

## REPORT TO THE TRUST BOARD: MAY 2014

<b>Paper Title:</b>	<b>Risk and Compliance Report</b>
<b>Sponsoring Director:</b>	<b>Peter Jenkinson</b> Director of Corporate Affairs
<b>Author:</b>	<b>Gurbachan Johal</b> Assurance Manager
<b>Purpose:</b>	To update the Board on compliance related issues/risks and related developments occurring across the Trust and provide assurance about the management of risk.
<b>Action required by the board:</b>	For information and discussion as required
<b>Document previously considered by:</b>	Quality and Risk Committee
<b>Executive summary</b>	
<b>Key messages</b>	
<ul style="list-style-type: none"> <li>• The significant risks on the Board Assurance Framework are presented following review at Executive Management Committee and Quality and Risk Committee</li> <li>• An overview of any external inspections/assurances that the Trust has received in the reporting period.</li> <li>• Outcome of the CQC inspection, undertaken in February 2014 and formal action plan in response</li> </ul>	
<b>Recommendation</b>	
The Board is asked to:	
<ul style="list-style-type: none"> <li>• Approve the report and approve the revised CQC Statement of Purpose.</li> <li>• Approve the action plan in response to the Chief Inspector of Hospitals inspection</li> </ul>	
<b>Risks</b>	
<i>The most significant risks on the Board Assurance Framework are detailed in the report</i>	

## 1. Risks - Board Assurance Framework (BAF):

This report identifies the extreme risks on the BAF, new and closed risks during the reporting period and significant changes made following regular review at Executive Management Team. Table 1 details the highest rated risks on the BAF. The risk score for one risk has increased. Details of these risks are included at Appendix 1:

**Table one: highest rated risks**

Ref	Description	C	L	Rating (prev)
A602	Pressures on internal capacity may result in the Trust being unable to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20
3.2-05	The Trust does not deliver its cost reduction programme objectives	5	4	20
A513	Failure to achieve the National HCAI targets	4	4	16
3.9-05	3.9-05 Impact of Better Care Fund on Financial position of the trust.	5	4	20
02-02	Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)	4	4	16 ↑

### 1.1 Closed Risks

There have been no risks closed during the reporting period. However, one previously proposed new risk for inclusion on the BAF, following escalation from the Medicine and Cardiovascular Risk Register has closed during the reporting period and so is not included on this iteration of the BAF:

- Potential risk: Patients may not be effectively monitored due to the telemetry system within cardiology wards being in need of urgent replacement – closed as equipment now in place

### 1.2 New Risks

The risks on the Board Assurance Framework are reviewed on a rolling basis and are subject to formal review by the Executive Management team prior to Trust Board. As part of the review, the range and severity of risks are considered, and potential and new risks are proposed for consideration and inclusion on the BAF. The following potential risks were highlighted during the reporting period:

- Implementation of e-prescribing in June 2014
- Preparation and securing of programmed transition to Cerner (STG) from the national programme
- Emergency Department performance
- Cancer 62 day wait performance
- Delay to the ability to deliver the capital programme and maintenance activity due to clinical and capacity demands preventing access for estates and projects works.
- Failure to demonstrate full Estates Compliance
- Planning process for Private Patient Unit and car park
- Risk to patient experience of 40+ week waits for surgery
- Risk of legionella infection associated with the three cooling towers (cooling towers are high risk equipment)

- Inadequate electrical back up to Lanesborough Wing
- Lack of decant space to support capital projects
- Risk of not achieving the planned Estates and Facilities directorate financial outcomes.

### 1.3 Review of risks to annual corporate objectives

Following approval of the corporate annual objectives by Trust Board, the process of review will commence to include any new risks of delivery against the annual corporate objectives with the BAF. This will be presented, with the BAF in its entirety to the Trust Board in July 2014.

## 2. Assurance Map

The Trust Assurance Map is a schedule of all external visits, inspections and reporting which captures on-going actions in response to external reviews and those underway to prepare for forthcoming visits. The assurances received from these external inspections help inform the board as to continued compliance with regulatory requirements including Care Quality Commission Essential Standards of Quality and Safety. The following section provides a summary of all external visits and inspections during the reporting period.

### 2.1 Care Quality Commission (CQC)

#### 2.1.1 CQC Inspection Report

In February 2014 the Trust was subject to a inspection by the CQC under the new Chief Inspector of Hospitals' inspection regime. The inspection focused on five key questions/domains: 'Are services safe, effective, caring, responsive and well-led?' The inspection covered St. George's Hospital, Queen Mary's Hospital, St. Johns Therapy Centre and some services provided from Health Centres.

The CQC published its report on the inspection in April 2014 and found the overall standard of care to be 'good' across all sites and awarded the trust an overall rating of 'Good'. As part of the inspection, the CQC rated 62 specific standards, out of these, four were rated 'outstanding', fifty were rated 'good' and eight were rated as 'requires improvement'. None of the services provided by St. Georges Healthcare NHS Trust were judged to be inadequate. The heat maps below provide a summary of the CQC ratings for St. Georges (acute and community):

Figure 1: St. Georges acute CQC rating heat map

	Safe	Effective	Caring	Responsive	Well-Led	Overall
A&E	Good	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Requires Improvement	Good	Good	Good	Good	Good
ITU/CCU	Outstanding	Good	Good	Good	Outstanding	Outstanding
Maternity	Good	Good	Outstanding	Good	Good	Good
Children and Young People	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Not Assessed	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Figure 2: St. Georges Community CQC rating heat map

	Safe	Effective	Caring	Responsive	Well-Led	Overall
A&E (Minor Injuries)	Requires Improvement	Not rated	Good	Good	Good	Good

<b>Surgery</b>	Good	Good	Good	Good	Good	Good
<b>Outpatients</b>	Good	Not Rated	Good	Requires Improvement	Good	Good
<b>Community Inpatients</b>	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated
<b>Overall</b>	Requires Improvement	Good	Good	Good	Good	Good

The final CQC summary quality report is provided at appendix 2. The report identified two areas where the CQC have advised that the Trust *must* take action to improve. These are compliance actions relate to:

- Poor understanding and implementation of the principles of the Mental Capacity Act 2005 at Queen Mary's Hospital
- Availability of medical records for staff working in St. Georges based outpatient clinics.

Work is already underway to address the shortcomings identified within the CQC report and the results of a 'Perfect Week' (28<sup>th</sup> April - 2<sup>nd</sup> May) to focus upon ensuring notes are available in Outpatient Clinics have already shown a positive result with the number of missing patient notes in outpatient clinics reduced from 6.1% of all appointments to 3.2% The Trust has developed an action plan in formal response to the CQC, this is provided at appendix 3 for board approval prior to submission to CQC by 30<sup>th</sup> May. The action plan will be monitored by QRC and externally via the Clinical Quality review Group Meeting.

In addition, a number of areas for improvement were also identified in the CQC inspection report and a wider Trust wide action plan to address these issues is being finalised to ensure all actions are addressed to ensure there is learning and continued improvement to the services identified. This will be monitored in the same way as the formal action plan.

### 2.1.2 CQC Statement of Purpose

The CQC requires all organisations to submit a statement of purpose as part of the registration process, which outlines the following key information:

- The providers aims and objectives in providing the service;
- The kinds of services provided;
- The health or care needs that the service sets out to meet;
- The locations where the services are actually provided from; and
- Details about the provider including legal status and any registered manager details.

St. Georges statement of purpose has been revised and updated and is provided at appendix 4 for Board review and approval.

## 2.2 Summary of external assurance and third party inspections March - April 2014

### 2.2.1 UNICEF Baby Friendly Initiative

The Trust was assessed by the UNICEF baby friendly initiative in March 2014. The Baby Friendly Initiative works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. The initiative aims to implement best-practice across all health organisations offering maternity services and offers an assessment and accreditation process for those organisations that have achieved the required standard. St. Georges was assessed and accredited at stage 3 (the final stage) indicating that it fully meets the requirements of this initiative.

### 2.2.2 PLACE

In April 2013 PEAT (Patient Environment Action Team) inspections were replaced by PLACE (Patient Led Assessments of the Care Environment). These assessments see local people come in to the hospital as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment. The trust was initially assessed in May 2013 and non-conformities were identified, the majority of which have been addressed through a detailed action plan. The trust has been subject to a further PLACE review in May 2014 and reports will be provided in June 2014. These reports will inform a new action plan which will include any outstanding actions from the previous assessment.

### **2.2.3 London Local Supervising Authority (LSA)**

The LSA conduct an annual audit of LSA standards for the statutory supervision of midwives. The Trust was successfully audited in March 2014, several recommendations for improvement were made and actions to address these recommendations are monitored via the Divisional Governance Board.

## **2.3 Pending Inspections – May 2014**

### **2.3.1 G4S – UKAS Quality Management Certification (9001)**

The United Kingdom Accreditation Service (UKAS) will be auditing G4S' capacity to deliver patient transport services that conform to nationally recognised standards and the Trust's own policy objectives. This inspection was scheduled to take place in March 2014 but has now been postponed with no further confirmed date for inspection. The G4S Quality Standards Manager has provided assurance that they are well-prepared for this accreditation.

## **2.4 External Assurance - conclusion**

The Trust continues to progress with the monitoring and compliance of actions arising out of external inspections. The Trust was inspected by the CQC in February 2014 who rated our overall standard of care as 'good'. The CQC identified two actions that the trust must take for improvement as well as several less significant recommendations. Actions plans are in place to address these recommendations and will be monitored through the regular assurance monitoring process.

## **3 Intelligent Monitoring Report**

The CQC introduced the intelligent monitoring report in October 2013, which replaced the previous system of monthly Quality Risk Profile reports. As part of the new reports, each NHS Trust is allocated a banding based on the level of risk identified from the CQC's analysis of data. St. Georges was placed in band 6 (the lowest risk band possible) after release of the initial intelligent monitoring report in October 2013. The subsequent report in March 2014 highlighted that previous identified risks had been removed and two new risks were identified. These related to:

- **Never Events** – the CQC intelligent monitoring report identified that, at the end of the data collection period, the Trust had reported two serious incidents defined as Never Events (against a CQC benchmark of 0). The Trust declares and investigates all Never Events in line with national requirements, and the actions and learning from Never Events are also presented to the Quality and Risk Committee. These are also further reviewed and scrutinised by the Commissioners externally via the Clinical Quality Review Group.
- **Potential under reporting of staff health and safety training** – the previous intelligent monitoring report identified that 64% of staff had completed health and safety training (against a CQC benchmark of 75%). The CQC used results obtained from the staff survey to inform this indicator. It is important to note that the staff survey is a sub-set of all Trust staff. Analysis of Trust MAST data showed that 90% of staff had completed health and safety training in the reporting period under review.

The Trust has received no further intelligent monitoring reports for this reporting period.

**Conclusion**

In conclusion, the overall 'Good' rating in our CQC report, in conjunction with other external assurances provides a significant level of assurance around the Trust's compliance with regulatory requirements. There are detailed action plans in place to address any concerns identified through external inspections, as required.

## Appendix 1

<b>Principal Risk</b>	A602.1-O1 Pressures on internal capacity may result in the Trust being unable to meet demands from activity, negatively affecting quality, throughout the year.				
<b>Description</b>	<p>Requirement for high activity volumes in some specialities.</p> <p>Potential for commissioner challenges and financial penalties</p> <p>There is an unlimited demand on A&amp;E which will may impact on increase in emergency admissions</p> <p>A rise in emergency admissions impacts on capacity for elective admissions, time that theatres are not in use and 28 day rebook timeframes.</p> <p>Variable demand may impact on patient pathways and negatively affect patient safety.</p> <p>Delayed transfer of care and repatriation patient delays to host hospitals block beds for emergency/elective activity.</p> <p>Winter pressures relating to Flu, diarrhoea &amp; vomiting symptoms increase demand on side rooms and closure of beds.</p> <p>There are reduced numbers of discharges at weekends and on bank holidays causing capacity problems on the next working day/s</p> <p>Pressure on bed capacity and failure to meet operational targets both emergency and elective</p> <p>Use of bank/agency staff to staff escalation areas</p> <p>Loss of Trust income due to elective cancellations</p> <p>Adverse reputation</p>				
<b>Domain</b>	<b>1. Quality</b>			<b>Strategic Objective</b>	<b>1.1 Patient Safety</b>
	<b>Original</b>	<b>Previous</b>	<b>Update</b>	<b>Exec Sponsor</b>	Miles Scott
<b>Consequence</b>	5	5	5	<b>Date opened</b>	01/11/2012
<b>Likelihood</b>	4	4	4	<b>Date closed</b>	
<b>Score</b>	20	20	20		
<b>Controls &amp; Mitigating Actions</b>	<p><b>Controls:</b></p> <p>Implementation of several schemes to address capacity, encompassing:</p> <ul style="list-style-type: none"> <li>- Surgical assessment Unit</li> <li>- Grey &amp; Vernon wards</li> <li>- Critical Care</li> <li>- Cardiology</li> </ul> <p>Schemes to address capacity issues submitted to NHSE &amp; NTDA.</p> <p>Additional work-streams implemented, assisted</p>			<b>Assurance</b>	<p>Internally funded winter plan &amp; externally pursuing with commissioners.</p> <p>Programme of applications for additional winter funding</p> <p>Participation in Urgent Care Board</p> <p>ECIST review (September 2013)</p>

	<p>by ECIST review recommendations:</p> <ul style="list-style-type: none"> <li>• Bed management review</li> <li>• ECIST toolkit on internal waits</li> <li>• Opportunities for managing patients elsewhere</li> <li>• 7 day consultant cover</li> <li>• Management of frailty</li> </ul> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• Seek additional external capacity</li> <li>• Cap demand for services</li> </ul>		
<b>Gaps in controls</b>	<p>The summer period saw a higher level of activity than predicted, and this resulted in bed pressures that exceeded those in the winter.</p> <p>Revised the capacity modeling completed Sep 13 shows the trust is at risk of a difficult winter, even after the additional capacity we have planned has been put in place.</p>	<b>Gaps in assurance</b>	
<b>Actions next period:</b>	<ul style="list-style-type: none"> <li>• Initiating capacity planning for 14/15</li> </ul>		



<b>Principal Risk</b>	3.9-05 Impact of Better Care Fund on Financial position of the trust. Funding of circa £2M rising up to £20M recurrently removed from the trust income position. With potential impact on financial performance, operational delivery and quality of services as well as the Trust's FT application			
<b>Description</b>	<p>The Better Care Fund (BCF) is a new pooled health and social budget due to be implemented from 2014/15 and rising significantly in value in 2015/16.</p> <p>CCGs will be required to contribute significant health funds to the BCF locally. Initial estimates indicate a financial impact on St. George's of circa £2M in 2014/15 and circa £20M in 2015/16 and recurrently afterwards.</p> <p>Method of implementing BCF still being developed and expected to be a mix of predominantly QIPP type activity reductions and to a lesser extent tariff reductions.</p> <p>If income is reduced without a concomitant reduction in the trust's activity and cost base, the financial impact will severely impact the trust's financial performance and through that, have potential impacts on operational, quality and other elements of trust business.</p> <p>If this risk is realised the BCF has the potential to undermine the trusts FT application, as it may make it impossible for the trust to deliver the required surpluses</p>			
<b>Domain</b>	<b>2. Finance &amp; Operations</b>			<b>Strategic Objective</b>
	<b>Original</b>	<b>Previous</b>	<b>Update</b>	<b>2.1 Meet all financial targets</b>
				<b>Exec Sponsor</b>
<b>Consequence</b>	5	5	5	Steve Bolam
				<b>Date opened</b>
<b>Likelihood</b>	3	3	4	31 January 2014
				<b>Date closed</b>
<b>Score</b>	15	15	20	
<b>Controls &amp; Mitigating Actions</b>	<p><b>Controls</b> Engagement with CCG and local authority partners in south west London to understand and co-operatively plan for the management of the BCF</p> <ol style="list-style-type: none"> <li>Trust is required to be a party to the Better Care Fund submission and plans that are made.</li> <li>That St. George's will work constructively with and through South West London Collaborative Commissioning to influence and mitigate the impact of the BCF on St. George's.</li> </ol> <p><b>Mitigations</b></p> <ol style="list-style-type: none"> <li>Bring forward of future years CIP plans or</li> </ol>		<b>Assurance</b>	<p>Negative Guidance and understanding and local interpretation of guidance, and impact finically on local CCG's is unclear</p> <p>Structures to manage and oversee BCF are relatively new and untested</p> <p>+ve assurance: SWL system receiving support from PWC as part of 5 year planning process to ensure plans are coherent, consistent and deliverable.</p>

	<p>current central mitigations in the CIP programme to offset increased loss of income to the trust.</p> <ol style="list-style-type: none"> <li>2. Where QIPP related projects do not deliver anticipated reduction in inpatient or other activity at St. George's, the trust would anticipate that it will be funded for this over-performance at 100%</li> <li>3. Substitution of clinical activity lost to BCF related projects from other trusts locally</li> <li>4. That the trust will benefit through the potential expansion of community delivered services, funded through the BCF.</li> <li>5. BCF leads to a review of clinical service configuration in south west London which creates opportunities for additional activity to flow to St. George's</li> </ol>		
<b>Gaps in controls</b>		<b>Gaps in assurance</b>	
<b>Actions next period:</b>	<ul style="list-style-type: none"> <li>▪ Work co-operatively with CCG and Local Authority partners to inform and develop BCF plans locally.</li> <li>▪ Outcomes from 5 year planning process will be clearer and we will prepare revised LTFM</li> </ul>		

<b>Principal Risk</b>	3.2-O5 Cost Improvement Programme slippage. The Trust does not deliver its cost improvement programme objectives				
<b>Description</b>	<ul style="list-style-type: none"> <li>•Opportunities for savings schemes are not identified</li> <li>•Opportunities to save are not sufficiently developed to deliver the value required</li> <li>•Savings identified within schemes are overoptimistic / savings are double counted</li> <li>•Savings are redeployed</li> <li>•Savings schemes are not delivered as planned</li> <li>•Savings identified are only non-recurrent</li> </ul>				
<b>Domain</b>	<b>2. Finance &amp; Operations</b>			<b>Strategic Objective</b>	<b>2.1 Meet all financial targets</b>
	<b>Original</b>	<b>Previous</b>	<b>Update</b>	<b>Exec Sponsor</b>	Steve Bolam
<b>Consequence</b>	5	5	5	<b>Date opened</b>	01/12/2012
<b>Likelihood</b>	4	3	4	<b>Date closed</b>	
<b>Score</b>	20	15	20		
<b>Controls &amp; Mitigating Actions</b>	<p><u>Controls</u>  Benchmarking St. George's services to ensure that opportunities for CIP savings are identified through avenues such as:</p> <ul style="list-style-type: none"> <li>▪ SAFE analysis of productivity opportunities</li> <li>▪ Albatross HRG reference cost comparison</li> <li>▪ Civil eyes Consultant performance comparison</li> <li>▪ Service Line Management</li> </ul> <p>Over-programming</p> <ul style="list-style-type: none"> <li>▪ Additional Schemes to be developed above annual requirement as a contingency against under-delivery</li> </ul> <p>Programme Management Office (PMO)</p> <ul style="list-style-type: none"> <li>▪ Role of PMO in managing CRP programme.</li> <li>▪ Rigorous PID and POD development to support CRP projects.</li> <li>▪ Director oversight, review and sign-off of projects to ensure that only projects that have a realistic chance of delivery are agreed and implemented.</li> </ul>			<b>Assurance</b>	<p>Audit Reports Internal review of PMO processes by Governance Team</p> <p>Benchmarked controls against Monitor's guide on "Delivering Sustainable Cost Improvement Programmes" (19-01-2012).</p> <p>Audit Reports Internal review of PMO processes by Governance Team Audit Reports Internal review of PMO processes by Governance Team</p> <p>TDA review of Trust CIP governance</p> <p>NTDA review and approval of 2 year CIP programme as presented in preparation for NTDA approval of FT application</p>

	<ul style="list-style-type: none"> <li>▪ Risk assessment of all schemes, challenge on the value of savings achievable and monitoring of scheme progress, with reporting back to F&amp;P Committee and the Board.</li> <li>▪ Appointment in 2013/14 of interim Divisional CIP leads.</li> <li>▪ Future CIP strategy to identify pipeline of future projects Service Improvement Team GE Organisational change/ Lean (See Programme Plan for Exemplar site)</li> <li>▪ Development of in-house expertise Development of savings culture</li> </ul> <p>Mitigating Actions</p> <p>1.To develop further in-year non-recurrent CIP projects to offset the non-delivery of the full CIP programme. These would include:</p> <ul style="list-style-type: none"> <li>▪ Vacancy freezes</li> <li>▪ Reductions in procurement spend</li> <li>▪ Slowing of in-year capital programme</li> </ul> <p>2. Bring forward of future years schemes – with a two year programme of CIP projects in place, the trust will bring forward schemes from future years to offset under-performance in the CIP programme in year TDA CIP review group.</p> <p>3. Review list of downside mitigations to see what can be actioned now</p>		
<b>Gaps in controls</b>	Over-programming yet to be achieved Lack of consistent pipeline of future projects	<b>Gaps in assurance</b>	
<b>Actions next period:</b>	<p>Update rolling 2 year CIP programme with detailed PIDs covering 14/15 and 15/16</p> <p>Develop 'fighting fund' for additional contingency</p> <p>Confirm mitigation plans to June Finance, performance and Information Committee after agreeing with divisions.</p> <p>Agree proposal for support on 16/17 to 18/19 programme development</p>		

<b>Principal Risk</b>	A513-O1: Failure to achieve the National HCAI targets for MRSA and C Diff				
<b>Description</b>	The target for MRSA is set at 0 cases (zero tolerance) and 45 case for C. Diff for year 2013/14 The Trust's reputation is adversely affected Foundation Trust application affected Loss of patient & public confidence in the Trust Risk of patient harm				
<b>Domain</b>	<b>1.Quality</b>			<b>Strategic Objective</b>	<b>1.1 Patient Safety</b>
	<b>Original</b>	<b>Previous</b>	<b>Update</b>	<b>Exec Sponsor</b>	Alison Robertson
<b>Consequence</b>	4	4	4	<b>Date opened</b>	31/05/2010
<b>Likelihood</b>	4	4	4	<b>Date closed</b>	
<b>Score</b>	16	16	16		
<b>Controls &amp; Mitigating Actions</b>	<p>Bi-weekly taskforce meeting and bi-monthly Infection Control Committee meeting</p> <p>Regular reports to the Patient Safety Committee, EMT&amp; Trust Board</p> <p>Infection Control score card used to monitor monthly progress</p> <p>Regular communications sent to support practice and raise awareness to ensure staff adhere strictly to diarrhoea protocol</p> <p>Divisional action plans presented to the taskforce as required</p> <p>Zero Tolerance statement on the Trust intranet</p> <p>Bi-monthly antimicrobial steering group chaired by Medical Director</p> <p>Consultant level information circulated on a regular basis</p> <p>RCA carried out for each infection (MRSA, MSSA &amp; Cdiff)</p> <p>Infection Control Policy in place</p> <p>Weekly line care rounds &amp; C:diff rounds on-going</p> <p>Competence assessment document for taking blood cultures approved</p>			<b>Assurance</b>	<p>Overall trajectory has now recovered. (28 reported against threshold 45:end of Feb 2013)</p> <p>CQC Compliance with Outcome 8: Infection Control (Aug 2013)</p> <p>Peer review completed in January 2012. - Feedback is positive.</p> <p>Best practice visit to Southampton in May 2013.</p> <p>MRSA – 6 cases, all investigated via RCA – last two bacteraemia showed poor compliance with line care.</p> <p>Infection control action plans subject to review by internal audit – reasonable insurance.</p> <p>Peer review of infection control nursing team (By Barts&amp; the London Trust) final report agreed with recommendations</p> <p>Further best practice visit undertaken (West Hertfordshire) to learn more about their approach to surgical site surveillance.</p>

<b>Gaps in controls</b>	BAF risk 01-01 Informatics to support production of real time data	<b>Gaps in assurance</b>	
<b>Actions next period:</b>	Continual revision of infection control action plan (next update March 2014). Increasing number of consultants champions for infection control. Continuing regular cleaning inspections and recurrent themes from inspections circulated Pack for peripheral line insertion in place (to be considered for blood cultures also) Focus on improving decontamination practice services not utilising TSSU – meeting with Trust De-Con lead (HA) Director of E&F (ND) and DIPC (AR). STNC have since purchased more nasendoscopes and further report due to EMT March 2014. Analysis and actions in relation to latest audit of line care.		

<b>Principal Risk</b>	02-02 Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)			
<b>Description</b>	As Cost Improvement Programmes continue to be rolled out, there is a potential risk that inadequate identification, monitoring and mitigating actions will fail to ensure that quality of care is preserved.			
<b>Domain</b>	<b>1. Quality</b>			<b>Strategic Objective</b>
	<b>Original</b>	<b>Previous</b>	<b>Update</b>	<b>Exec Sponsor</b>
<b>Consequence</b>	4	4	4	<b>Date opened</b>
<b>Likelihood</b>	4	3	4	<b>Date closed</b>
<b>Score</b>	16	12	16	
<b>Controls &amp; Mitigating Actions</b>	All combined schemes (divisional improvement programmes, run rates) must have a Quality Impact Assessment covering 5 dimensions (5x5 risk scoring): <ul style="list-style-type: none"> <li>- Patient Safety</li> <li>- Patient Outcome</li> <li>- Patient Experience</li> <li>- Staff welfare</li> <li>- Financial impact</li> </ul> Combined schemes are subject to local governance scrutiny and approval, at care group, directorate and divisional level; overseen by Divisional triumvirate including Divisional Chair, Divisional Director of Operations and Divisional Director of Nursing & Governance.			<b>Assurance</b>  Positive assurance: External scrutiny of process by Trust Board, commissioners and NTDA. Each scheme has KPIs related to their risk registers which are regularly reviewed. High level governance structure robust  Negative assurance: Relies on robust divisional governance structure – recent divisional governance review has revealed not all CIPs which impact upon quality of care receive clinical sign-off

	<p>Local governance structures report monthly to Clinical Governance Group (CGG) which reviews and approves all PODS/PIDS (project outline and initiation documents). Risk Registers also reviewed.</p> <p>CGG chaired by Medical Director – all schemes with risk score over 12 also referred for consideration for approval by CGG. CGG is dynamic.</p> <p>CGG reports exceptional risks to QRC.</p> <p>Process of assurance feeds up from DGBs not just Risk Registers</p> <p>Divisions encouraged to bring run-rate schemes.</p>		
<b>Gaps in controls</b>	<p>Potential that not all risks are recognised and that 5x5 risk scoring application is inconsistent across divisions.</p> <p>Reliance upon divisions recognising clinical risks</p> <p>Insufficient mitigations &amp; increased pressure to deliver CIPs may result in less rigorous application of QIA process.</p>	<b>Gaps in assurance</b>	
<b>Actions next period:</b>	Continued oversight by CGG and refinement of CGG process		

## Appendix 2



# St George's Healthcare NHS Trust

## Quality Report

St George's Hospital  
Blackshaw Road,  
Tooting  
London  
SW17 0QT  
Tel: 020 8672 1255  
[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

Date of publication: 24 April 2014  
Date of inspection visit: 10-13 & 22 February 2014

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

### Ratings

Overall rating for this trust	Good	
Are services at this trust safe?	Requires Improvement	
Are services at this trust effective?	Good	
Are services at this trust caring?	Good	
Are services at this trust responsive?	Good	
Are services at this trust well-led?	Good	



# Summary of findings

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# Summary of findings

## Overall summary

St George's Healthcare NHS Trust is one of the largest hospital and community health service providers in the UK. With nearly 8,000 staff and around 1,000 beds, the trust serves a population of 1.3 million across South West London. The trust provides healthcare services, including specialist and community services, at two hospitals – St George's Hospital in Tooting and Queen Mary's Hospital in Roehampton – therapy services at St John's Therapy Centre, healthcare at Wandsworth Prison and various health centres. During this inspection, we visited both hospitals, St John's Therapy centre and a selection of health centres, looking in detail at both acute and community services.

Key findings from this inspection include:

### Staffing

This trust (like many others) experiences difficulty in recruiting enough nurses to cope with the increasing demands on the service and the complexity of patients admitted to the ward areas. We held a number of staff focus groups where staff stated that they had actively chosen to work at St George's hospital as they enjoyed the culture of the organisation and felt that they were

able to deliver a good service to their patients. However, we noted on some wards and areas that there were significant issues with shortages of staff which impacted on patients and the care they received.

### Cleanliness and infection control

Overall, the hospital was found to be clean and good infection prevention and control systems were in place. We noted that there were some issues of cleanliness within the mortuary and the day assessment unit. However, most ward areas and departments were clean and clutter-free. The chief nurse and director of operations was the lead for infection prevention and control and this ensured that this issue has board-level commitment.

### Mental Capacity Act

We found that the trust staff were unsure of the processes to follow when they identified someone who may have limited or no capacity to make decisions about their care. We have asked that the trust take action to address this and will follow up to ensure action has been taken.

# Summary of findings

## The five questions we ask about trusts and what we found

We always ask the following five questions of services.

### Are services safe?

The services provided by the trust were safe, however staff were unclear of the procedure to be taken when using the the Mental Capacity Act. Staff knowledge of this Act was limited which meant that staff were not always able to identify and take the correct steps to protect patients with limited capacity. The trust had and used mechanisms for monitoring performance. Incidents were reported via the trust's IT system and these were collated and actions taken to address identified deficits.

The trust had good systems in place to disseminate the lessons learnt from incidents that occurred in the hospital. These included patient safety forums held each month for all staff, safety bulletins and newsletters. Most staff were aware of these systems and received feedback from the trust on the lessons learnt.

The trust had risk registers in place which, while not addressing all the risks identified by staff in some areas, did have actions to be taken to minimise these risks. Risks identified by staff were to be added to the register following our visit by the local management teams.

Requires Improvement



### Are services effective?

Throughout the trust we found that national clinical audit information was used to improve the effectiveness of service. In most areas National Institute for Health and Care Excellence (NICE) guidance was implemented and, as a result, the effectiveness of the services offered was improved.

There were good systems in place throughout the acute and community trusts to identify where a patient's condition was deteriorating and action was seen to be taken. The critical care services, while not offering a dedicated outreach team, used medical staff to provide timely assessments of the care needed to manage the deteriorating patient.

Staff were trained to have the appropriate skills, knowledge and experience for the role they undertook. However, further embedding of the Mental Capacity Act 2005 legislation would further enhance outcomes for patients who were suffering from dementia or who had mental health issues.

We saw excellent examples of multidisciplinary working across the community and acute teams, including discharge of patients and management of complex disorders.

Good



### Are services caring?

Prior to the inspection, we held focus groups and a listening event to obtain the views of patients and service users. We also reviewed the data obtained

Good



# Summary of findings

from the NHS Friends and Family Test, the NHS Choices website and the CQC's Adult Inpatient Survey (2012). This told us that patients were generally satisfied with the care that they received at the trust. This was also borne out by discussions we had with patients and relatives while on site.

There were a few patients who told us of areas of poor quality care but we found that the trust used complaints in a proactive way. This included the use of DVDs which recorded the patient experience and were used to highlight where practice could be improved for a better patient experience.

Women and their partners in the maternity and critical care settings were particularly pleased with the care they received. As were patients who used the community services that the trust provides.

## Are services responsive to people's needs?

We saw some excellent examples of the way the trust had responded to meet the needs of the population it serves. These included the service provided at the minor injuries unit at Queen Mary's Hospital, which provided general health advice as well as injury treatment. We also noted that parents on the children's wards were taught how to care for their child once at home.

We noted that a significant number of patients had their operations cancelled by the trust in the weeks preceding our visit. We reviewed this as this was not responsive to the needs of patients. However, due to pressures of capacity within the hospital, the trust had taken this decision so that patients' safety was maintained.

Most services were accessible to patients. However, the specialist services sometimes had difficulty repatriating patients to their local hospital or home which impacted on the availability of services for others. This could mean that patients who were waiting for specialist operations had to wait longer for a bed to become available. The services at Queen Mary's Hospital enabled patients to move from acute care back into the community in a more timely manner.

The Mary Seacole Ward at Queen Mary's Hospital operated an assessment service so that patients who required a higher level of treatment or support could be assessed and, if possible, this care was then able to be provided within their own home with support from community services.

Good 

## Are services well-led?

The chief executive was visible in all parts of the trust, spending time at both hospitals and talking to staff and patients. While visible within the main acute site, other members of the senior team were not so visible at the community locations. However, all staff displayed the values of the trust and most were able to verbalise that these were 'excellent, kind, responsible, respectful'.

We found good governance arrangements centrally which were, in the main, implemented locally as well. Local leaders were visible, not least because of the Senior Sister's/Ward Charge Nurses's bright red uniforms. Most staff found

Good 

## Summary of findings

that their leaders were supportive and listened to them. However, we did find a few areas where staff felt bullied and harassed by local managers. Once reported to the senior management, action was undertaken to address this issue.

Staff felt proud to work in the trust and sickness rates were low. Staff felt engaged and most felt enabled to raise concerns. Areas where this was not so are highlighted in the St George's Hospital report. Most staff had appraisals and supervision sessions with the appropriate personnel.

# Summary of findings

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

We reviewed a number of sources of data to inform us about what people who used the hospital said and we spoke with people at the listening event and focus groups. This information told us that, overall, the hospital was responsive to the concerns of people using the service however experiences of care provided by the trust varied.

The trust can be seen to be performing lower than the England average score for both the inpatient and A&E services in the NHS Friends and Family Test. This is a government initiative to test whether people would recommend the service to their friends and family. The response rate in A&E is lower than average while the inpatients is higher. There were four wards identified by patients as 'extremely unlikely' to be recommended to family and friends, including the Caesar Hawkins (medical short stay), Cheselden (cardiovascular and vascular), Gray ward and Richmond acute medicine unit. People at the focus groups and listening events who made negative comments also mentioned some of these wards.

Out of 69 questions, the trust was in the bottom 20% nationally in the Cancer Patient Experience Survey 2012-2013 for 39 of these questions. The areas which rated low were mainly around poor communication, lack of privacy, not being treated with respect and dignity, not having confidence in staff, patients not feeling listened to and staff not telling them all the relevant information.

The trust has an overall score of four stars out of five stars on the NHS Choices website. Staff were praised for being caring, dignity and respect were respected, patients felt involved in decisions and the hospital was praised for cleanliness. Negative themes include lack of prompt attention, attitude of staff, A&E waiting times, unhelpful staff and lack of consistency in care. This is reflective of the CQC's Adult Inpatient Survey 2012, where the trust performed about the same as other trusts in all 10 areas of the survey (A&E, waiting lists and planned admissions, waiting for a bed, hospital and wards, doctors, nurses, care and treatment, operations and procedures, leaving hospital, overall views and experiences).

## Areas for improvement

### Action the trust MUST take to improve

- There was a poor general understanding and implementation of the principles of the Mental Capacity Act 2005. (St George's Hospital and Queen Mary's Hospital – regulatory action taken)
- Medical records must be made available to staff working in the outpatients clinics. (St George's Hospital – regulatory action taken)

### Action the trust SHOULD take to improve

#### St George's Hospital

- Ensure risk registers reflect the risks in each department and ensure appropriate action is taken to address recommendations from national guidance.
- Action is taken to address issues of bullying and harassment and support staff in raising concerns.
- Alleviate staff concerns about permanent staffing levels on the children and young people wards.

- Ensure appropriate cascade of information regarding staffing and lessons learnt from incidents across the hospital.
- Ensure that staff are aware of the strategic direction for end of life care. Clarify the management structures and the responsibilities of other team members to staff in the outpatient services.
- Address issues of privacy, dignity and confidentiality as detailed in the report for this hospital.
- Avoid the unnecessary overbooking of outpatient clinics.
- Ensure that all staff receive appraisals and supervision and that this is documented.
- Review the combining of cardiology and cardiothoracic patients on Caroline Ward.
- Ensure that there are adequate numbers of porters to cover the A&E department, particularly at peak times (Friday and Saturday nights).
- Prevent the breaching of single-sex bays.

## Summary of findings

- Ensure that patients are always transferred to the most appropriate ward.
- Ensure that all staff always adhere to fire safety regulations.
- Review the recording system for pain relief of patients in the children's emergency department so that it includes a space for staff to detail hourly checks.
- Review communication systems in the event of admission and discharge with community health providers.

### Queen Mary's Hospital

- Improvements to outpatient services for children.
- Ensure that patient documentation is complete.
- Ensure that staff receive appropriate training in using, moving and handling equipment.
- Review the signposting in the orthotics department.
- Review confidentiality within the sexual health clinic waiting area.
- Ensure that all staff are aware of the location of emergency equipment.

### St John's Therapy Centre

- Defibrillators and resuscitation equipment should be reviewed in all premises where coil fittings and implants are performed.
- Information should be reviewed to address the needs of the local population.
- All clinical staff should receive safeguarding supervision from a named professional, in line with best practice guidance.
- The trust should review the integration of the IT system and ensure a prompt response to community IT issues.
- Senior managers should be more visible in the community settings to enhance leadership.
- The relevance of communication that is cascaded to community staff should be strengthened where appropriate.
- Patients' allergy status should be recorded on the medication administration charts as well as on care records.

## Good practice

Areas of good practice noted through the inspection include:

- The provision of a sympathetic environment within the mortuary suite.
- Outstanding maternity care, underpinned by information provided to women and partners and robust midwifery staffing levels with excellent access to specialist midwives.
- The responsive and caring environment of the Neonatal Special Care Baby Unit
- Timeliness of specialists to review patients awaiting a critical care assessment.
- Outstanding leadership of intensive care unit and high dependency unit services with open and effective team working and a priority given to dissemination of information, research and training.
- Multi-professional team working in neurology theatres.
- The functioning of the hyper-acute stroke unit on William Drummond Ward.
- The local leadership of Richmond acute medical unit.
- The well-led, integrated and calm environment of the A&E department.
- The provision of health advice at Queen Mary's Hospital minor injuries unit.
- Excellent multidisciplinary working across the community services.
- Community staff promoted excellent communication across teams.
- Community staff focused on the individual patient and worked hard to build trusting and open relationships with patients.
- The safety of children, young people and families was promoted through specific systems developed by the trust.
- The evident local culture of reporting and learning from medical incidents.
- The development of DVDs to engage clinical and managerial staff in reflecting on and improving practice and therefore patients' experiences.

# St George's Healthcare NHS Trust

## Detailed Findings

### Hospitals we looked at:

St George's Hospital, Queen Mary's Hospital and St Johns Therapy Centre.

## Our inspection team

### Our inspection team was led by:

**Chair:** Gillian Hooper, Director of Quality & Commissioning (Medical & Dental), Health Education England

**Head of Hospital Inspections:** Fiona Allinson, Care Quality Commission (CQC)

The team included CQC inspectors and a variety of specialists: doctors, nurses, health visitors, dieticians, Experts by Experience and patient representatives.

## Background to St George's Healthcare NHS Trust

St George's Healthcare NHS Trust is one of the largest hospital and community health service providers in the UK. With nearly 8,000 staff and around 1,000 beds, the trust serves a population of 1.3 million across South West London. The trust provides healthcare services, including

specialist and community services, at two hospitals – St George's Hospital in Tooting and Queen Mary's Hospital in Roehampton – therapy services at St John's Therapy Centre, and healthcare at Wandsworth Prison and various health centres.

The trust's main site, St George's Hospital, one of the country's principal teaching hospitals, is shared with St George's, University of London, which trains medical students and carries out advanced medical research. St George's Hospital also hosts the St George's, University of London and Kingston University Faculty of Health, Social Care and Education, which is responsible for training a wide range of healthcare professionals from across the region.

The trust offers very specialist care for the most complex of injuries and illnesses, including trauma, neurology, cardiac care, renal transplantation, cancer care and stroke. A large number of these services cover significant populations from Surrey and Sussex, totalling about 3.5 million people. In the community aspect of the trust, the services include a limb design and fitting service and a special seating service which casts and makes wheelchairs for people who cannot use a standard wheelchair.



## Detailed Findings

Wandsworth is a borough in South West London. It borders Lambeth (east), Merton and Kingston Upon Thames (south), Richmond upon Thames (west), Hammersmith and Fulham, Kensington and Chelsea and Westminster (north). The 2010 indices of deprivation showed that Wandsworth was the 121st most deprived local authority (out of 326 local authorities). Between 2007 and 2010, the deprivation score for Wandsworth increased, meaning that the level of deprivation worsened. Census data shows that Wandsworth has an increasing population and a higher than England average proportion of minority ethnic residents. Life expectancy is 8.9 years lower for men and 6.8 years lower for women in the most deprived areas of Wandsworth.

St George's Hospital has been inspected on five occasions since registration in April 2010. It was not fully compliant for all the outcomes inspected on two out of five occasions. The last inspection took place in August 2013 and the hospital was found to be non-compliant for Outcome 9 (management of medicines), Outcome 13 (staffing) and Outcome 21 (records). During this inspection we reviewed the actions the trust had taken to address these issues and found that the issues raised had been rectified, apart from the staffing levels on Trevor Howell ward. We found that staffing levels on this ward were maintained using bank (overtime) and agency staffing and this did not impact on the care experienced by patients.

### Why we carried out this inspection

We inspected this trust as part of our new in-depth hospital inspection programme. We chose this trust because it was considered to be a low risk service.

### How we carried out this inspection

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

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

The inspection team always inspects the following core services at each inspection:

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients
- Community inpatient services
- Children and families who use services
- Adults with long-term conditions who use services.

Before visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew about the trust. We carried out an announced visit between 10 and 13 February 2014. During the visit we held focus groups with a range of staff in the hospital, including nurses, doctors, physiotherapists, occupational therapists, porters, domestic staff and pharmacists. We talked with patients and staff from all areas of both hospitals and the community/therapy centre, including the wards, theatre, outpatient departments and the A&E departments. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients'. We held a well-attended listening event where around 80 patients' and members of the public shared their views and experiences of the trust. An unannounced visit was carried out on 22 February 2014 at St George's Hospital and Queen Mary's Hospital.

## Are services safe?

### Summary of findings

The services provided by the trust were safe, however staff were unclear of the processes to be followed when using the Mental Capacity Act. Staff knowledge of this Act was limited at this location which meant that staff were not always able to identify and take the correct steps to protect patients with limited capacity. The trust had and used mechanisms for monitoring performance. Incidents were reported via the trust's IT system and these were collated and actions taken to address identified deficits.

The trust had good systems in place to disseminate the lessons learnt from incidents that occurred in the hospital. These included patient safety forums held each month for all staff, safety bulletins and newsletters. Most staff were aware of these systems and received feedback from the trust on the lessons learnt.

The trust had risk registers in place which, while not addressing all the risks identified by staff in some areas, did have actions to be taken to minimise these risks. Risks identified by staff were to be added to the register following our visit by the local management teams.

### Our findings

#### Safety and performance

The trust reported two 'never events' (incidents so serious that they should never happen), between 1 December 2012 and 31 November 2013. Both never events occurred in surgery but only one at the St George's Hospital site. The second never event occurred at a location which the trust do not own but from where services were being provided on behalf of the trust. Most theatre staff were aware of this incident and could describe the actions taken as a result of this. Staff were aware of how to report incidents and had done so in the past.

The trust reports serious incidents through the National Reporting and Learning Service. St George's Hospital accounted for 60% of all serious incidents while 25% of the serious incidents occurred in patients' homes. The remaining serious incidents were split between Queen Mary's Hospital, Wandsworth Prison, community and residential services and nursing homes. Grade 3 and 4

pressure ulcers were the most common serious incidents, with 189 and 34 of each respectively. In total, 61% of the 223 pressure ulcers were acquired in patients homes, in community settings or in nursing or residential homes. The trust monitored the reporting of pressure ulcers.

All ward areas we inspected had information displayed on the wall regarding the safety of patients' on their ward. This ensured that information was available to staff and patients'. The trust invited all staff to attend the monthly patient safety forum where incidents were explained, analysed and discussed and the audience were invited to ask questions of the investigation team. This ensured that the organisation maintained an open and transparent culture around incident management.

#### Learning and improvement

The trust set and monitored the number of pressure ulcers, falls, urinary tract infections, among a number of other safety areas. We saw evidence of good governance systems that ensured incidents were investigated and action taken. Most staff could give an example of where practice had changed as a result of an incident or complaint to improve outcomes for patients'. Information was disseminated in a variety of ways, including newsletters, team meetings, trust-wide meetings and safety bulletins.

Throughout the hospital sites of the trust we noted that staff had limited knowledge of the Mental Capacity Act. This meant that staff could not assess patients with limited capacity and therefore could not gain appropriate consent to treatment. When patients' were identified as having limited capacity staff were unclear as to what actions should be taken.

#### Systems, processes and practices

##### Medicines management

Following a previous inspection where issues over the management of medicines had been identified, we ensured that a pharmacist was part of the CQC inspection team. The CQC pharmacist found that medicines management had good systems in place in most areas for the management, storage and administration of medicines.

##### Infection control

We found that all areas of the trust were clean and had infection prevention and control systems in place. Hand gels and hand washing was evident in both the acute and community settings. The chief nurse and director of operations was also the trust's director of infection

## Are services safe?

prevention and control. This ensured that there was someone with the executive authority and responsibility for ensuring that strategies were implemented to prevent avoidable healthcare associated infections at all levels in the organisation. There were arrangements in place for nursing patients' in isolation to reduce the spread of infection should they acquire infectious illnesses such as MRSA.

### Equipment and environment

The hospital environment largely facilitated the effective delivery of care. However, there were some issues in the older parts of the trust's buildings, in particular, in medicine at St George's Hospital, (see the specific location report for details). We saw that, in most areas, equipment was available to provide care and, where an issue had been highlighted, plans were in place to address this. An example of this was the trust's plan to standardise the type of ventilator equipment used to ensure patient safety. A further example was the move throughout the hospital to use smart pumps, programmed with a set drug dosage to support patient safety.

### Monitoring safety and responding to risk

While a number of wards reported they had vacancies, we saw that an appropriate number of staff were available on the wards to ensure the safety of patients. The trust had a reporting system in place to alert senior management when staffing was not safe so that staff could be moved around the unit to accommodate needs.

The trust, like many others during the winter months, had issues with capacity. Discharging patients appropriately ensured that those with pre-planned admissions had a bed available. However, unlike many trusts, St George's Healthcare NHS Trust had problems repatriating people to their local hospitals following specialised surgery. The week prior to our inspection, the trust had taken the decision to cancel 150 planned operations as they recognised that, potentially, there would not be the capacity to undertake these procedures safely.

We saw risk registers in many departments and spoke to staff who knew what was on their local register. This ensured that the risks were identified and that all staff were working to minimise the impact of perceived or actual risks. However, we noted that, in some departments, not all risks identified by staff were on the risk register. These were to be added to the local risk registers by the ward manager.

### Anticipation and planning

The trust had a cost improvement programme and the board actively challenged planned improvements so they did not impact on the safety of patients. The chief executive and the senior team were able to explain how the trust would develop in the future and maintain the services it currently offers while expanding its specialist services.

## Are services effective?

(for example, treatment is effective)

### Summary of findings

Throughout the trust we found that national clinical audit information was used to improve the effectiveness of service. The only exception to this was the results of the audits relating to end of life care where the trust had been slow to implement the recommendations. In most areas, National Institute for Health and Care Excellence (NICE) guidance was implemented and, as a result, the effectiveness of the services offered was improved.

There were good systems in place throughout the acute and community trusts to identify where a patient's condition was deteriorating and action was seen to be taken. The critical care services, while not offering an outreach team, used medical staff to provide timely assessments of the care required to manage the deteriorating patient.

Staff were trained to have the appropriate skills, knowledge and experience for the role they undertook. However, further embedding of the Mental Capacity Act 2005 legislation would further enhance the experience for patients who were suffering from dementia and mental health issues.

We saw excellent examples of multidisciplinary working across the community and acute teams, including discharge of patients and management of complex disorders.

The trust had a governance system which reviewed the data from local audits and communicated the results at ward or department level through to board room level. We saw evidence that the trust subscribed to a number of external bodies who undertook national audits. Actions were taken as a result of these audits to improve the care provided to patients. However, we saw that actions were not taken in a timely manner within the end of life service. This is described in further detail in the relevant section of the St George's Hospital location report.

Patients were assessed and cared for in line with national guidance around pain relief, nutrition and hydration and basic care needs were attended to. However, we found that the recording of this was not always sufficient to inform other staff of the risks. We also found that the recording of pain relief for children was not in line with national guidance. For further information, please refer to the St George's Hospital report.

### Performance, monitoring and improvement of outcomes

The outcomes of this trust were generally in line or above the national average for a number of national clinical audits. This included the Intensive Care National Audit & Research Centre (ICNARC) report. The intensive care units performed well, with low rates of re-admissions and low length of stays. The ICNARC data showed that fewer people died than might have been expected given the area, age and health of the population.

The trust reported numbers of pressure sores, urinary tract infections, venous thromboembolisms (blood clots) and falls with harm. This range of issues is often reported via a monitoring tool called the Safety Thermometer. These measures are good indicators of the effectiveness of nursing interventions. In December 2012, all indicators were above the national average (a positive sign). However, the rate of venous thromboembolisms dropped dramatically and stayed below the national average (a very positive sign). The rate of falls with harm similarly reduced to around the national average. However, the rate of pressure ulcers and urinary tract infections continued to be above the national average for most of the year. The trust had action plans in place to address this and improve outcomes for patients. We saw that most staff were aware

## Our findings

### Using evidence-based guidance

Throughout the trust, we saw examples of where NICE guidance was implemented. Examples included: rotoblation in the cardiac unit (a procedure where a catheter is inserted into a narrowed artery), use of smoking cessation guidance across the trust, and supportive and palliative care guidance. The trust had a number of services for which it is nationally and internationally renowned, including specialist seating, limb manufacture, cardiac, stroke, major trauma and neurology services. These services work closely with the universities to ensure that patient outcomes are improved through research and development.

## Are services effective?

(for example, treatment is effective)

of these but, in some areas, the actions were taking time to become embedded into practice. The tissue viability nurses were relatively new in post and were working with ward staff at St George's Hospital to improve care in this area.

### **Staff, equipment and facilities**

We saw that, throughout the trust, there were appropriately qualified, and competent staff available to provide good care for patients. Most staff stated that they had access to training that enabled them to undertake their role. While most staff stated that they received one-to-one appraisals and supervision, this was not consistent across the trust. Please refer to the Queen Mary's Hospital report for examples where this did not occur. Where we were able to identify an episode of poor practice, the trust had already identified this and was managing the performance of the personnel involved.

### **Multi-disciplinary working and support**

At a local level, there was good multi-disciplinary working within teams. However, we noted that sometimes in the children's and young person's service, the communication between the acute and community teams was not always effective. Please see this area of the St George's Hospital report for further information. We saw good handovers between teams of nurses and between doctors when they changed shifts. The social therapy and rehabilitation (STAR) team was available on most wards and included occupational therapists, physiotherapists and local social workers. In conjunction with discharge coordinators and other members of the multi-disciplinary team, the STAR team was involved in facilitating the safe and effective discharge of patients. There was good communication and engagement between all members of the multi-disciplinary team.

## Are services caring?

### Summary of findings

Prior to the inspection, we held focus groups and a listening event to obtain the views of patients' and service users. We also reviewed the data obtained from the NHS Friends and Family Test, the NHS Choices website and the CQC Adult Inpatient Survey (2012). This told us that patients were generally satisfied with the care they received at the trust. This was also borne out by discussions we had with patients and relatives while on site.

There were a few patients who told us of areas of poor quality care, but we found that the trust used complaints in a proactive way. This included the use of DVDs which recorded the patient experience and were used to highlight where practice could be improved for a better patient experience.

Women and their partners in the maternity and critical care settings were particularly pleased with the care they received, as were patients who used the community services that the trust provides.

### Our findings

#### Compassion, dignity and empathy

We observed that staff interacted positively with, not just their own patients, but also with relatives and with patients in corridors and other public areas. We saw that patients were attended to in a timely manner and patients informed us that staff "could not do more for them". Despite a number of issues being raised at focus groups prior to our inspection (regarding the lack of care, dignity and respect), we observed staff, and patients reported that they received respectful and appropriate care.

We saw that intentional rounding (or around-the-clock care) occurred where necessary to ensure that patients' basic needs were met while they were waiting for a bed. Patients' on ward areas were assisted with their basic needs where necessary and this was done discreetly and in a caring manner. Patients in the children's service reported that their privacy was not always respected and issues were raised in the chemotherapy wards and sexual health clinics regarding the potential for other patients to overhear

conversations. Please see the St George's Hospital and Queen Mary's Hospital reports for further information. The bereavement service at St George's Hospital mortuary was excellent in providing compassionate and respectful care.

#### Involvement in care and decision making

Patients told us they felt they were involved in their treatment and knew what was happening at each stage of the treatment. We saw that the staff in the community services used a checklist system to ensure that they had given patients comprehensive information and this acted as a failsafe mechanism to ensure that all information was passed on to appropriate personnel. Patients on the surgical ward felt that their operations had been explained to them in full and they were aware of what to do on discharge. Similarly, staff on the children's ward showed parents how to manage treatment for their children on discharge.

We found that, throughout the trust, information was predominantly available only in English, despite the trust having a diverse population. We spoke to numerous staff and patients about this issue and found that most patients did not find this to be a problem. However, some did and, where necessary, translation facilities were used. Staff were aware that the use of family and friends to translate was not good practice and only resorted to this in an emergency.

#### Trust and communication

Staff took time to talk to patients and their relatives and to involve them in important decisions. There were information leaflets available that staff could print off which helped explain medical conditions and treatments. Patients' throughout the trust told us that their treatment and support had been explained to them in a way that they could understand. However, in surgery, staff felt that sometimes they did not have sufficient knowledge to explain treatment or the reasons for delays.

#### Emotional support

Chaplaincy staff were available throughout the hospital and we saw some excellent examples of how staff had supported people when they had received bad news. This included a midwife supporting a patient following the death of a baby, in liaison with the bereavement officer in post. The bereavement officer identified people for follow-up counselling and psychology as appropriate. Families

Good 

## Are services caring?

told us they had experienced good end of life care from the St George's community services team, specifically highlighting very good bereavement counselling when children had died.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

We saw some excellent examples of the way the trust had responded to meet the needs of the population it serves. These included the service provided at the minor injuries unit at Queen Mary's Hospital, which provided injury treatment and general health advice. We also noted that parents on the children's wards were taught how to care for their child once at home.

We noted that a significant number of patients' had their operations cancelled by the trust in the weeks preceding our visit. We reviewed this, understanding that, due to pressures of capacity within the hospital, the trust had taken this decision in order to maintain patients' safety.

Most services were accessible to patients. However, the specialist services sometimes had difficulty repatriating patients to their local hospital or home which impacted on the availability of services for others. The services at Queen Mary's Hospital enabled patients to move from acute care back into the community in a more timely manner.

The Mary Seacole Ward at Queen Mary's Hospital operated an assessment service so that patients, who required a higher level of treatment or support, could be assessed and, if possible, this care was then able to be provided in their own home with support from community services.

## Our findings

### Meeting people's needs

The trust served the people of Wandsworth and surrounding areas, but also a wider population requiring specialist services. This caused significant demands for beds within the trust. The designation as a major trauma centre added to this demand and meant that, at times, patients' were not cared for on the ward designated for their medical condition. Sometimes this meant that patients had to move within the hospital which could cause distress and delays in treatment. Having staff in community teams under the management of the acute trusts facilitated swifter discharge of local people back to their homes. The assessment of patients at Mary Seacole

Ward also ensured that inappropriate admissions from the community were prevented and alleviated some pressure within the system. However, the main problem for the hospital was the repatriation of patients from outside the local community back to their own areas following specialist surgery.

### Vulnerable patients and capacity

The community services were well-resourced and experienced in meeting the needs of people who were vulnerable or lacked the capacity to communicate their needs. The staff from the acute service could access support from the community teams as necessary. However, staff were not always up to date with the requirements of the Mental Capacity Act 2005 and were unsure of how to seek assistance. Understanding of the Act's deprivation of liberty safeguards was similarly patchy. This meant that patients may receive care to which they do not consent.

Staff, however, had a good understanding of the importance and procedures for safeguarding adults and children. They knew what to do and how to report issues. The community services and children's areas in particular were able to give examples of when they had had to implement these procedures.

### Access to services

The hospital was meeting national targets for waiting times for appointments and treatment. However, within the outpatient clinics, patients felt that they waited some considerable times in some clinics. This was caused by the overbooking of some clinics to compensate for the higher than national average of patients who did not attend, thereby reducing access for others. However, the trust was in the process of implementing clinics at different times to improve access for patients.

As discussed earlier, the trust cancelled a significant number of operations prior to our visit in order to ensure patient safety in light of bed capacity issues. However, while this may have ensured that patients were safe, this issue was highlighted by patients at listening events and focus groups as one of the most frustrating features of their interaction with the hospital.

### Leaving hospital

Discharge planning occurred within a multi-disciplinary team to ensure that discharges were appropriate and timely. Readmission rates at the hospital were low and this



## Are services responsive to people's needs?

(for example, to feedback?)

supports the appropriate discharge of patients. Patients' and relatives reported feeling involved in the discharge process and that systems were in place to support them in the community.

### **Learning from experiences, concerns and complaints**

The trust used a number of systems to ensure that they received timely feedback from patients about their care. The NHS Friends and Family Test results were below the national average and staff were taking steps to ensure that

patients and their relatives completed this. Complaints were dealt with in a timely manner and the trust used these in a positive way. The inspection team viewed a number of DVDs which the trust had produced to describe patients' experience of the care at the trust. These people described their experience and explained what was good and bad about the experience. Some of these patient stories were very moving. These DVDs were then used to engage staff in reflecting on practice to ensure that they took on board the lessons from the patients' experience.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Summary of findings

The chief executive was visible in all parts of the trust, spending time at both hospitals and talking to staff and patients. Other members of the senior team, while visible within the acute site, were not so visible at the community locations. However, all staff displayed the values of the trust and most were able to verbalise that these were 'excellent, kind, responsible, respectful'.

We found good governance arrangements centrally which were, in the main, implemented locally as well. Local leaders were visible, not least because of the matron's bright red uniforms. Most staff found that their leaders were supportive and listened to them. However, we did find a few areas where staff felt bullied and harassed by local managers. Once reported to the senior management, action was taken to address this issue.

Staff felt proud to work in the trust and sickness rates were low. Staff felt engaged and most felt enabled to raise concerns. Areas where this was not so are highlighted in the St George's Hospital report. Most staff had appraisals and supervision sessions with the appropriate personnel.

## Our findings

### Vision, strategy and risks

A high number of staff could verbalise what the trust's values were ('excellent, kind, responsible, respectful') and we observed staff interacting with patients according to these values and generally displaying them in the way that they worked. All staff appeared committed to providing high quality of clinical care. Staff were aware of the risks within their own department and took action to minimise these.

### Governance arrangements

Appropriate governance arrangements were in place throughout the trust. Information was collected on both the safety of the service and the quality of care and treatment provided. Plans were put in place to mitigate

risks and improve quality. These were discussed at regular scheduled meetings with the appropriate senior staff. The outcomes of these meetings and any actions plans were fed back to other staff members at regular team briefings.

Senior members of staff, including board members, were able to identify the immediate and long-term risks to the organisation and were aware of the issues that the trust currently faced. This was because these issues were discussed at Trust Board meetings and members of the board were able to challenge the trust senior team. Financial pressures were also discussed and all members of the board challenged the chief executive to ensure that cost improvement was not at the expense of patient safety or experience. Complainants explaining their complaints on DVDs were shown to the Trust Board in order to engage them in challenging the trust to ensure that action was taken and that risks were reduced.

Audit reports were discussed at local and board level and actions taken as appropriate. There was a lack of an understanding by staff of the direction in the end of life care pathway, with not all patients being identified and therefore able to access services.

### Leadership and culture

Staff told us they felt confident to directly approach the chief executive if they had concerns and spoke of good working relationships with general management. A number of staff told us that the chief executive was visible but less so were the other senior executive managers in the management structure. This was replicated not only at the acute site but in the community, where it was felt more acutely. The community teams felt distant from the "main" trust and felt that everything was centred at the St George's Hospital site.

In most areas, local leaders were described as "supportive and encouraging". However, in a number of areas, we found isolated cases of bullying and harassment by local managers. We reported these to the trust and action was taken. However, in at least one case, the trust was taking action to address the situation prior to our visit.

### Patient experiences, staff involvement and engagement

Patient experience was captured through the NHS Friends and Family Test, touch screens in reception areas and through the Patient-Led Assessments of the Care Environment (PLACE) survey. We saw that this information

## Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

was used by the trust to improve care for patients. Staff reported feeling engaged in dialogue with the trust about plans and developments in their area of work. Medical staff felt that the chief executive was approachable and interested in their area of expertise. They felt that he had a good understanding of the issues they faced and could competently discuss future plans.

### **Learning, improvement, innovation and sustainability**

Staff were aware of the objectives and targets they were required to meet to ensure that patients experienced good care. Targets and their progress were displayed in the ward and department areas. Local and departmental audits were undertaken and action plans developed and implemented. Most staff had their performance reviewed at least annually and poor performance was managed.

## Appendix 3 – CQC Action plan

# Compliance actions

Regulated activity	Regulation		
Diagnostics and Screening Surgical Procedures Treatment of disease disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers		
<p><b>How the regulation was not being met:</b>  <i>People who use services and others were not protected against the risks associated with obtaining the consent of patients with limited capacity as not all relevant staff understood the requirements of Mental Capacity Act 2005 and how this relates to vulnerable adults in terms of best interest decisions and informed consent. Regulation 23 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises.</i></p>			
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?	Lead	Date actions will be completed:
1. Identify training requirements by staff group, to ensure high risk groups are identified and prioritised	Training needs identified	Head of Nursing with Safeguarding Lead	1st June
2. Agree content and mode of delivery for each staff group, including whether training to be delivered by use of internal expertise or by external trainer	Training plan in place with leads for each session	tbc	15th June
3. Communicate training dates and venues to relevant staff groups	Numbers of staff trained including MAST	Head of Nursing	30th June
4. Deliver training	Numbers of staff trained including MAST	tbc	31st Aug
5. Evaluate training via survey of staff trained and case note review to inform whole Trust review of wider training programme required to sustain improved practice.	Output of survey and evaluation review & forward training programme	Head of Nursing with Safeguarding Lead	30th Sept
<p><b>What resources (if any) are needed to implement the change(s) and are these resources available?</b></p>			

The Trust recognises this is a significant programme of work which may require additional resource. Currently, additional options to secure funding are being pursued in partnership with commissioners and local authority, in order to deliver the action required and sustainable improvements in practice.			
Regulated activity		Regulation	
Diagnostics and Screening Surgical Procedures Treatment of disease disorder or injury		Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records	
<b>How the regulation was not being met:</b> <i>People who use services and others were not protected against the risks associated with not having medical records available in the outpatient department to provide appropriate care based on previous history.</i> Regulation 20 (2) (1) HSCA 2008 (Regulated Activities) Regulations 2010 Records			
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?	Lead	Date actions will be completed:
1. Recruitment of approx. 25 additional permanent staff supporting this function (to replace temporary staff)	Recruitment day to be held 23 <sup>rd</sup> May: Measure will be number of staff recruited and in post.	GM	end August 2014
2. Send off-site all notes not required for future care to create capacity & reduce the number of notes in circulation	Focus week 26 – 30 <sup>th</sup> May completed	GM	End of May and then on-going
3. An Increase in density of RFID readers in high volume areas.	34 barcode scanners supplied to colleagues in offices and wards.	EDM Project lead	Complete & on-going
4. Re-definition and communication of all Notes Tracking Processes to ensure a well governed process is being followed.	Audit tool developed. Tracking audit of individual depts. to ensure compliance Performance monitored via directorate scorecard	EDM Project lead/ GM	End of June
5. A new reporting system to alert specialties of missing notes in good time ahead of outpatient appointments, to allow clinical decision making around temp notes or appointment cancellations.	Monitoring of number of missing temp sets of notes in use - Performance monitored via directorate scorecard	EDM Project lead	End of June
6. A 'perfect week' style Tracking event Monday 28th April to Friday 2nd May to locate and track all notes across the main site.	Target is <2% of notes missing for OPD appts Missing patient notes in outpatient clinics reduced from 6.1% of all appointments to 3.2% at end of perfect week.	EDM Project Lead/GM and HON - Outpatients	Action complete but monitoring continues

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Actions will be implemented within existing budget

## Appendix 4

### St. Georges Healthcare NHS Trust Statement of Purpose

#### Details of Service Provider

St. Georges Hospital NHS Trust  
Blackshaw Road  
Tooting  
London  
SW17 0QT

#### *Registered Manager*

Peter Jenkinson, Director of Corporate Affairs  
[peter.jenkinson@stgeorges.nhs.uk](mailto:peter.jenkinson@stgeorges.nhs.uk)  
020 8725 3897

#### Legal Status of Provider

NHS Trust.

#### Aims and objectives of the service

St. Georges Healthcare NHS Trust is one of the country's principal teaching hospitals serving a population of approximately 308,000 in Wandsworth and 1.3million across South West London. A large number of services, such as cardiothoracic medicine, surgery, neurosciences and renal transplantation support significant populations from Surrey and Sussex, totalling 3.5million. The trust also provides care for patients from a larger catchment area in Southeast England, for specialties such as complex pelvic trauma. Other services treat patients across the breadth of the country, such as family HIV care and bone marrow transplantation for non-cancer conditions. Several of the trusts services are members of established clinical networks which aim to improve the quality of service to patients across a range of health care providers. These include the South London Cardiac and Stroke Network and the South West London and Surrey Trauma Network, for which St. Georges is the designated heart attack centre, hyper-acute stroke unit and major trauma centre.

The trust is an integrated health care provider and provides a full range of diagnostic and treatment services, directly employing almost 8000 people across four divisions:

1. Medicine and Cardiovascular;
2. Surgery, Theatre's and Anaesthetics, Neurosciences and Cancer;
3. Children and Women's, Diagnostic and Therapies; and
4. Community Services.

St. Georges Healthcare is committed to becoming a Foundation Trust within the next twelve months and aims to constantly improve the health of our patients and our local community by achieving excellence in clinical care, research, education and employment.

## Location of Activities

St. Georges Healthcare NHS Trust  
 Blackshaw Road  
 Tooting  
 London  
 SW17 0QT

The trust also provides services at the following locations:

- Queen Mary’s Hospital, Roehampton;
- St. Johns Therapy Centre, Battersea;
- HMP Wandsworth, Wandsworth.

St. Georges is also the host trust for South West London Pathology, a consortium consisting of St. Georges Healthcare NHS Trust, Croydon Health Services NHS Trust and Kingston Hospital NHS Foundation Trust.

## Regulated Activities at St. Georges Healthcare NHS Trust

- Maternity and midwifery services;
- Termination of pregnancies;
- Family planning services;
- Treatment of disease, disorder or injury;
- Assessment or medical treatment for persons detained under the Mental Health Act 1983;
- Surgical procedures; and
- Diagnostic and screening procedures\*

\*Under South West London Pathology Services, St George’s Healthcare NHS Trust, as host organisation, provides Microbiology and Clinical Blood Services at Kingston and Croydon.

## Range of service users’ needs which services are intended to meet

St George’s hospital is situated within the South West London borough of Wandsworth, which is the catchment area for our community services division. Our three acute divisions serve a catchment area covering 33 electoral wards from the boroughs of Wandsworth, Merton and Lambeth; a population in excess of 400,000 people. The trusts community is characterised by a highly mobile population that is generally affluent, but with pockets of deprivation; particularly amongst children. There is a lower life expectancy in the borough of Wandsworth as compared to the national life expectancy rate and there is also a high incidence of cancer and stroke in the borough as compared to England. An overview of the trusts clinical services is detailed in the table below

Table 1 – St. George’s clinical services

Specialist Level	Catchment Area	Services Provided
Community	Wandsworth borough	<ul style="list-style-type: none"> <li>➤ Children’s and families services</li> <li>➤ Adult, specialist and diagnostic services</li> <li>➤ Older people and neurological rehabilitation services</li> </ul>
Secondary	33 wards across Wandsworth, Merton and Lambeth	<ul style="list-style-type: none"> <li>➤ Accident and Emergency</li> <li>➤ Acute medical services</li> <li>➤ General surgery</li> <li>➤ Maternity</li> </ul>



		<ul style="list-style-type: none"> <li>➤ Paediatrics</li> <li>➤ Diagnostics</li> <li>➤ Therapies</li> </ul>
Tertiary	South West London and Surrey	<ul style="list-style-type: none"> <li>➤ Cancer services</li> <li>➤ Neonatal intensive care</li> <li>➤ Plastic and reconstructive surgery</li> </ul>
Supra-regional	South West London and South East England	<ul style="list-style-type: none"> <li>➤ Cardiothoracic medicine and surgery</li> <li>➤ Neurosciences</li> <li>➤ Renal transplant</li> <li>➤ Complex pelvic trauma</li> </ul>
National specialist centre	England	<ul style="list-style-type: none"> <li>➤ Family HIV care</li> <li>➤ Bone marrow transplant</li> </ul>

### **Kinds of services provided for the purposes of carrying out the regulated activities**

#### Surgery, Theatres and Anaesthetics, Neurosciences and Cancer Services

General Surgery  
 Trauma and Orthopaedics  
 Plastics  
 Maxillofacial & Oral Surgery  
 Dentistry  
 Audiology and ENT  
 Neurosurgery  
 Neuroradiology  
 Neurology and Neurophysiology  
 Neurorehabilitation/Stroke  
 Anaesthetics, Acute Pain and Resuscitation  
 Theatres, Day Surgery and Decontamination  
 Cancer Services

#### Medicine and Cardiovascular Services

Accident and Emergency  
 Acute Medicine  
 Geriatric Medicine  
 Cardiology  
 Cardiothoracic Surgery  
 Vascular Sciences  
 Clinical Infection Unit  
 GUM  
 Gastroenterology & Endoscopy  
 Rheumatology  
 Dermatology and Lymphedema  
 Diabetes and Endocrinology  
 Chest Medicine  
 BPU  
 Renal  
 Medical Oncology & Palliative Care  
 Clinical Haematology

#### Children and Women's, Diagnostic and Therapeutic Services

Breast Screening  
 Radiology  
 Medical Physics  
 Cellular Pathology  
 Clinical Blood Sciences

Microbiology  
Immunology  
Obstetrics  
Gynaecology  
Foetal medicine  
Neonatal  
Clinical Genetics  
Paediatric Medicine  
Paediatric Surgery  
PICU  
Outpatients  
Therapies  
Medicines Management/Pharmacy  
General ITU  
Cardiac ITU  
Neuro ITU