levels on the postnatal ward were low when considering the high acuity of women using the service.
- Some of the risks we and staff identified were not recorded on the service risk register. Some of risks were interlinked but they had separate mitigations on the risk register.
- Consultant obstetricians' engagement with the local maternity network was limited.
- We found gaps in record keeping, particularly in triage and in baby observations.
- The service did not proactively benchmark outcomes for women against national or pan-London standards and did not have plans for reducing the higher than average rates of caesarean section.
- There were gaps in checking the hypo emergency boxes and restocking them after use. We saw no evident checking history for the epidural trolley, and there had been gaps in compliance with the World Health Organisation (WHO) safer surgery checklist.

Is the service safe?

Good  

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

- Areas of concern at the previous inspection had been addressed and improved. For example, medicines were stored and managed appropriately. The environment was suitably clean and well-equipped. Early warning scores for women were now being completed. Management of incidents and feedback and communication of learning from incidents and complaints had improved, and the proportion of agency staff was much reduced.
- The service proactively assessed risks to woman and babies at different stages of the maternity pathway and there was high quality support for the most vulnerable women.
- The service strongly supported the training and development of midwives and doctors. There were regular simulations to embed skills. Staff told us mandatory training was at high standard.
- There was an open culture of reporting, and learning was shared with staff to make improvements. At the previous inspection there were concerns about the timeliness of incident reviews. The service now had systematic and established systems in place for reporting, investigating and acting on incidents and serious adverse events.
- Women had a choice of where to give birth and the proportion of home and birth centre births was rising and almost all women had one to one care during labour.

However

- Aspects of record keeping needed improvement, particularly in triage and baby observations. Recording of baby observations in the delivery suite and postnatal ward was a concern at the previous inspection, and we found on this inspection that compliance had improved but been variable in 2017 but then dipped considerably in January 2018. Efforts made since then had resulted in improvement from 33% to 75% of observations being in line with guidance by March 2018.

Maternity

- We observed staff leaving computer stations unattended and displaying patient information, which was visible for a short period before the screensaver came on.
- Previous inspections had found weaknesses in compliance with routine safety checks. Although this was much improved, there were still oversights in checking that all equipment was readily available, particularly emergency boxes on the delivery suite.
- We observed inconsistent adherence to good hand hygiene practice. We saw some examples of midwives and doctors not carrying out hand hygiene as they moved around the unit.
- Midwifery skill mix was reported as a concern by doctors and was recorded on the service risk register because of difficulty recruiting experienced midwives.
- There was limited understanding of the purpose of the World Health Organisation (WHO) Five Steps to Safer Surgery checklist amongst some of the staff we spoke with. This should be a team responsibility covering the whole surgical process. Compliance audits did not include briefing and debriefing parts of the checklist. Operating department practitioners did not complete sign in because they did not have access to the computer system.

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 professional standards, guidelines and evidence-based practices.
- A multidisciplinary approach ensured women with pre-existing medical conditions experienced an integrated approach to antenatal and postnatal care.
- Midwives had training on perinatal mental health to improve patient outcomes for mothers with mental health support needs.
- At a previous inspection we had concerns about staff understanding of mental capacity, but on this inspection we found good understanding among midwives.
- Midwives and doctors worked well as a team and women had confidence in the skills of clinicians.
- The use of audit had been a weakness at the last inspection but the audit plan was now more comprehensive and included auditing areas of risk.

However:

- The service did not meet expected standards in some patient outcomes, for example on the rate of caesarean section. The rate was 32% in the first three months of 2018 which was high.
- Although the breastfeeding initiation rate was above the national average, the service was not ready to apply for accreditation at UNICEF Baby Friendly Initiative Level 2 and would need to reapply.

Is the service caring?

Good   

Maternity

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

- We observed compassionate care being delivered to women. Staff protected the dignity and privacy of women in all areas of the service. Most of the women we spoke with were happy with the care they received.
- Staff made partners feel welcome and involved in their partner's pregnancy, labour and birth.
- Specialist staff offered emotional support to women and those close to them. The support provided included the sensitive management of loss for women suffering miscarriages or stillbirth.
- Specialist midwives helped women with conditions such as diabetes alongside pregnancy.

However:

- The Friends and Family Test response rate was too low to form a reliable judgement of women's experiences of maternity care at the trust. The Friends and Family Test is a measure of patient satisfaction. However, staff were more aware of the test than at the previous inspection and were making efforts to improve responses. The trust also used other measures to assess women's experiences. For example the CQC maternity survey 2017 and the experiences of the Maternity Voices group.

Is the service responsive?

Good   

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

- Women could register for antenatal care online and refer themselves to the obstetric assessment unit for some concerns such as reduced foetal movement.
- There were effective arrangements to support women with specific and individual medical and social needs, and staff were seen to be non-judgemental. Women had good access to specialist midwives, and staff could signpost women to external resources, for example for help with anxiety and depression.
- At the last inspection, dissemination of learning from complaints was inconsistent but at this inspection we saw work in hand to improve learning from complaints.
- At the last inspection women did not receive continuity of antenatal care. At this inspection, we heard that local commissioners were encouraging the trust to improve continuity of care in line with the Better Births agenda, and that staff were seeking ways of improving continuity from a small team of midwives, with some success.
- The use of family members to translate for women had been a concern in the previous inspection; this had now improved and staff regularly used interpreters or telephone translation.

However

- There were delays in elective caesareans which appeared to result from poor planning and internal communications, as well as staff shortages. The service had been slow to address this concern which had been on the risk register since September 2015. In mitigation, the service had recently added a full day list to the job plan of a consultant. There were no mitigating actions relating to the shortage of anaesthetic and theatre staff that were mentioned as contributory risk factors.
- There was no telephone triage system so women had to come to the hospital for assessment if they believed they were in labour.

Maternity

- Although there was maternity information in some widely spoken languages, other languages were not covered and not all maternity information leaflets referred to the possibility of obtaining information in other languages. Some staff did not know what information was available in other languages.
- Some women told us concerns about their experience of triage, and that level of activity and on the postnatal ward meant they did not receive as much support from staff as they felt they needed.

Is the service well-led?

Requires improvement   

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

- Governance processes did not provide sufficient assurance that senior staff had a current plan for all performance and safety issues within the service. For example, the need for another consultant was rated 15 on the risk register and was seen to be regularly raised but not resolved.
- The parameters on the reporting dashboard were not standardised so did not facilitate benchmarking activity against regional or national performance measures, nor the setting of improvement goals. While CQC recognises that standardisation is not a requirement, this is widely accepted as a making a contribution towards improving consistency of care for women and babies across the maternity system.
- At the previous inspection we found there were some risks that staff told us about which were not recorded on the service risk register. This was still the case. For example, the growing acuity of women attending the unit was not on the risk register although many staff mentioned concerns about this. Some risks were not clearly articulated in documentation, particularly around medical staffing levels and midwifery skill mix and links were not made between risks.
- The lack of interface between the trust's electronic patient record system and the intrapartum data system required manual data cleaning to remove multiple errors, which was poor use of staff time, although we were aware that work had been ongoing since October 2016 to improve this.

However:

- There was a published vision and strategy for the service.
- Midwifery leadership was visible. Morale was generally high among midwifery staff.
- Staff were proud to work in a maternity service that was well-respected by women and families locally.
- The midwifery team had worked successfully to improve staff awareness of guidelines, incidents and risks, and staff were much better informed than at the previous inspection.

Outstanding practice

- The service demonstrated excellent safeguarding practices and support for vulnerable women.

Areas for improvement

We found areas of improvement for this service:

- The trust should ensure sufficient numbers of appropriately skilled doctors and midwives are deployed to meet the needs of the service.

Maternity

- The trust should improve governance systems to ensure effective oversight of all risks, particularly those regarding staffing and operative safety.
- The trust should take further action to ensure consistent compliance with hand hygiene.
- The trust should improve the reliability of systems for checking all emergency equipment, including emergency boxes for postpartum haemorrhage, asthma and diabetic emergencies.
- The trust should review the way the service benchmarks itself against regional and national performance.
- The trust should ensure staff, women and their families are aware the information that is available in other languages.

Our inspection team

The team was led by Nicola Wise, CQC Head of Hospital Inspection and Louise Robson, acting Chief Executive at Newcastle upon Tyne Hospitals NHS Foundation Trust and the Executive Reviewer for this inspection. Max Geraghty, CQC inspection manager, was the lead inspection manager for this inspection.

The team included CQC inspection managers, inspectors, specialist advisers and experts by experience.

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