Lewisham and Greenwich NHS Trust
CQC report and response to CQC findings
Healthier Communities Select Committee 1 November 2017

One Trust – serving our local communities  www.lewishamandgreenwich.nhs.uk
CQC Comprehensive Inspection March 2017

• The inspection covered:
  • University Hospital Lewisham
  • Queen Elizabeth Hospital
  • Community services – Lewisham

• This inspection was carried out to determine the level of progress made since the trusts last comprehensive inspection of February 2014 – the trust was rated as requires improvement at that inspection.
Ratings: Lewisham and Greenwich NHS Trust

2014

Our ratings for Lewisham and Greenwich NHS Trust

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

2017

Our ratings for Lewisham and Greenwich NHS Trust

- Safe: Requires improvement
- Effective: Requires improvement
- Caring: Requires improvement
- Responsive: Requires improvement
- Well-led: Requires improvement
- Overall: Requires improvement
# Ratings: University Hospital Lewisham

## Our ratings for University Hospital Lewisham

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Medical care</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Critical care</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Maternity and gynaecology</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Services for children and young people</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Requires improvement</td>
<td>Not rated</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Overall</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>
### Our ratings for Queen Elizabeth Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
<td>Requires</td>
<td>Good</td>
<td>Good</td>
<td>Requires</td>
<td>Requires</td>
<td>Requires</td>
</tr>
<tr>
<td></td>
<td>improvement</td>
<td></td>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>Medical care</td>
<td>Good</td>
<td>Good</td>
<td>Requires</td>
<td>Requires</td>
<td>Requires</td>
<td>Requires</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Inadequate</td>
<td>Requires</td>
<td>Good</td>
<td>Requires</td>
<td>Requires</td>
<td>Requires</td>
</tr>
<tr>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>Critical care</td>
<td>Requires</td>
<td>Good</td>
<td>Good</td>
<td>Requires</td>
<td>Requires</td>
<td>Requires</td>
</tr>
<tr>
<td></td>
<td>improvement</td>
<td></td>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>Maternity and gynaecology</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Services for children and young people</td>
<td>Requires</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires</td>
<td>Requires</td>
</tr>
<tr>
<td></td>
<td>improvement</td>
<td></td>
<td></td>
<td></td>
<td>improvement</td>
<td>improvement</td>
</tr>
<tr>
<td>End of life care</td>
<td>Requires</td>
<td>Inadequate</td>
<td>Requires</td>
<td>Requires</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td></td>
<td>improvement</td>
<td></td>
<td>improvement</td>
<td>improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Good</td>
<td>Not rated</td>
<td>Good</td>
<td>Requires</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall**

Requires improvement

---

Ratings: Queen Elizabeth Hospital

Care Quality Commission

5
Ratings: Community services - Lewisham

Our ratings for Community Services

<table>
<thead>
<tr>
<th></th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health services for adults</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community health services for children, young people and families</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Overall Community</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>
Trust level findings

- Lack of learning from incidents to drive organisation wide improvements
- Recruitment of staff remains a challenge
- Infection control practices varied across the organisation
- Effectiveness of morbidity and mortality meetings varied
- Hotspots of concerns in terms of staff competency (MAU and CCU) however there were also areas which attracted highly competent and passionate staff
- Varied approach to cross-site working with some excellent examples of where this works well (Midwifery for example)
- Varied clinical outcomes reported within national audit programmes
- Good examples of compassionate care being provided to patients. However, we also identified a number of examples where staff interactions with patients and the level of care provided fell below the expected standard
- Patient flow remains a challenge for the organisation and wider health economy
- Application of the trust complaints policy was not always consistent
- Understanding of organisational risk was not always clear and risk management processes required improvement
Actions the trust **MUST** take to improve

Review and improve the systems for monitoring and improving the quality and safety of care including attendance at key meetings in ED, surgery, critical care, services for children and young people and end of life care.

It must ensure all risks are included on risk registers and are regularly reviewed and updated and carry out audits to monitor the effectiveness of treatment and care. The trust must introduce mechanisms designed to assure the board that any mitigations instigated are implemented and reviewed regularly.

Ensure all relevant risk assessments are carried out on patients.

Ensure medical and nursing staffing levels are in line with national standards and service specifications.

- Ensure that patients are cared for in areas that are appropriate to their needs and have sufficient space to accommodate all equipment and does not compromise their safety and staff have the relevant skills and knowledge to care for them.
- Ensure patients requiring end of life care receive appropriate and timely care.
- Improve patient flow across the organisation.
Areas of Good Practice

- 10% reduction in admission of patients with dysphagia following successful research programme led by speech and language team

- Robust programme for ensuring electronic care records were accessible for patients treated in prison – records could be shared with relevant health professionals, reducing the risk of patients developing problems associated with interruptions to antiretroviral therapies.

- Improved participation and good uptake of research programmes associated with sexual health

- Critical care research programme leading to improvements in care

- Community services for children, young people and families – holistic care which was family centred. Including Kaleidoscope and Maternal Early Childhood Sustained Home Visiting Programme (MECSH) as examples
Trust response

• Welcome praise for those of our services which are performing well and received an ‘Outstanding’ rating

• The report being a fair reflection of the need to increase the pace of the work and actions since the CQC June 2016 inspection

• Recognition of our key priority areas;
  ➔ To improve the ED flow and capacity with increased pace (Safe)
  ➔ The quality and safety of patients within ED (Safe)
  ➔ Medicines management within clinical areas (Safe)
  ➔ Governance and key risk issues within clinical areas (Safe & Well-led)
  ➔ End of Life Care across the organisation (Effective & Well-led)
  ➔ Staffing and Medical Engagement (Well-led)

• Immediate actions were taken by the Trust in response to initial CQC feedback on the above, followed by further actions agreed at a risk summit held with all partners
LGB Integrated System Improvement Programme

- Agreed LGB Governance structure for the improvement plan
- Programme of work across system with Executive Sponsors for work streams

<table>
<thead>
<tr>
<th>Workstream Scope</th>
<th>Workstream Sponsor</th>
<th>Programme Manager</th>
<th>SME</th>
<th>Workstream Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective GP Streaming at ED Front Door</td>
<td>Nikita Kanani</td>
<td>Paul LARRISEY</td>
<td>CCG Leads LAS</td>
<td>Effective GP Streaming at ED Front Door</td>
</tr>
<tr>
<td>GP Access to Specialist Opinion</td>
<td>Nikita Kanani</td>
<td>Meredith DEANE</td>
<td>Charles BRUCE</td>
<td>GP Access to Specialist Opinion</td>
</tr>
<tr>
<td>Paediatric Flow and Assessment</td>
<td>Lee McPhail</td>
<td>Buu DODD</td>
<td>James EWER</td>
<td>Paediatric Flow and Assessment</td>
</tr>
<tr>
<td>Surgical Flow and Assessment</td>
<td>Joanne Murfitt</td>
<td>Michael KAISER</td>
<td>John MIELL</td>
<td>Surgical Flow and Assessment</td>
</tr>
<tr>
<td>Mental Health flow (incl. C24 &amp; EAPM)</td>
<td>Elizabeth Aitken</td>
<td>Caroline WILLIS</td>
<td>Liz JAMES</td>
<td>Mental Health flow (incl. C24 &amp; EAPM)</td>
</tr>
<tr>
<td>Reprofiling the Workforce</td>
<td>Tom Brown</td>
<td>TBA</td>
<td>Tim PETTERSON</td>
<td>Reprofiling the Workforce</td>
</tr>
<tr>
<td>Ensuring Patient Comfort</td>
<td>Janet Lynch</td>
<td>Isaac MOYO</td>
<td>Tom BROWN</td>
<td>Ensuring Patient Comfort</td>
</tr>
<tr>
<td>Internal Surge and Exclusion Systems to monitor flow</td>
<td>Selina Trueman</td>
<td></td>
<td></td>
<td>Internal Surge and Exclusion Systems to monitor flow</td>
</tr>
</tbody>
</table>

**Programme Steering Group**

| Executive Sponsor: Martin Wilkinson |
| Demand Management | Ambulatory Care Pathways (Out & In) | ED Flow Improvement | Frail Elders | In-Patient Flow and Safety | Safe & Timely Discharge |
| Paul LARRISEY | Nikita Kanani | Lee McPhail | Joanne Murfitt | Elizabeth Aitken | Tom Brown |
| Executive Sponsor: Tim Hargerson |
| ODI, Workforce & Leadership | Quality & Safety, Every Time |
| Buu DODD | Michael KAISER | Joanne Murfitt | Elizabeth Aitken | Janet Lynch | Selina Trueman |

**Update July 2017**

**One Trust – serving our local communities**

www.lewishamandgreenwich.nhs.uk
Timely treatment of patients in ED

Safe; Responsive;

ED Flow Improvement focusing on:

- ED flow – time to first assessment, Rapid Assess + Treat (RAT), specialty response, mental health (adults and CAMHs)
- New acute medical model (inc ED in reach)
- Ambulatory Care Pathways – medical/surgical/gynaecology, scoping 7 day services
- Systems to monitor flow (e.g. ‘Red to Green’)

- Re-profiling the workforce – ED, acute medicine, ambulatory, frailty and specialist medicine
- Frailty clinical model and Eltham Community Hospital (ECH) Frailty Hub
- ED/Urgent Care Centre (UCC) interface – UCC estates redesign
Patient Safety and Quality

*Safe; Well-led;*

- Enhanced quality and nursing rounds
- Enhanced monitoring of NEWS/PEWS/MEOWS scores
- Executive led safety ‘huddles’
- Safer staffing “red flag” system

One Trust – serving our local communities

www.lewishamandgreenwich.nhs.uk
End of Life Care

Effective; Well-led;

• Medical lead: Dr C’Ar

• NED lead: Val Davison – Chair

• Full review of existing work plan to speed up impact and ensure learning identified from CQC review fully integrated

• Ongoing work with key partner organisations to develop sustainable service models
Medicines management

Safe; Well-Led;

- Immediate actions to improve medicines management in theatres
- Fridge temperature monitoring
- Safe and secure storage of medicines
Clinical Engagement and Workforce

Well-led;

Clinical Leadership

• Medical Engagement Scale completed and output reviewed; action plan to be developed during discussion and action planning through October
• Successfully appointed a Clinical Director to every service
• Senior medical leadership programme developed and launches October with FMLM
• Development programme for new consultants commenced September

Recruitment and Retention

• Continued Trust priority
• Progress with recruitment (535 new starters since inspection) including
  • 22 Consultants
  • Successful overseas campaign resulting in 81 band 5 nurses joining from Philippines (from Q4)
• Retention strategy and work plan with seven work-streams in place to reduce turnover
Governance and Risk

**Safe; Well-led:**

**External review of governance**
- Immediate external review of governance and implementation of recommendations

**New process for review, reporting and monitoring of risks**
- Review of all divisional and corporate risk registers and new reporting oversight framework

**Governance and leadership in divisions reviewed**
- New appointments for governance in divisions with standards of practice and accountability raised with all clinical staff

**Critical Care**
- Clinical Director appointed, leading the Critical Care Improvement Programme

**Theatres**
- Medicines Management and Infection Control practices audited weekly
Summary

• We agree with the current assessment and have undertaken significant amount of work

• We recognise that we are on a journey where there is still much to do

• We will build on what we have achieved over the last few months with the continued support of our partners

• We will review and refresh the improvement plan to ensure actions taken are sustainable

• Committed to achieving ‘Good’ at our next inspection