

# St George's University Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Use of resources rating for this trust

Requires improvement 

# Summary of findings

## Combined quality and resource rating for this trust

Requires improvement 

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

St George's University Hospitals NHS Foundation Trust is a teaching trust with two hospital locations; St George's Hospital, Tooting, and Queen Mary's Hospital, Roehampton.

The main acute site is St George's Hospital, which provides general and specialist services including PPCI, HASU and Major Trauma Centre and has an emergency department. Queen Mary's Hospital does not have an emergency department, but it does have a Minor Injuries Unit.

St George's University Hospitals NHS Foundation Trust has 1,083 beds; 995 at St George's and 88 at Queen Mary's. The beds at St George's Hospital comprise of 871 general and acute, 67 maternity, 57 critical care. The beds at Queen Mary's Hospital comprise of 46 for people with limb amputations who require neurorehabilitation and 42 for sub-acute care, treatment and rehabilitation of older people. The hospitals are both in the London Borough of Wandsworth. The lead clinical commissioning group is Wandsworth, who co-ordinates the commissioning activities on behalf of the other local clinical commissioning groups such as Merton and Lambeth.

The trust serves a population of 1.3 million across south west London. Several services, such as cardiothoracic medicine and surgery, neurosciences and renal transplantation, also cover significant populations from Surrey and Sussex, totalling around 3.5 million people.

The number of staff employed by the trust as of May 2019 was 8,932 staff.

The trust has had been in Quality Special Measures since November 2016 and Financial Special Measures since April 2017.

## Overall summary

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



## What this trust does

St George's University Hospitals NHS Foundation Trust provides acute district general and specialist services to the whole population of south west London and more specialist services for the population of Surrey and Sussex. St George's Hospital in Tooting is the only trust location which provides accident and emergency department services.

## 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?

# Summary of findings

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

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

## What we inspected and why

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

We inspected St George's Hospital and Queen Mary's Hospital. At St George's Hospital, we inspected the core services of urgent and emergency services, medical care, surgery, services for children and young people and outpatients, as part of our continual checks on the safety and quality of healthcare services.

At Queen Mary's Hospital, we inspected surgery.

We selected the services for inclusion in this inspection based on those that were rated 'requires improvement' as a result of our findings at the previous inspection carried out in March 2018. Intelligence information we held on these areas indicated the need for re-inspection.

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

## What we found

Our overall findings indicated that many areas made improvements. Of the services inspected, one was rated as outstanding, one was rated good and four were rated as requires improvement.

Overall, we rated safe, effective, responsive and well-led as requires improvement. We rated caring as good. We rated both St George's Hospital and Queen Mary's Hospital as requires improvement.

The trust was in special measures for both quality and finance. The trust was meeting the 62-day cancer standard and the two-week standard, but not meeting the accident and emergency four hour wait target. The trust returned to reporting Referral to Treatment (RTT) data for the St George's Hospital site to NHS England/Improvement in January 2019, after a two-year suspension. The trust was not meeting this standard, though it was meeting the trajectory it had agreed with NHS England/Improvement for this standard.

We found the urgent and emergency services at St George's Hospital remained as requires improvement. Effective and well-led improved from requires improvement to good. Caring remained as good. Safe and responsive remained as requires improvement.

Medical care at St George's Hospital remained as requires improvement. Caring remained as good. Safe and effective remained requires improvement. Responsive and well-led decreased from good to requires improvement.

Surgery at St George's Hospital improved to good. Safe and effective improved from requires improvement to good. Caring and well-led remained as good. Responsive remained as requires improvement.

Services for children and young people improved to outstanding. Caring and responsive improved from good to outstanding. Safe and well-led improved from requires improvement to good. Effective remained as good.

Outpatients at St George's Hospital remained as requires improvement. Safe improved from requires improvement to good. Caring remained as good. Responsive remained as requires improvement. Well-led improved from inadequate to requires improvement. We did not rate effective.

# Summary of findings

Surgery at Queen Mary's Hospital remained as requires improvement. Safe improved from requires improvement to good. Effective and well-led remained as requires improvement. Caring remained as good. Responsive reduced from good to requires improvement.

Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good. We rated one of the trust's 12 core services across two locations as outstanding, three as good, six as requires improvement and two were not rated. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- We rated well-led for the trust overall as requires improvement.

## Are services safe?

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

- Medical care and children and young people services did not always have enough staff with the right qualifications, skills, training and experience. However, there were mitigations in place to keep patients safe from avoidable harm.
- **Records were not always stored securely.** In the emergency department, casualty cards were unsecured in the cubicles in majors. In surgery at St George's Hospital, some patient identifiable information and do not resuscitate forms were in folders that were not marked as confidential. In the day care unit at Queen Mary's Hospital, some records were left in persons unlocked cabinets during the day. This meant records were accessible to unauthorised persons.
- Services provided mandatory training in key skills to all staff, however, not all staff had completed them.
- **Services did not always control infection risk well.** We saw examples of staff not washing their hands between patient contact.
- **Services were dealing with an ageing estate which at times was a risk to patient safety.** The trust had taken some actions to control the risk, such as filters on taps to prevent legionnaires disease and the pipework was flushed regularly to prevent leaks, but this was an ongoing challenge.

However:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse, and they knew how to apply it.
- **Staff completed risk assessments for each patient swiftly.** They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- **Services managed patient safety incidents well.** Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people who used services and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Are services effective?

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

- **Some policies were out of date.** This meant that staff did not have access to the most up to date evidence-based practice.
- The number of staff who received an annual appraisal was below the trust target in many wards and departments.

# Summary of findings

- **Staff did not always monitor the effectiveness of care and treatment and did not always use audit findings to make improvements and achieve good outcomes for patients.** For example, on the medical care wards, not all patients had a pain score recorded in their records, which meant staff were not able to see whether a patient's pain score had changed after administering analgesia. However, wards used the results of their accreditation scheme to drive improvement.
- **Staff did not always record consent in patients' records.** We saw some examples in surgery at Queen Mary's Hospital, of forms not completed in full and inconsistent recording which meant staff were not sure correct consent for treatment had been obtained.
- **Not all patients had a pain score recorded in their records.** Some staff told us they did not use a pain score tool for patients and no score was recorded in their records. This meant staff were not able to see whether a patient's pain score had changed.

However:

- **Services provided care and treatment based on national guidance and evidence-based practice.** For example, they followed guidance from the National Institute for Health and Care Excellence (NICE) and Royal College of Surgeons
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. Services made adjustments for patients' religious, cultural and other needs.
- **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.** They supported each other to provide good care.
- **Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.** They used agreed personalised measures that limited patients' liberty.

## Are services caring?

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

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

## Are services responsive?

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

- **People were not able to access services in a timely way.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- **Referral to treatment (RTT) data for non-admitted pathways was worse than the England overall performance.** However, the trust only returned to reporting on referral to treatment data for St George's Hospital in January 2019.
- The trust was not meeting the emergency department national standard to admit, treat or discharge patients within four-hours.

# Summary of findings

- **The trust did not always meet their threshold for 'did not attend' rates.** However, leaders discussed 'did not attend' rates at meetings and measures to improve them were considered, including texting and making phone calls to patients, prior to their appointment. .
- The average length of stay for medical elective patients was higher than the England average.
- Facilities and premises were designed for the services delivered. However, there were limitations on space within clinics and waiting areas, in the outpatients' department at St George's Hospital.

However:

- **Services planned and provided care in a way that met the needs of local people and the communities served.** They also worked with others in the wider system and local organisations to plan care.
- **Services were inclusive and took account of patients' individual needs and preferences.** Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- **Services treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.** However, there was a lack of patient information displayed in some areas, on how to raise a concern.

## Are services well-led?

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

- **Most leaders had the skills and abilities to run their services.** However, we had concerns that there was insufficient oversight and management of issues in surgery at Queen Mary's Hospital, and the outpatient department at St George's Hospital.
- Some frontline clinical and non-clinical OPD staff were unaware of their services strategy document and were not involved in the development of the services strategy.
- Some black, Asian and minority ethnic (BAME) were not aware of the equality network they could join.
- **Some leaders did not operate effective governance processes and not all staff at all levels were clear about their roles and accountabilities.** For example, there was no clarity of who had overall responsibility and oversight of surgery at Queen Mary's Hospital, and some senior staff in the outpatient department at St George's Hospital, could not tell us their responsibility for the development of the service.
- Some staff and middle grade managers were not aware of what was on their department's risk register and arrangements for managing risks were not always clear.

However:

- Leaders collaborated with partner organisations to help improve services for patients.
- **Staff were committed to continually learning and improving services.** They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Leaders were visible and approachable in services for patients and staff.

We rated use of resources as requires improvement because:

The trust does not consistently manage its resources to allow it to meet its financial obligations on a sustainable basis and to deliver high quality care.

Please see the separate use of resources report for details of the assessment. The report is published on our website at [www.cqc.org.uk/provider/rj7/reports](http://www.cqc.org.uk/provider/rj7/reports).

# Summary of findings

## Combined quality and resource

Our combined rating of quality and resource is requires improvement because:

- We rated safe, effective, responsive, and well-led as requires improvement; and caring as good;
- We took into account the current ratings of the five services across the two locations not inspected this time.
- We rated six services across the trust as requires improvement.
- We rated one service as outstanding.
- We rated three services as good.
- We did not rate two services.
- The overall ratings for each of the trust's acute locations remained the same.
- The trust was rated requires improvement for use of resources.

See guidance note 7 then replace this text with your report content. (if required)...

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice at St George's Hospital.

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

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 42 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of two legal requirements in the emergency department and medical care services at St George's Hospital.

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

We found examples of outstanding practice in the emergency department:

# Summary of findings

- The emergency department had an extensive research programme in progress. Staff were encouraged to participate in the research programme. We saw that trained nurses were able to rotate through the programme for 6-month periods.
- The 'hot lab' in the emergency department was able to produce a full blood count within minutes. This could have a significant benefit when treating patients with certain conditions and reduce the use of unnecessary broad-spectrum antibiotics. This also benefitted patients as they were able to go home rather than being admitted or having to wait in the emergency department.
- The emergency department were also able to test for influenza within the department. This had a significant benefit as patients were able to be tested for 'flu' quickly. This reduced the use of unnecessary anti-viral medicines, as well as reduced the amount of patients being isolated unnecessarily. This also benefitted patients as they were able to go home rather than being admitted or having to wait in the emergency department.
- We saw the use of the sepsis REDS score being used in the adults' emergency department. This was an innovative sepsis specific scoring tool that had been developed by one of the emergency department consultants as part of the newly developed emergency department pathway for patients suspected as having sepsis. The REDS score helped give guidance to clinicians in managing the septic patient and allowed for early escalation to intensive care if necessary.

We found examples of outstanding practice in surgery at St George's Hospital:

- In February 2019, the trauma and orthopaedic team became the first in the UK and second in the world to use a new type of tibial nail in surgery.
- The service had developed an innovative programme called 'Get Set 4 Surgery' to help patients prepare for having an operation and understand what would happen at each stage of their journey, from surgical assessment to discharge and recovery at home. The service had been recognised for this innovative practice through an award from Healthy London Partnership.

We found examples of outstanding practice in the children and young people service:

- The service had implemented situation awareness for everyone (SAFE) safety huddles in paediatrics. Aimed to improve outcomes for acutely unwell children on paediatric wards and reduce variation in service delivery quality. Used in the safety huddle to improve situational awareness and facilitate improved communication.
- The trust had implemented the reducing harm by keeping mothers and babies together programme. This was part of the national Avoiding Term Admissions into Neonatal units' programme. This promotes all maternity and neonatal services to work together to identify babies whose admission to a neonatal unit could be avoided and to promote understanding of the importance of keeping mother and baby together when safe to do so.
- On the paediatric intensive care unit had introduced weekly "Druggle" rounds which reviewed medicine prescribing errors with support from pharmacy.
- Introduction of coffee mornings on Wednesdays for parents with babies on the paediatric intensive care unit.
- There was quarterly joint paediatric medicine, paediatric emergency department and paediatric intensive care clinical governance meetings, where joint audits and quality improvement projects were presented.
- Weekly safeguarding teaching sessions were undertaken. These were led by the safeguarding responsible doctor. These were open to all but were mainly attended by doctors and medical students. The sessions included a variety of safeguarding subjects and any past of current safeguarding cases.

# Summary of findings

- The trust was in the process rolling out a new scheme to provide every primary and secondary school with an emergency asthma kit, which was believed to be the first initiative of its kind in London. The scheme, which was in conjunction with the Wandsworth and Merton Children's Asthma Board, was devised to ensure that all state schools in Wandsworth and Merton had an emergency asthma kit available in line with the Department of Health guidelines and as part of a drive to improve asthma awareness and education.
- Parents were given a pager by theatre staff when they had left their child in theatre for an operation. When the patient was in recovery and awake theatre staff called the pager to notify the parent to come back to the theatre as their child was in recovery.
- On the neonatal unit, there was a weekly parent meeting on a Wednesday led by either Consultant, Matron/Senior nurse/Family-care Coordinator.

## Areas for improvement

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

- Make sure all patient records are stored securely, completed accurately and kept confidential.
- Make sure consent is correctly recorded in patients notes in line with best practice.

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

#### In the emergency department:

- Complete all documentation correctly, including fluid balance charts, pain scales and Glasgow Coma Scales.
- Check that all equipment is clean, safe for use, and appropriate checklists completed.
- Improve the BAME knowledge and support within the department.
- Display information about how to raise a concern in all patient areas.

#### In medical care:

- Continue work to improve vacancy, sickness and turnover rates amongst nursing staff.
- Continue work to improve completion rates of mandatory training amongst medical staff.
- Improve the recording of actions taken when fridge temperatures are out of range.
- Continue with plans to improve the catheter laboratory to provide a safe service for patients and staff.
- Reduce the number of patient-moves at night.
- Improve the referral to treat time (RTT) in the five specialities where they fell below the England average.

#### In surgery at St George's Hospital:

- Continue work to improve vacancy, sickness and turnover rates amongst nursing staff.
- Continue work to improve the environment across the surgical division.
- Continue work to improve completion rates of mandatory training amongst medical staff.
- Continue work to improve appraisal rates for staff across the surgical division.
- Consider further ways to improve staff wellbeing in light of staffing shortages.

# Summary of findings

- Update and ensure staff have access to the deteriorating patient policy.
- Ensure all locum medical staff complete a full local induction.

## **In surgery at Queen Mary's Hospital:**

- Have a policy in place for seeing paediatric patients in the day case unit.
- Improve staff awareness on learning from incidents.
- Ensure records are stored securely.
- Update and ensure staff have access to the deteriorating patient policy.
- Continue to work to improve nurse staffing levels.
- Ensure relevant learning from audits is shared across both sites and ensure data is consistently collected for audits and action plans completed where necessary.
- Work to improve staff appraisal rates.
- Ensure consent form documentation is fully completed.
- Ensure senior staff are clear of who has overall responsibility and oversight of surgery at Queen Mary's Hospital.
- Ensure risk registers are completed with up to date information.

## **In services for children and young people:**

- Continue work to improve completion of nursing staff annual appraisals.
- Continue work to improve the amount of staff qualified in speciality working within the neonatal unit and paediatric intensive care.
- Continue work to improve completion rates of mandatory training amongst medical staff.
- Consider further ways to improve staff engagement, well-being and address concerns highlighted in staff survey.
- Continue with recruitment and retention strategies to reduce vacancy, turnover and sickness rates.
- Consider how to avoid mixed sex breaches.
- Continue with the planned refurbishment to make the premises suitable for modern day healthcare.

## **In the outpatients' department:**

- Consider an effective process for quality improvement and risk management.
- Improve its local audit programme and review national audit outcomes to improve patient outcomes.
- Complete infection prevention and control audits regularly and take action to address concerns including risks associated with the environment for decontamination of naso-endoscopes were embedded in practice.
- Improve staff compliance with mandatory training, including information governance safeguarding level three (3) and resuscitation.
- Provide adequate seating facilities in clinics, to ensure patients and relatives have enough seating areas.
- Develop systems and processes which enable the trust to determine the quality and performance of its outpatients' department.

# Summary of findings

## Is this organisation well-led?

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

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

The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. There was a stable executive team in post who were all focused on improving care for patients and the financial position within the trust and the commitment and abilities to tackle the challenges within the trust.

Each of the executive directors had a team to provide them support and oversight of their portfolio, and on the whole, these provided the support required to move forward the strategy and objectives within the trust.

There were good working relationships between the executive and non-executive directors, at board and through subcommittees. The chair and chief executive had a strong working relationship.

There were positive working relationships with partners in the system. A number of executives had lead roles within the system. This would be strengthened through the appointment of the trust chair as the chair of a nearby trust, which occurred shortly after our inspection.

The trust had a clear vision and set of values with quality and sustainability as the top priorities. How the trust set out to achieve the vision was entitled the St George's Way. The board had a clear commitment to the vision. Although not all staff were able to clearly articulate it, board members were optimistic that all staff would get to the point where they "live and breathe" the vision of Outstanding Care Every Time and that this would be embedded.

The trust's clinical strategy was entitled 'Delivering outstanding care, every time: Our strategy for 2019-2024. The strategy was published in April 2019 and aimed to achieve its goals through four priorities: strong foundations; excellent local services; closer collaboration; and leading specialist healthcare. The strategy had been developed with the involvement of staff and clinical teams. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans. Supporting strategies were being developed and planned for publication later in the 2019/20 business year, with timescales agreed by the trust Board. Without these supporting strategies in place, the trust's ability to effectively and systematically achieve the organisational priorities and deliver good quality care could be hampered.

Culturally, there had been much progress within the trust. However, there were still areas for improvement, which the trust had identified. These included:

- Continuing work on addressing bullying and harassment within the trust.
- Embedding and ensuring that there were clear objectives for, and awareness of, equality and diversity networks.
- Promoting equality and diversity in staff's day to day work and when looking at opportunities for career progression for BAME staff.
- Building improved relationships with trades unions.
- Supporting leaders and managers throughout the organisation through a development programme.
- Developing a clear organisation development strategy.

# Summary of findings

The board were sighted on most of these areas and were developing programmes to support this. There was a real focus on providing good quality patient care articulated by the board and across the trust, with improvements seen in core services.

There were systems in place to support staff to speak up, with a Freedom to Speak Up Guardian and Guardian of Safe Working Hours in place and there was board oversight of this. The board was sighted on the fact that there were areas of the trust that people did not feel confident to speak up and had asked that the Speak Up service to pull together a strategy to overcome this. The Freedom to Speak up Guardian was line managed by the Listening into Action Lead, who sat within the human resources directorate. Whilst the Freedom to Speak up Guardian had direct access to the Chief People Officer, there was an agreement that individual cases were not be discussed with him.

It was also notable that the trust had learnt from challenges in team dynamics within areas of the trust. We saw evidence that they had taken action to resolve difficulties in team dynamics relating to leadership and relationships amongst senior staff in an area. Mediation and organisational development support had been arranged swiftly to help to resolve these issues.

The trust had governance structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Although further embedding of these structures were needed.

There was a board assurance framework in place which had been reviewed. It identified the strategic risks and provided assurance to the board, of the trust awareness of those strategic risks and had a plan to address them. However, it was long and not as user friendly as it could have been, with a presentational disconnect between the risk and mitigations or assurance statements.

Neither the board nor the trust executive committee (TEC), reviewed the whole board assurance framework all at once, but leaders were sighted and recognised that this needed to happen. The trust's executive governance structures were at differing stages of development and ensuring these were fully implemented and embedded was essential for the board to be able to gain assurance and oversight.

A clear framework set out the structure of ward/service team, division and senior trust meetings. Managers used meetings to share essential information such as learning from incidents and complaints and to act as needed.

Non-executive and executive directors were clear about their areas of responsibility. There was good working in board subcommittees. Non-executives and executives undertook walkabouts and were visible within the organisation.

Governors were actively engaged in the operation of the trust. The trust reported good working relationships with governors. Governors were able to attend both parts of the board meeting and all sub-committees. Governors were clear that their role was to hold non-executives to account. However, there was potential for governors to be too close to the operational decision-making process, which could lead to them seeking to hold executive directors, rather than non-executive directors to account.

There were arrangements in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their 'worry list'. The corporate risk register included divisional risks, which had a risk level of 10 and above. The corporate risk register was reviewed by all executive directors who attended the risk management executive, which was a sub-group of the trust executive committee (TEC). However, two-thirds of the risks on the corporate risk register, had not moved or had got worse over the two years prior to our inspection. This implied the controls or mitigation were not having the maximum effect.

The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements. The governance team regularly reviewed the systems.

# Summary of findings

Senior management committees and the board reviewed performance reports. Leaders regularly reviewed and improved the processes to manage current and future performance. At the time of the inspection, several important performance targets were not being achieved by the trust. These included the 4-hour emergency access target and referral to treatment. However, the trust had performed well against diagnostics and had achieved this target over the past 12 months. In May 2019, the trust's performance was 99.30% against a national median of 97.23%. This placed the trust in the first (best) quartile nationally. It was worth noting that the trust was utilising Statistical Process Control charts in its board reporting and this was to be commended as good practice and would allow the board to focus on areas of variation.

The trust had faced challenges for several years and had an agreed control total of £3m deficit for the 2019/20 financial year. To meet this target, the trust needed to achieve £45.8m in savings. They had achieved significant savings in the previous year. At the time of the inspection, the trust was forecasting achieving its financial position, but the savings programme was weighted towards the second half of the year and the whole value was not yet identified.

At month three for the financial year 2019/20, the trust was forecasting achieving the year end plan and it was the view of the chief financial officer, chair of the finance and investment committee and chief executive that it would be achieved, despite the risks.

Where cost improvements were taking place, there were arrangements to consider the impact on patient care. Managers monitored changes for potential impact on quality and sustainability. Where cost improvements were taking place, we saw they did not compromise patient care.

Leaders used meeting agendas to address quality and sustainability sufficiently at all levels across the trust. Staff said they had access to all necessary information and were encouraged to challenge its reliability.

The trust had a structured and systematic approach to engaging with people who used services, those close to them and their representatives. The patient engagement strategy was launched in 2018. This strategy set out the steps the trust planned to take to engage patients, listen to their views, and act upon them. The strategy was developed with input from patients and staff. The trust had a long history of engaging with patients and had active groups for maternity, kidney and renal patients. There was a patient, partnership and engagement group.

The trust sought to actively engage with people and staff in a range of equality groups. Staff engagement by the trust had been improving, but board members recognised that they had a long way to go, before changing the culture in the organisation. The trust published its staff engagement plan in November 2017, in response to feedback from staff. Following the inspection, the trust informed us that the 2017 engagement plan was a two-year plan and a refreshed staff engagement plan was approved by the trust board in September 2019.

The staff engagement plan identified three target areas to be improved:

- Improve overall staff engagement
- Address bullying and harassment
- Improve equality and diversity

There were organisational systems to support improvement and innovation work. The trust had made improvements since our last inspection which had been systematic. The ward accreditation system had been embedded with most staff groups. Staff knew what the standards and expectations were through the ward accreditation programme. The programme had been both supportive and a good mechanism for holding people to account. There was also a quality improvement academy and staff had received training in improvement methodologies and used standard tools and methods. The director of quality improvement told us of plans to embed quality improvement principles into the organisation. There was a quality improvement team which engaged with staff to inform them about the quality improvement methodology 'The St George's Way'.

# Summary of findings

The trust, being a teaching hospital, also had a significant research and innovation base which was evident throughout.

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
St George's Hospital	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019
Queen Mary's Hospital	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019
<b>Overall trust</b>	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019

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

## Ratings for St George's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 2019
Medical care (including older people's care)	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↔ Dec 2019
Surgery	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019
Critical care	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Maternity	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Services for children and young people	Good ↑ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Outstanding ↑↑ Dec 2019
End of life care	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Outpatients	Good ↑ Dec 2019	Not rated	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↔ Dec 2019
<b>Overall*</b>	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

## Ratings for Queen Mary's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good ↑ Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019
Outpatients	Requires improvement Jul 2018	Not rated	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
<b>Overall*</b>	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Good →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019	Requires improvement →← Dec 2019

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

# St George's Hospital (Tooting)

Blackshaw Road  
Tooting  
London  
SW17 0QT  
Tel: 02086721255  
[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Key facts and figures

St George's Hospital is located in Tooting, London and managed by St George's University Hospitals NHS Foundation NHS Trust. The hospital serves a population of around 1.3 million people in South West London, with services commissioned by Wandsworth, Merton and Lambeth Clinical Commissioning Groups.

The hospital has 995 beds, including 51 children's beds.

St George's Hospital operates 24 hours per day and has an accident and emergency department and a major trauma centre. The hospital provides acute hospital services and specialist care for the most complex of injuries and illnesses, including trauma, surgery, neurology, cardiothoracic medicine, renal transplantation, cancer care and stroke.

In 2018/19, St Georges Hospital had 159,912 emergency attendances, 160,199 admissions (includes maternity) and 683,210 outpatient attendances.

During the inspection, we spoke with over 81 patients, over 24 relatives and over 180 members of staff from various disciplines. We reviewed over 62 sets of patient records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at St George's Hospital (Tooting)

**Requires improvement**   

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

- Staff did not always complete and update risk assessments for each patient. Documentation in patient files was inconsistent and not always completed; and in medical care, consent forms were not always completed in full.
- Some services did not keep detailed records of patients' care and treatment. Some records were not clear, up-to-date, stored securely or easily available to staff providing care.
- Some services did not control infection risks well. Some staff did not use equipment and control measures to protect patients, themselves and others from infection. Some areas of the emergency department were not visibly clean.
- Some facilities and premises were not always ideal and in need of modernising or refurbishment. For example, some of the departments and wards were excessively hot in the summer months due to lack of air conditioning.

# Summary of findings

- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. The number of nursing staff who had received an annual appraisal was below the trust target in many wards and departments.
- People could not always access the service when they needed it and did not receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Not all risks on some risk registers were completed thoroughly.
- Services provided mandatory training in key skills to all staff, however, not all staff had completed the training required.

However;

- Staff had training in key skills and understood how to protect patients from abuse. Services managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve services.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Services planned care to meet the needs of local people and took account of patients' individual needs.
- In children and young people services, staff found innovative ways to enable children and young people to manage their own health and care when they could and to maintain independence as much as possible.
- Most services had enough staff to care for patients and keep them safe, despite there being vacancies in many areas.
- The trust scored highly in the Sentinel Stroke National Audit Programme (SSNAP). On a scale of A-E, where A is best, the trust achieved grade A in latest audit.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

St George's Hospital provides urgent and emergency care services which are open 24 hours a day, 365 days per year. The hospital provides services to the local populations within south west London including the London boroughs of Wandsworth, Merton, Lambeth. St George's emergency department (ED) is a major trauma receiving unit for emergency adult, paediatric and maternity patients.

From February 2018 to January 2019 there were 167,547 attendances. Of these 33,112 were children and young people under the age of 17 years.

Patients present to the department by walking into the reception area, arriving by ambulance via a dedicated ambulance-only entrance or by the Helicopter Emergency Medical Service (HEMS). Patients transporting themselves to the department were seen by a streaming nurse who would triage them.

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

During this inspection we spoke with over 35 members of staff from a range of clinical and non-clinical roles and of varying grades. We spoke with 30 patients and 10 relatives. We reviewed 45 patient records, including 10 related to children and young people. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- The service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. Some areas of the emergency department were not visibly clean.
- Staff did not always complete risk assessments for each patient swiftly. They did not remove or minimised risks and did not update the assessments.
- Staff did not keep detailed records of patients' care and treatment. Records were not clear, up-to-date, stored securely and easily available to all staff providing care.
- The service did not use systems and processes to safely prescribe, administer, record and store medicines.
- People could not always access the service when they needed it and did not receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. Patients did not receive treatment within agreed timeframes and national targets.
- It was not easy for people to give feedback and raise concerns about care received. There was a lack of patient information displayed in public areas on how to raise a concern. This was something we found on the previous inspection.
- Not all staff understood the service's vision and values, and how to apply them in their work.

However:

# Urgent and emergency services

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. Cleaning records were not always up-to-date and did not demonstrate that all areas were cleaned regularly. Not all equipment was labelled to show when it was last cleaned. Some areas of the emergency department were not visibly clean. The department participated in monthly hand hygiene audits. The department scored 80.4%, which is below the trust target of 95%.
- Staff did not complete risk assessments for each patient swiftly. They did not remove or minimise risks and did not update the assessments. Patients who had presented to hospital having had a fall did not always have a falls risk assessment completed. The risk of the patients having another fall while in the department had not been assessed. Staff did not always complete Waterlow assessments for frail patients who had been in the department for more than 6 hours. Patients had not been assessed for risk of developing pressure ulcers.
- Staff did not keep detailed records of patients' care and treatment. Records were not clear, up-to-date, stored securely and easily available to all staff providing care. Pain assessments, falls risk assessments, pressure ulcer risk assessments and fluid balance charts were not always completed. During our last inspection we found that medical notes were not being stored securely. On this inspection we found that this was still the case. Medical notes which included patient identifiable information and confidential medical information were stored in unsecure folder holders in cubicle areas.
- The service did not use systems and processes to safely prescribe, administer, record and store medicines and there were inconsistencies using the electronic drug charts. Staff in the emergency department were unable to prescribe or administer medicines using electronic drug charts as they had not yet been trained in its use. Patients who had been prescribed medication electronically by specialist teams did not have these administered as emergency department staff could not use the electronic prescriptions.

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

# Urgent and emergency services

- The service mostly had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

## Is the service effective?

Good  

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

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

## Is the service caring?

Good   

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

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

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it and did not receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From June 2018 to May 2019 the trust failed to meet the standard. From June 2018 to May 2019 performance worsened from 94% to 86%.
- Patients did not receive treatment within agreed timeframes and national targets. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard in any month from April 2018 to March 2019.
- It was not easy for people to give feedback and raise concerns about care received. There was a lack of patient information displayed in public areas on how to raise a concern. This was something we found on the previous inspection.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

## Is the service well-led?

**Good** ● ↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Urgent and emergency services

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Not all staff were aware of the department's vision and strategy. Staff were aware of the trust's vision and strategy, but most were not aware of the emergency department's vision and strategy.
- Staff had little knowledge of the BAME network. Neither BAME and non BAME staff were able to tell us if the department had a BAME network. Staff were not aware of the BAME support available in either the department or the trust.

## Outstanding practice

- The ED had an extensive research programme in progress. Staff were encouraged to participate in the research programme. We saw that trained nurses were able to rotate through the programme for 6-month periods.
- The 'hot lab' in the ED was able to produce a full blood count within minutes. This could have a significant benefit when treating patients with certain conditions and reduce the use of unnecessary broad-spectrum antibiotics. This also benefitted patients as they were able to go home rather than being admitted or having to wait in the ED.
- The ED were also able to test for influenza within the department. This had a significant benefit as patients were able to be tested for 'flu' quickly. This reduced the use of unnecessary antiviral medicines, as well as reduced the number of patients being isolated unnecessarily. This also benefitted patients as they were able to go home rather than being admitted or having to wait in the ED.
- We saw the use of the sepsis REDS score being used in the adults ED. This was an innovative sepsis specific scoring tool that had been developed by one of the ED consultants as part of the newly developed ED pathway for patients suspected as having sepsis. The REDS score helped give guidance to clinicians in managing the septic patient and allowed for early escalation to intensive care if necessary.

## Areas for improvement

The service **MUST**:

- Ensure all patients records are stored securely.

The service **SHOULD**:

- Ensure all documentation is correctly completed including fluid balance charts, pain scales and Glasgow Coma Scales.
- Ensure all equipment is clean, safe for use, and appropriate checklists completed.
- Improve the BAME knowledge and support within the department.
- Ensure information about how to raise a concern is displayed in all patient areas.

# Urgent and emergency services

- Ensure all medicines are correctly prescribed and administered.
- Ensure all patients have necessary risk assessments completed and documented, and that these are updated.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The Acute and General Medicine service provides a range of general and specialist inpatient, ambulatory and outpatient care. Adult patients are admitted via the Acute Medical Unit except for some specialist pathways.

The inpatient aspect of specialist medical services including gastroenterology, respiratory, diabetes and endocrinology are delivered by dual-accredited specialist teams with oversight from the Inpatient Medicine care group.

The hospital provided tertiary service provision for intestinal failure, nutrition, hepatology, weaning/acute-domiciliary ventilation and lymphoedema.

Inpatient beds:

- AMU 51 inpatient beds
- General Medicine 112 inpatient beds

The trust had 43,385 medical admissions from February 2018 to January 2019. Emergency admissions accounted for 18,602 (38.4%), 3,005 (6.2%) were elective, and the remaining 26,778 (55.3%) were day case.

During our inspection we visited the following wards: Allingham, Amyand, Belgrave, Caesar Hawkins, Champneys, Charles Pumphrey Unit, Dalby, Gordon Smith, Kent, Marnham, Richmond, Rodney Smith, Trevor Howell And William Drummond. We spoke with approximately 50 members of staff including nursing and medical staff of all grades, allied health professionals such as occupational therapists, healthcare assistants, housekeeping and catering staff, and managers. We spoke with 25 patients and their relatives. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff however not all staff had completed it. Medical staff in the division did not meet the trust target for most mandatory training and safeguarding training modules.
- Staff did not always complete and update risk assessments for each patient. Documentation in patient files was inconsistent and not always completed, and consent forms were not always completed in full.
- The service did not always have enough staff, including nurses and doctors, with the right qualifications, skills, training and staff told us this was a potential risk to patient safety.
- Records of patients' care and treatment were not always stored securely or easily available to all staff providing care. Electronic records were not always accessible in a timely manner and paper records were not always securely stored. We saw paper records that included patient identifiable information and do not resuscitate forms accessible in folders and were not secure or marked as confidential.
- The service did not always coordinate between pharmacy and ward staff use systems and processes to safely store medicines. We found examples of fridge temperature recordings consistently higher than the recommended temperature and ward staff were not clear what action had been taken. Staff could not be sure the medicines was safe to use.

# Medical care (including older people's care)

- The catheter laboratory had aging equipment that needed replacing and two beds had been decommissioned as a result. There was a risk of further equipment failure and a temporary mobile catheter laboratory had been commissioned by the trust. The trust is a designated heart attack centre. Following the inspection, the trust advised us that a business case for the provision of equipment was approved by the board in September 2019.
- Patients were at a higher risk of readmission following discharge when compared to the national average. The risk of readmission for both elective and non-elective treatment was higher than the national average in two of the top three specialities by number of admissions.
- The service did not encourage black, Asian and minority ethnic (BAME) to join the staff BAME network where they could seek support. Staff we talked to were not aware of the network and senior staff were not able to direct us to information on the intranet for staff to access.

However:

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The division had worked hard to reduce the number of patient falls. We saw examples of initiatives such as “bay watch”, where a designated member of staff always remained in a bay to assist patients and patients were provided with socks with grip to prevent slips. All staff we talked to had a good awareness of initiatives and why they were important.
- The trust scored highly in the Sentinel Stroke National Audit Programme (SSNAP). On a scale of A-E, where A is best, the trust achieved grade A in latest audit.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not always complete and update risk assessments for each patient. Documentation in patient files was inconsistent and not always completed in full. During our inspection we saw examples of risk assessments being completed, partially completed or not at all.
- Records of patients' care and treatment were not always stored securely or easily available to all staff providing care. Electronic records were not always accessible in a timely manner and paper records were not always securely stored. We saw paper records that included patient identifiable information and do not resuscitate forms accessible in folders and were not secure or marked as confidential.
- The service provided mandatory training in key skills to all staff however not all staff had completed it. Medical staff in the division did not meet the trust target for most mandatory training and safeguarding training modules. No staff group met the trust target for lifesaving training and staff told us this training had been difficult to access.

# Medical care (including older people's care)

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. For nurses, the vacancy, turnover and sickness rate continued to be higher than the trust target and 19% of hours set to be filled by bank or agency staff were unfilled. On the days we visited, we saw wards where the planned number of staff was not filled.
- The service did not always coordinate between pharmacy and ward staff or use systems and processes to safely store medicines. We found examples of fridge temperature recordings consistently higher than the recommended temperature and ward staff were not clear what action had been taken. Staff could not be sure the medicines was safe to use.
- The service did not always control infection risk well. We saw example of staff not washing their hands between patient contact and this was reflected in one ward's hand hygiene score for June 2019 of 88.1%.
- The trust and division were dealing with an ageing estate which at times was a risk to patient safety. The trust had taken some actions to control the risk, such as filters on taps to prevent legionnaires disease and the pipework was flushed regularly to prevent leaks, but this was an ongoing problem.

However:

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff told us there was an open and honest culture and they were encouraged by their managers to report incidents and staff were able to give us examples of when duty of candour had been applied.
- Dalby ward was refurbished and opened in December 2018 to provide a safe, dementia friendly environment for patients. Comfort cooling, an air-cooling system, was installed so the bays did not reach high temperatures and the exit and entry system was designed to allow patients to walk freely around the ward without the risk of them leaving unattended.
- The division had worked hard to reduce the number of patient falls. We saw examples of initiatives such as "bay watch", where a designated member of staff always remained in a bay to assist patients and patients were provided with socks with grip to prevent slips. All staff we talked to had a good awareness of initiatives and why they were important.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not always record consent appropriately. We saw examples of forms not completed in full and inconsistent recording which meant staff were not sure correct consent for treatment had been gained.
- Not all patients had a pain score recorded in their records. Staff we talked to told us they did not use a pain score tool for patients that could articulate their pain and no score was recorded in their notes. This meant staff were not able to see whether a patient's pain score had changed.
- Patients were at a higher risk of readmission following discharge when compared to the national average. The risk of readmission for both elective and non-elective treatment was higher than the national average in two of the top three specialities by number of admissions. This had not improved since our last inspection.

# Medical care (including older people's care)

- Not all staff received an appraisal of their work. The trust set a target of 90% of staff to receive an annual appraisal and the division did not meet this target for any staff group. This had not improved since our last inspection.
- The division did not meet the seven-day clinical standards target in all specialities. Access to Magnetic resonance imaging (MRI) was limited and four medical specialities were not compliant at the weekend.
- We saw a deprivation of liberty safeguards (DoLS) application that had no expiry or review date recorded.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health and we saw staff encouraging patients to drink in hot weather.
- Following the National Diabetes Inpatient Audit 2017, the division had secured funding for a specialist inpatients diabetes teams to work with ward staff, supporting them to provide safe care for diabetic patients.
- The trust scored highly in the Sentinel Stroke National Audit Programme (SSNAP). On a scale of A-E, where A is best, the trust achieved grade A in latest audit.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients told us that staff were caring and this was consistent across all wards we visited.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Patients, relatives and staff could access multi faith, multi denomination, chaplaincy services.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. We saw staff having conversations with patients and relatives about their care, treatment and prognosis. This was delivered with compassion and patients and relatives were able to ask questions.
- We saw examples of compliments from patients displayed in the wards we visited, thanking staff for the care they received.

However:

- The response rate for the Friends and Family test on some wards was less than five per month and meant a score was not recorded as the sample was too low.

## Is the service responsive?

**Requires improvement** ● ↓

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

# Medical care (including older people's care)

- Five medical specialities were below the England average for admitted referral to treatment time (RTT). The worst performing speciality was cardiology which was 34% below the England average of 81.1% patients seen within 18 weeks.
- The average length of stay for medical elective patients was 8.6 days which was higher than the England average of 5.9 days.
- Elective work was placed early in the day which did not account for emergency patients and reduced patient flow through the hospital.
- We saw blank "reach out to me" forms use to record patient's personal preference and we were not assured these were consistently completed.
- There were 572 patient moves at night within the division. The three wards with the highest number of moves were Belgrave (102), Kent (57) and Trevor Howell (45). Night moves after 10.30pm are not in line with best practice.

However:

- The service planned took account of patients' individual needs. Dalby ward was refurbished to meet the needs of patients living with dementia and Heberden ward was undergoing refurbishment to a similar standard.
- Ambulatory care had been introduced in two areas of the hospital to improve the number of patients that were treated and reduce the number of patients admitted to a ward.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Staff gave us examples of complaints they dealt with and knew how to escalate concerns when needed.
- The service used the butterfly scheme to identify patients living with dementia and those with suspected delirium. This was a discrete way for staff to easily identify patients that needed additional support.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Staff could not provide examples of a change in practice following an incident, complaint or action taken after open conversations with senior management.
- Not all staff we talked to were aware of the vision and strategy was for the trust or the ward they worked on. Four nurses we talked to did not know what the vision and strategy was and were not aware a new strategy had been launched in April 2019.
- Not all low risks on the divisional risk register had met the action due date or been updated for over 12 months.
- The trust had recently established a group for black, Asian and minority ethnic (BAME) staff to network and seek support. However, staff we spoke with were not aware of the network and senior staff were not able to direct us to information on the intranet for staff to access.
- Four staff networks had recently been established, BAME, Disability and Wellbeing, LGBTQ+ and women's. They had not yet set their objectives and staff were not able to locate information on the intranet.
- Not all wards used GREATix to celebrate compliments about their staff. GREATix was a trust wide system where staff could nominate other staff members, recognising excellence. The trust recorded 152 GREATix submissions in medical care between March 2017 and November 2019.

# Medical care (including older people's care)

However:

- The leaders of the service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders told us about their aim to improve the elderly care service which considered the increasing numbers of this patient group.
- Staff felt respected, supported and valued and were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. All staff we talked to told us there was an open reporting culture and they were encouraged to report incidents.
- Leaders operated effective governance processes, and staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service.
- All staff were committed to continually learning and improving services and leaders encouraged innovation.

## Areas for improvement

The service MUST:

- Make sure all patient records are stored securely, completed accurately and kept confidential.
- Make sure consent is correctly recorded in patients notes in line with best practice.

The service SHOULD:

- Continue work to improve vacancy, sickness and turnover rates amongst nursing staff.
- Continue work to improve completion rates of mandatory training amongst medical staff.
- Improve the consistency of completed patient records including risk assessments and reach out to me forms.
- Improve the recording of actions taken when fridge temperatures are out of range.
- Continue with plans to improve the catheter laboratory to provide a safe service for patients and staff.
- Reduce the number of patient moves at night.
- Improve the referral to treat time (RTT) in the five specialities where they fell below the England average.

# Surgery

Good  

## Key facts and figures

The surgery service at St George's Hospital Tooting includes a wide variety of surgical disciplines and is a tertiary hub for South West London and Surrey, covering major trauma, complex cardiology and the hyper-acute stroke unit. The trust had 29,700 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 10,838 (36.5%), 11,078 (37.3%) were day case, and the remaining 7,784 (26.2%) were elective.

During our inspection we visited the following wards: Benjamin Weir, Brodie, Caroline, Champneys, Chelsden, Florence Nightingale, Gray, Gunning, Holdsworth, Keate, McKissock and Vernon. We also visited a selection of theatres, the Surgical Admissions Lounge and the Nye Bevan Unit. We spoke with approximately 40 members of staff including nursing and medical staff of all grades, allied health professionals such as occupational therapists, healthcare assistants, housekeeping and catering staff, and managers. We spoke with 10 patients and their relatives. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of this service

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

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The design of the environment did not always follow national guidance. Many ward areas were cluttered with equipment at various points throughout the day (for example, when receiving orders). However, leaders and housekeeping staff we spoke to confirmed there was a transformation programme underway to improve this.
- Vacancy, turnover and sickness rates amongst nursing staff did not meet the trust's target, although the service was taking action to address this.

# Surgery

- From April 2018 to March 2019, 75.3% of required staff in surgery at St George's Hospital received an appraisal compared to the trust target of 90%. This meant the trust could not be assured that all staff received an appraisal of their work performance.
- People could not always access the service when they needed it or receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not line with national standards.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure most staff completed it. Where there were areas of lower compliance, leaders oversaw action plans to encourage improvement.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The design of the environment did not always follow national guidance. Many ward areas were cluttered with equipment at various points throughout the day (for example, when receiving orders). However, leaders and housekeeping staff we spoke to confirmed there was a transformation programme underway to improve this.
- Vacancy, turnover and sickness rates amongst nursing staff did not meet the trust target. Despite this the service was taking action to address this, and we did not observe any impact upon patient safety as a result.

## Is the service effective?

Good  

# Surgery

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Managers did not always appraise staff's work performance regularly. From April 2018 to March 2019, 75.3% of required staff in surgery at St George's Hospital received an appraisal compared to the trust's target of 90%. This meant the trust could not be assured that all staff received an appraisal of their work performance.

## Is the service caring?

**Good** ● → ←

Our rating of caring CHOOSE A PHRASE. We rated it as CHOOSE A RATING because:

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

## Is the service responsive?

**Requires improvement** ● → ←

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

# Surgery

- People could not always access the service when they needed it or receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not line with national standards. From January 2019 to April 2019, the trust's referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average. Therefore, this had a negative impact on our rating for responsive. Despite this, leaders described ongoing work to improve this.
- From February 2018 to January 2019 the average length of stay for patients having elective surgery at St George's Hospital (Tooting) was 4.2 days, which was worse than the England average of 3.9 days.
- The service treated concerns and complaints seriously but did not always investigate them in a timely way. The trust took an average of 27 days to investigate and close complaints. This was not in line with their complaints policy, which states complaints should be closed within 25 working days.

However:

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. For example, the service had also developed an innovative programme called 'Get Set 4 Surgery' to help patients prepare for having an operation and understand what would happen at each stage of their journey.

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were approachable in the service for patients and staff.
- Leaders had taken action to improve all aspects of the leadership and culture of the cardiac surgery service.
- The service was developing a vision for what it wanted to achieve and a strategy to turn aspirations into action, developed with all relevant stakeholders.
- Most staff we spoke with felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

- In February 2019, the trauma and orthopaedic team became the first in the UK and second in the world to use a new type of tibial nail in surgery.
- The service had developed an innovative programme called 'Get Set 4 Surgery' to help patients prepare for having an operation and understand what would happen at each stage of their journey, from surgical assessment to discharge and recovery at home. The service had been recognised for this innovative practice through an award from Healthy London Partnership.

## Areas for improvement

The service SHOULD:

- Continue work to improve vacancy, sickness and turnover rates amongst nursing staff.
- Continue work to improve the environment across the surgical division.
- Continue work to improve completion rates of mandatory training amongst medical staff.
- Continue work to improve appraisal rates for staff across the surgical division.
- Update and ensure staff have access to the deteriorating patient policy.
- Ensure all locum medical staff complete a full local induction.
- Continue work to improve waiting times from referral to treatment and arrangements to admit, treat and discharge patients to bring them in to line with national standards.

# Services for children and young people

**Outstanding** ☆ ↑↑

## Key facts and figures

The trust provides specialist children's services and an integrated mix of tertiary care and specialist services as a regional centre for Wandsworth, South West London and further afield.

There is a comprehensive range of specialist services in both medical and surgical specialties cared for over three wards. These are supported by paediatric intensive care, the neonatal unit and neonatal intensive care.

There is a children's community nursing team and clinical nurse specialists who are supported by play specialists and child psychology services. Psychology is the scientific study of the human mind and its functions.

The trust has a consultant-led rapid referral service for GPs to contact their paediatricians (doctors specially trained to care and treat children) to help reduce pressures on the emergency department by diverting appropriate patients to the paediatric ambulatory unit (Blue- Sky).

Surgical services cover all aspects of paediatric surgery (excluding cardiac) including minimally invasive techniques. The department is the designated lead paediatric surgery centre for South West London and Surrey.

The hospital has 101 inpatient paediatric beds:

- Frederick Hewitt Ward: 17 beds
- Pinckney Ward: 15 beds
- Nicholls Ward: 19 beds
- Paediatric intensive care unit (PICU): 12 beds
- Neonatal unit: 38 beds

In addition, there are 15 beds on Jungle Ward, the paediatric day case unit.

During our inspection, we spoke with more than 20 members of staff including consultants, doctors, nurses, play specialists and domestic staff. We spoke to 14 parents, and three children and young people who were using the service at the time of our inspection. We observed care and treatment and looked at seven patient records and seven medication charts.

## Summary of this service

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

- The Children's service had made significant improvements in safeguarding training and supervision, meeting the individual needs of children and young people, reduction of surgical site infections, improved outcomes in the National Diabetes audit, management of risks, maintaining dignity and respect, meeting guidelines for consultants to review patients within 14 hours of admission and the leadership of the service. Many of the issues identified in our previous inspection had been addressed or there were effective plans to address.
- The service had enough staff to care for children and young people to keep them safe. However, some departments were still heavily reliant on bank and agency staff, but a successful recruitment campaign meant this would be addressed. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. Although the staff qualified in speciality on the neonatal unit and paediatric intensive care unit

# Services for children and young people

did not meet the national guidelines, it had improved since our last inspection. The service controlled infection risks well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff recognised and respected the totality of the needs of children, young people and their families. They always took their personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from people who used the service, those close to them and stakeholders was always very positive about the way staff treated people.
- Staff found innovative ways to enable children and young people to manage their own health and care when they could and to maintain independence as much as possible.
- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.
- The service planned care to meet the needs of local children and young people and took account of their individual needs and made it easy for them to give feedback. Children and young people could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. A Children's Strategy Priorities was awaiting final ratification, some staff had knowledge of this. Staff understood the service's values, and how to apply them in their work. Staff felt more respected, supported and valued since our last inspection. Morale was still low in some areas but improving. Staff were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and young people and the community, to plan and manage services. All staff were committed to improving services continually.

However:

- The neonatal unit was not still meeting British Association of Paediatric Medicine staffing standards for units providing neonatal intensive care. The standards require 70% of nurses to be qualified in the specialty. However, this had improved since our last inspection; 58% were now qualified, compared to 40% at the time of the last inspection. The paediatric intensive care unit was still not meeting national standards requiring 70% of nurses to be qualified in the speciality. However, this had improved since our last inspection and 63% were now qualified, compared to 61% at the time of our last inspection. The service had a tangible plan to ensure this standard was met within the next 12 months.
- The number of nursing staff who had received an annual appraisal was below the trust target in many wards and departments. Across the whole service 72% of nursing staff had received an appraisal which (trust target 95%).

# Services for children and young people

- There were still high level of staffing vacancies on the neonatal unit and paediatric wards, which meant the service had high use of agency and bank staff. Agency staff were not able to carry out all the procedures undertaken by permanent staff. Staffing levels on the inpatient wards had been increased following an establishment review, although the trust still did not have enough staff of the right qualifications, skills, and training. Due to a recent successful recruitment programme the service would be over established with nurses in September 2019.
- Some facilities and premises were not always ideal and in need of modernising or refurbishment, but we didn't observe this having an adverse effect on the care patients received. For example, some of the departments and wards were excessively hot in the summer months due to lack of air conditioning.

## Is the service safe?

**Good** ● ↑

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

- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service was mostly meeting guidelines for consultants to review patients within 14 hours of admission. This was an improvement since our last inspection.
- We found a thorough risk assessment had been undertaken on Jungle ward in relation to the amount of space in between the beds and the risks mitigated. There had been no incidents reported in relation to the bed space. This was identified as an area of concern during the last inspection.
- The service provided mandatory training in key skills to all staff. The majority of staff had received up-to-date mandatory, statutory and clinical training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had the correct level of training on how to recognise and report abuse, and they knew how to apply it. Staff received safeguarding supervision regularly this was an improvement since our last inspection.
- The service controlled infection risk well. Staff adhered to infection prevention and control practice and kept equipment, and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each child or young person. They kept clear records and asked for support when necessary. Staff used the Paediatric Observation Priority Score tool to observe children and young people. Staff had training on when to escalate and to refer appropriately for medical help. Staff used the World Health Organisation checklist for surgical practice and operations. This ensured safety for children and young people.
- Staff kept detailed records of care and treatment of children and young people. Records were clear, up-to-date, and easily available to all staff providing care.
- The service followed best practice when prescribing, administering, and recording medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

# Services for children and young people

- There were still high level of staffing vacancies on the neonatal unit and paediatric wards, which meant the service had high use of agency and bank staff. Agency staff were not able to carry out all the procedures undertaken by permanent staff. Staffing levels on the inpatient wards had been increased following an establishment review, although the trust still did not have enough staff of the right qualifications, skills, and training. Due to a recent successful recruitment programme the service would be over established with nurses in September 2019.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- The service targeted and took a proactive approach to health promotion and prevention of ill-health, and they use every contact with people to do so. The trust was in the process rolling out a new scheme to provide every primary and secondary school with an emergency asthma kit, which was believed to be the first initiative of its kind in London. The scheme, which was in conjunction with the Wandsworth and Merton Children's Asthma Board, was devised to ensure that all state schools in Wandsworth and Merton had an emergency asthma kit available in line with the Department of Health and Social Care guidelines and as part of a drive to improve asthma awareness and education.
- The service participated in relevant national clinical audits. Outcomes for children and young people were positive, consistent and generally met or exceeded expectations, such as national standards.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service had developed a comprehensive action plan to address performance in the 2016 National Paediatric Diabetic audit. The 2017 National Paediatric Diabetic audit showed improved performance.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children and young people regularly to see if they were in pain. They supported those unable to communicate using assessment tools and gave additional pain relief to ease pain.
- Staff of different kinds worked together as a team to benefit children and young people. Doctors, nurses, play specialists and other healthcare professionals supported each other to provide good care. There was a strong focus on multidisciplinary team work with specialists to improve outcomes for children and young people.
- Key services were available seven days a week to support timely care for children, young people and their families. The only exception to this was availability of MRI scans out of hours.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff understood how and when to assess whether a child or young person had the capacity to make decisions.

However:

- The number of nursing staff who had received an annual appraisal was below the trust target in many wards and departments. Across the whole service, 72% of nursing staff had received an appraisal which (trust target 95%).

# Services for children and young people

- The neonatal unit was not still meeting British Association of Paediatric Medicine staffing standards for units providing neonatal intensive care. The standards require 70% of nurses to be qualified in the specialty. However, this had improved since our last inspection; 58% were now qualified, compared to 40% at the time of the last inspection. The paediatric intensive care unit was still not meeting national standards requiring 70% of nurses to be qualified in the speciality. However, this had improved since our last inspection and 63% were now qualified, compared to 61% at the time of our last inspection. The service had a tangible plan to ensure this standard was met within the next 12 months.

## Is the service caring?

**Outstanding** ☆ ↑

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from people who used the service, those close to them and stakeholders was always very positive about the way staff treated people.
- The anti-ligature bay on Frederick Hewitt Ward, maintained the privacy and dignity of children and young people. During the last inspection, this was not that case, as curtains were transparent.
- Staff recognised and respected the totality of the needs of children, young people and their families. They always took their personal, cultural, social and religious needs into account, and found innovative ways to meet them. We observed staff taking into account a child's religious needs into account, only female staff cared for the child.
- Staff involved children, young people and those close to them in decisions about their care and treatment. Parents were made to feel welcome and involved in their child or young persons care and were able to stay with them.
- Staff provided emotional support to children, young people and their families to minimise their distress. The emotional and social needs of children, young people and those close to them were seen as being as important as their physical needs. A parent told us how the service had provided counselling for a year after their baby was born due to provide support at a very difficult time.
- Staff were fully committed to working in partnership with children, young people and their families and making this a reality for each person. Staff showed determination and creativity to overcome obstacles to delivering care. Play specialists supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach. Play specialists worked with children and young people who attended regularly for intravenous (into a vein) injections to develop coping techniques to enable them to have the cannula inserted without the support of a play specialist.
- Staff recognised that children, young people and their families needed access to, and links with, their advocacy and support networks in the community and they supported them to do this. For example, the service could access Redthread to provide support to young victims of crime. Redthread is a youth work charity aiming to support and enable young people in south London to lead healthy, safe and happy lives.
- Staff found innovative ways to enable children, young people and their families to manage their own health and care when they could and to maintain independence as much as possible. Staff gave basic life support training to parents of children at risk of becoming very unwell at home. Parents were also given training in more advanced skills such as tracheostomy care to enable children to be cared for at home. A tracheostomy is an opening created at the front of the neck, so a tube can be inserted into the windpipe to help breathing.

# Services for children and young people

- Staff were exceptional in enabling people to remain independent. Staff encouraged and supported children and young people to attend the school within the hospital when they felt well enough. Play specialists took time to find out what the interests and hobbies were of children and young people and found ways of pursuing these whilst in hospital.
- Staff were discreet and responsive when caring for children young people and families. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were skilled in communicating with children and young people.
- Staff always empowered children, young people and their families to have a voice and to realise their potential. For example, on the neonatal unit, there was a weekly parent meeting on a Wednesday led by either a consultant, matron, sister/ or family-care co-ordinator. Presentations included common neonatal medical conditions such as jaundice, prematurity and nutrition. These were followed by discussions and questions.

## Is the service responsive?

**Outstanding**  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The hospital delivered a broad range of services for children and young people, including a number of highly specialist paediatric services. The service took into consideration the holistic needs of children, young people and their families. Services were planned in a manner to limit the disruption to children and young people's education.
- The service had developed pathways with referring hospitals to ensure patients received the correct care and treatment quickly. For example, Jungle ward had set up a plastic surgery pathway.
- The services provided were flexible, provide informed choice and ensured continuity of care. Children and young people with cancer had their care planned and coordinated by the hospital. The service worked in partnership with local hospitals, children's community nursing teams and GP's to provide 'care closer to home' for children and young people with cancer and their families during and following their treatment
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Children and young people had access to same day and next day clinics. GPs could obtain advice from paediatricians via a hotline. The service had specific pathways which could be assessed to prevent unnecessary attendance to the emergency department. For example, there was a pathway for new born babies with jaundice or that were failing to gain weight.
- The service ensured that play services were an integral part of the service to ensure psychological need were met. The hospital play team provided a very comprehensive programme of play support to children across all paediatric clinical areas. The variety of play support ensured that children and young people understood the strange environment and unpleasant procedures so that the risk of harm from hospitalisation was mitigated.
- It was easy for children, young people and their families to give feedback and raise concerns about care received and the service encouraged it. The service treated concerns and complaints seriously, investigated them promptly and thoroughly, and included children, young people and their families in the process. The service shared lessons learned with all staff in the service and more widely
- Children, young people and their families had access to interpreting services so that they were kept fully informed.

# Services for children and young people

- The service organised an interpreter during the inspection so that a parent could give feedback to us about the care their child had received. The feedback was positive, and they felt they had been involved in their child's care and treatment and were kept informed with the use of an interpreter.
- The hospital school was rated as 'outstanding' by Ofsted and teachers at the school provided educational and learning support to children and young people across the hospital.
- Staff could access emergency mental health support 24 hours a day 7 days a week for children and young people with mental health problems and learning disabilities.
- The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. For example, the development of transitional services had been identified as a key strategic objective by the service to ensure the needs of these young people were met.
- Children, young people and their family's individual needs and preferences were central to the delivery of tailored services. The service held a Safari Club every Saturday morning on Jungle Ward. The sessions were designed to introduce children and their families to the hospital and ward environment and meet some of the staff who will be looking after them when they attend hospital for surgery. The sessions involved the opportunity to try on hospital gowns, theatre masks and see cannulas. The play specialist facilitated this in a fun, engaging way that helped to alleviate anxiety for both the children and their families. Parents were also invited to share any concerns or fears they or their child had a head of surgery so that this can be addressed on the day.
- Jungle Ward had a variety of entertainers, magicians, singers, balloonists, musicians and therapy dogs who visited to entertain and amuse children.
- Play specialists produced photo albums of the different stages a child would go through when they had an operation. They used these to show the child and explain what was happening at each stage.

However:

- Some facilities and premises were not always ideal and in need of modernising or refurbishment, but we didn't observe this having an adverse effect on the care patients received. For example, some of the departments and wards were excessively hot in the summer months due to lack of air conditioning.

## Is the service well-led?

Good ● ↑

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

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The governance structure had been strengthened since our last inspection. Regular multi-disciplinary, directorate departmental governance meetings were undertaken.
- There were improved governance processes, responses to staff feedback, development a strategy and improvements made since our last inspection.
- There was a new directorate leadership team since our inspection. The Head of Nursing for Children's services had been in post since March 2019. Staff were positive about the new leadership team and especially the positive impact of the Head of Nursing.

# Services for children and young people

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. However, this was awaiting final ratification from the trust board. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Most staff felt respected, supported and valued. Bullying and harassment was identified as a problem in the 2019 staff survey. No staff reported feeling bullied or harassed to us during the inspection. Staff reported that morale had been low due to staffing issues and a very hard winter period. All staff we spoke to were optimistic about the future of the service and that “they were moving in the right direction”. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. The trust had a Quality Improvement Academy as part of this the service had a quality improvement programme which included more than 50 different innovations.

## Outstanding practice

- The service had implemented situation awareness for everyone (SAFE) safety huddles in paediatrics. Aimed to improve outcomes for acutely unwell children on paediatric wards and reduce variation in service delivery quality. Used in the safety huddle to improve situational awareness and facilitate improved communication.
- The trust had implemented the reducing harm by keeping mothers and babies together programme. This was part of the national Avoiding Term Admissions into Neonatal units’ programme. Which promotes all maternity and neonatal services to work together to identify babies whose admission to a neonatal unit could be avoided and to promote understanding of the importance of keeping mother and baby together when safe to do so.
- On the paediatric intensive care unit had introduced weekly “Druggie” rounds which reviewed medicine prescribing errors with support from pharmacy.
- Introduction of coffee mornings on Wednesdays for parents with babies on the paediatric intensive care unit.
- There was quarterly joint paediatric medicine, paediatric emergency department and paediatric intensive care clinical governance meetings, where joint audits and quality improvement projects were presented.
- Weekly safeguarding teaching sessions were undertaken. These were led by the safeguarding responsible doctor. These were open to all but were mainly attended by doctors and medical students. The sessions included a variety of safeguarding subjects and any past of current safeguarding cases.

# Services for children and young people

- The trust was in the process rolling out a new scheme to provide every primary and secondary school with an emergency asthma kit, which was believed to be the first initiative of its kind in London. The scheme, which was in conjunction with the Wandsworth and Merton Children's Asthma Board, was devised to ensure that all state schools in Wandsworth and Merton had an emergency asthma kit available in line with the Department of Health guidelines and as part of a drive to improve asthma awareness and education.
- Parents were given a pager by theatre staff when they had left their child in theatre for an operation. When the patient was in recovery and awake theatre staff called the pager to notify the parent to come back to the theatre as their child was in recovery.
- On the neonatal unit, there was a weekly parent meeting on a Wednesday led by either Consultant, Matron/Senior nurse/Family-care Coordinator.

## Areas for improvement

The service SHOULD:

- Continue work to improve completion of nursing staff annual appraisals.
- Continue work to improve the amount of staff qualified in speciality working within the neonatal unit and paediatric intensive care.
- Continue work to improve completion rates of mandatory training amongst medical staff.
- Consider further ways to improve staff engagement, well-being and address concerns highlighted in staff survey.
- Continue with recruitment and retention strategies to reduce vacancy, turnover and sickness rates.
- Consider how to avoid mixed sex breaches.
- Continue with the planned refurbishment to make the premises suitable for modern day healthcare.

# Outpatients

Requires improvement   

## Key facts and figures

Outpatient services at St Georges Hospital Tooting is provided in several locations within the main hospital and in different locations within the London borough of Wandsworth.

The trust provides outpatient services for a range of specialties including general outpatients; medical, surgery, cardio-thoracic surgery, transplant, diagnosis and pre and post-operative assessment, women and children's services, ophthalmology, ear, nose and throat (ENT), dental and oral surgery, trauma and orthopaedics, pain, rheumatology, stroke, elderly care, haematology/oncology, breast care, therapy services, audiology, podiatry and paediatrics. The trust has a range of specialist neurology clinics, including memory, motor neurone disease (MND) and infusion services.

More than 1000 clinics are held every week and around 1,049,437 patients attend each year for outpatient consultations and treatment. The trust had 857,157 first and follow up outpatient appointments from February 2018 to January 2019.

Outpatient clinics are supported by multidisciplinary teams including doctors, nurses, healthcare assistants and allied health professionals. Allied health professionals such as audiologists, orthoptists, therapists and specialist nurses run outpatient clinics alongside medical teams.

We visited a range of clinics in all the outpatient areas. We spoke with 25 staff including nursing, medical, physiologists, senior staff and administrative staff. We met with 15 patients and relatives who shared their views and experiences of the outpatient service. We observed how people were being cared for and reviewed 12 care/treatment records.

We also reviewed national data and performance information about the trust, and a range of policies, procedures and other documents relating to the operational of the outpatients' department.

## Summary of this service

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

- The trust returned to reporting on their referral to treatment time (RTT) data for the St George's Hospital site. However, this reporting was still in its early days. This meant the outpatient department could not yet be fully assured that all patients had received their appointments.
- The trust's target for completion of mandatory training was not achieved in some areas.
- Staff did not always audit practice regularly to check whether they had made improvements for patients care and treatments.
- Systems to monitor the effectiveness of care and treatment were not embedded in the service.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for some staff groups working in the outpatient services were below the trust target.
- Most staff and middle grade managers were not aware of what was on their department's risk register.
- Not all risks on the risk register had associated actions, a date for review or a date by which actions to be completed and the risk owner.

# Outpatients

- There was not always a registered nurse available to manage the outpatients' clinic, some clinics were managed by healthcare assistants as compared to qualified nurses, however all clinics had a registered nurse oversight.
- We uncovered issues with heavy workloads for some key staff and a lack of senior staff support in some areas of the outpatients' department.

However:

- The service provided mandatory training in key skills and most staff completed the training in line with the trust's target.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date, and generally available to all staff providing care.
- Medicines in outpatients were managed safely. Medicines and prescription pads were kept locked when not in use.
- Care and treatment were provided based on national guidance. Speciality clinics followed relevant national guidance and participated in national and local audits.
- People were treated with compassion, kindness, dignity and respect, when receiving care. Staff communicated with people in a way that supported them to understand their care and treatment.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

## Is the service safe?

Good  

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

- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date, and generally available to all staff providing care.
- Medicines in outpatients were managed safely. Medicines and prescription pads were kept locked when not in use. The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

However:

# Outpatients

- The trust's target for completion of mandatory training was not achieved in some areas.

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate effective

- The service provided care and treatment based on national guidance. Speciality clinics operating within the outpatient department followed relevant national guidance.
- The service made sure staff were competent for their roles. Staff that were new to the department had an appropriate induction and appraisal rates within outpatients were high.
- Staff gave patients enough food and drink, where appropriate, to meet their needs whilst in the outpatient department.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Nurses undertook a wide range of monthly audits recorded on the Trust RATE system. Remedial action plans were in place for improvements.

However;

- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for some staff groups working in the outpatient services were below the trust target.

## Is the service caring?

**Good** ● → ←

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

- Patients were treated with kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who were close to them and other stakeholders, were positive about the way staff treated people.
- Doctors, nurses, healthcare assistants and allied health care staff provided compassionate and considerate care to patients. Staff introduced themselves and attempted to build a good rapport with patients.
- Staff throughout the department understood the need for emotional support. Patients and relatives felt that their emotional wellbeing was cared for.
- Staff included patients in their care and consultants explained things to them clearly in a way they could understand.

## Is the service responsive?

**Requires improvement** ● → ←

# Outpatients

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

- Some people could not access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- The trust returned to reporting on their referral to treatment time (RTT) data for the St George's Hospital site. However, this reporting was still in its early days. This meant the outpatient department could not yet be fully assured that all patients had received their appointments.
- The RTT for non-admitted pathways was worse than the England overall performance. The latest figures showed 83.1% for the trust, as compared to the England average of 87% of patients had been treated within 18 weeks.
- The did not attend (DNA) rate for the hospital was slightly higher than the national average.

However:

- Trust performance for cancer waiting times was better than the operational standard and the national average in the most recent two quarters.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP referral.
- Delays and cancellations were explained to people and the trust closely monitored clinics that were cancelled in less than six weeks with a view to reducing late cancellations and the impact these had on patients. Data showed that the proportion of cancelled clinics had reduced.
- There was evidence of learning and improvement from complaints. Complaints were responded to in line with the trust's complaints policy.
- The trust had a range of support teams available including dementia, learning disability and mental health liaison to meet patient's individual needs.
- There was access to face to face and telephone translation services and patient information leaflets could be accessed in languages other than English upon request.

## Is the service well-led?

**Requires improvement** ● ↑

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

- The frontline clinical and non-clinical outpatients' department staff were unaware of the strategy document and were not involved in the development of the service strategy.
- Most staff and middle grade managers were not aware of what was on their departments risk register and arrangements for managing risks were not always clear.
- Not all risks on the risk register had associated actions, a date for review or a date by which actions to be completed and the risk owner.
- We were not fully assured that local governance arrangements were effective. For example; the knowledge about the risk register by staff and lack of local audits such as clinic waiting times and late starts.

However:

# Outpatients

- There was a monthly OPD directorate governance meeting with representation from matrons, admin manager and service management. This meeting reported to divisional governance and management groups.
- The outpatient services had local leadership capacity and capability to deliver high-quality, sustainable care. We were told that matrons were supportive and visible within the department.
- The culture within the outpatient department was centred on the needs and experience of people who use the service and staff felt supported, respected and valued.
- The service had systems and processes in place to engage with patients, staff, the public and local organisations to plan and manage services. Patients had been involved in service improvement activities within the department.

## Areas for improvement

The service SHOULD:

- Encourage an effective process for quality improvement and risk management.
- Improve its local audit programme and review national audit outcomes to improve patient outcomes.
- Encourage all eligible staff to be compliant with mandatory training, including information governance safeguarding level three (3) and resuscitation.
- Review whether there are adequate seating facilities in clinics, to ensure patients and relatives have enough seating areas.
- Developed systems and processes which enable the trust to determine the quality and performance of its outpatients' department.

# Queen Mary's Hospital

Roehampton Lane  
Roehampton  
London  
SW15 5PN  
Tel: 02087253206  
[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Key facts and figures

Queen Mary's Hospital (QMH) provides services for adults and children and young people. The hospital offers more than 60 services, which are provided by St George's University Hospitals NHS Foundation Trust and other NHS trusts.

Services provided by Queen Mary's Hospital include outpatients (adults and children and young people), community inpatients, neurorehabilitation, limb fitting, burns dressing and dermatology, a day case unit which offers diagnostic service for endoscopy and urology. There are 88 inpatient beds and 10 day case beds.

There are two inpatient wards which provide sub-acute care, treatment and rehabilitation for older people and rehabilitation and support for adults who have had limb amputations.

The majority of services are provided on weekdays only with the inpatient wards open 24 hours a day, seven days a week.

In 2018/19, Queen Mary's Hospital had 17,063 attendances, 585 admissions and 89,337 outpatient attendances.

## Summary of services at Queen Mary's Hospital

**Requires improvement**   

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

- Leaders did not run services well using reliable information systems and did not always support staff to develop their skills. The leadership team were not clear of who had overall responsibility and oversight of surgery at Queen Mary's Hospital. Senior staff in the surgery department at Queen Mary's Hospital relied on the general manager for outpatients to send them performance data as they did not have access to the new electronic system.
- The service did not always manage learning from incidents well. Staff did not always collect safety information and use it to improve the service.
- Managers did not always monitor the effectiveness of the service. Key services were not available seven days a week.
- The service did not always provide care and treatment based on national guidance and evidence-based practice.
- At the time of inspection, surgery at Queen Mary's Hospital was not reporting its RTT position.

However:

# Summary of findings

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- During the previous inspection, staff were not fully compliant with the World Health Organisation (WHO) surgical safety checklist. However, on this inspection we did observe staff following the checklist.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care.

# Surgery

Requires improvement   

## Key facts and figures

The Day Case Unit (DCU) provides care for patients undergoing Endoscopic and Surgical procedures which are carried out under sedation, local anaesthesia and regional block. The unit consists of a first and second stage recovery, two endoscopy rooms, decontamination room and an operating theatre. The DCU provides diagnostic and surgical services in upper and lower gastroenterology, urology, plastic surgery, ophthalmology and podiatry. Procedures requiring general anaesthetic are not carried out on the unit and patients are normally discharged on the same day as the procedure.

The trust had 29,700 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 10,838 (36.5%), 11,078 (37.3%) were day case, and the remaining 7,784 (26.2%) were elective.

During our inspection we visited the surgery day case unit over three days. We then came back for another day and observed podiatry surgery in the day case unit. We spoke with approximately 35 members of staff including nursing and medical staff of all grades, allied health professionals, healthcare assistants, housekeeping staff and managers. We spoke with 13 patients and their relatives and checked 10 patient records. This was a routine inspection on a comprehensive basis. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of this service

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

- Leaders did not run services well using reliable information systems and did not always support staff to develop their skills. The leadership team were not clear of who had overall responsibility and oversight of surgery at Queen Mary's Hospital. Senior staff in the surgery department at Queen Mary's Hospital relied on the general manager for outpatients to send them performance data as they did not have access to the new electronic system.
- The service did not always manage learning from incidents well. Staff did not always collect safety information and use it to improve the service.
- Managers did not always monitor the effectiveness of the service. Key services were not available seven days a week.
- The service did not always provide care and treatment based on national guidance and evidence-based practice.
- At the time of inspection, surgery at Queen Mary's Hospital was not reporting its RTT position.

However:

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- During the previous inspection, staff were not fully compliant with the World Health Organisation (WHO) surgical safety checklist. However, on this inspection we did observe staff following the checklist.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care.

# Surgery

## Is the service safe?

**Good** ● ↑

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

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff used equipment and control measures to protect patients, themselves and others from infection.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Nursing staff were meeting trust compliance rates for mandatory training in nine out of 10 modules.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

However:

- The day case unit treated a small number of paediatric patients and the trust was unable to provide written guidance or policies stating how to manage paediatric patients in this setting.
- Records were not always stored securely. Although records were kept in lockable cabinets behind reception, this was unlocked and open in the day, there were times when the reception staff would need to leave the desk. This left notes accessible to the unauthorised persons.
- The service did not always manage patient safety incidents well. Most of the staff we spoke with were unable to provide examples of learning from incidents when questioned.
- The nursing staff vacancy rate was 22% which was above the trust target of 9.6%. Staff sickness rate was 5.4% which was above the trust target of 3.4%.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not always provide care and treatment based on national guidance and evidence-based practice.
- Although audits for Local Safety Standards for Invasive Procedures were carried out, data was not always submitted, and we did not observe action plans from the audit.
- British Association of Dermatology had recommendations put in place, however, it was unclear from the audit provided by the trust what the action plans were to implement the recommendations.
- Results and action plans from the national bowel screening audit were not presented to the staff at QMH. Staff told us they did not have the opportunity to attend clinical governance days as they were run at St George's Hospital and not QMH.

# Surgery

- Staff did not always monitor the effectiveness of care and treatment. They did not always use the findings to make improvements and achieved good outcomes for patients.
- We observed some policies that were out of date and the previous report had recommended that all policies should be reviewed and updated in line with agreed timescales. This meant that staff did not have access to the most up to date evidence-based practice.
- Staff did not always follow national guidance to gain patients' consent. We observed gaps in documentation for consent forms and the consent policy was due for review in June 2019.
- Managers did not always appraise staff's work performance regularly. From April 2018 to March 2019 nursing and medical staff did not reach the trust target appraisal completion rate of 90%. Results showed a completion rate of 11.8% for nursing staff. However, on inspection, most the staff we spoke with had completed their appraisals.

However:

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- During the previous inspection, staff were not fully compliant with the World Health Organisation surgical safety checklist. However, on this inspection we did observe staff following the checklist.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. People told us that they felt that staff understood the emotional impact of their conditions.
- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.
- Staff had mechanisms in place to support patients who became distressed in an open environment, and to help maintain their privacy and dignity.

However:

- None of the patients we spoke with reported being asked for feedback on their care or being given a friends and family test questionnaire. We raised this with staff who knew there was an issue with the text system that was used to ask for feedback.
- Discussions about patient appointments could be heard in waiting areas.

## Is the service responsive?

**Requires improvement** ● ↓

# Surgery

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

- At the time of inspection, surgery at QMH was not reporting its RTT position. However, shadow reporting was being undertaken in readiness for return to reporting at QMH.
- QMH had a validation team that monitored the patient tracking list and checked if any patients had not met the 18-week referral to treatment time period. If QMH had breached the 18-week referral to treatment time, this was escalated to the general manager. However, data specific to surgery would be available once the new electronic system came into place.
- At the time of the inspection, the trust had not returned to reporting referral to treatment data at Queen Mary's Hospital but were shadow reporting.
- The trust did not always meet their threshold for did not attend rates from April 2018 to April 2019. They did have a did not attend rate team that phoned patients 72 hours in advance to check if they were attending surgery, however the text messaging reminder service was due to be implemented in September 2019.
- Staff were unable to provide details of any actions that had been implemented as a result of a complaint.
- We requested to see responses sent from complaints and action plans, but the trust did not provide us with information.

However:

- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Clinic letters contained information about transport, access, patient support and facilities. This included information such as support for patients with hearing impairments, assistance dogs, catering facilities and breast feeding and baby changing facilities.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Leaders did not have all the skills and abilities to run the service. They did not always understand and manage the priorities and issues the service faced. They were approachable in the service for patients and staff.
- Leaders did not operate effective governance processes, throughout the service and with partner organisations. Not all staff at all levels were clear about their roles and accountabilities. There was no clarity of who had overall responsibility and oversight of surgery at Queen Mary's Hospital.
- The governance arrangements were not clearly explained due to the complexity of the leadership at Queen Mary's hospital. However, there was some oversight of governance via the monthly management and staff team meetings.
- The head of nursing from St. George's Hospital visited Queen Mary's Hospital weekly, however, some staff we spoke with commented that staff from St. George's Hospital were not visible.
- Leaders and teams did not always manage performance effectively. They did not always identify and escalate relevant risks and issues. The risks identified during the inspection did not reflect all the risks on the risk register. Career progression opportunities were limited for nursing staff in day case surgery.

# Surgery

- Senior staff in the surgery department at Queen Mary's Hospital relied on the general manager for outpatients to send them performance data as they did not have access to the new electronic system.

However:

- Most staff we spoke with felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Most of the staff we spoke with were aware of the trust's vision and strategy and if not, they were able to point to a board which displayed this information.

## Areas for improvement

The service SHOULD:

- Have a policy in place for seeing paediatric patients in the day case unit.
- Improve staff awareness on learning from incidents.
- Ensure records are stored securely.
- Update and ensure staff have access to the deteriorating patient policy.
- Continue to work to improve nurse staffing levels.
- Ensure relevant learning from audits is shared across both sites and ensure data is consistently collected for audits and action plans completed where necessary.
- Work to improve staff appraisal rates.
- Ensure consent form documentation is fully completed.
- Ensure senior staff are clear of who has overall responsibility and oversight of surgery at Queen Mary's Hospital.
- Ensure risk registers are completed with up to date information.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Cath Campbell, Head of Hospital Inspection at CQC led this inspection. An executive reviewer, Anna Morgan, supported our inspection of well-led for the trust overall.

The team included one inspection manager, 11 inspectors, two assistant inspectors, and 12 specialist advisers.

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