

# Chelsea and Westminster Hospital NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Are resources used productively?

Outstanding 

Combined quality and resource rating

Good 

# Summary of findings

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

## Background to the trust

Chelsea and Westminster Hospital NHS Foundation Trust is a large provider of acute and specialist services that services a population of over 1,000,000 in North West London, the south east and further afield.

The trust operates at two acute sites:

- Chelsea and Westminster Hospital
- West Middlesex Hospital

The trust provides services to a number of local boroughs including services to Kensington and Chelsea, Westminster, Hammersmith and Fulham, Hounslow, Ealing, Richmond and Wandsworth. The trust provides specialist services for patients from London, the South East and beyond, including paediatric and neonatal surgery, the extensive HIV and sexual health service in Europe and a regional burns unit for London.

The trust had their first inspection as a merged trust in December 2017 and improved from a requires improvement rating at both sites to a good rating at both sites.

The trust has 1007 beds including:

- 166 children's beds/cots
- 131 maternity beds
- 35 critical care and burns unit beds and
- 675 acute adult beds

## Overall summary

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

## What this trust does

The trust runs services at Chelsea and Westminster Hospital and West Middlesex Hospital.

It provides urgent and emergency care, medical care, surgery, critical care, maternity and gynaecology, children's and young people services, end of life care and outpatients services at both hospitals. The trust has 1007 beds. It provides outpatient care in two further locations. We inspected both hospitals.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

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

# Summary of findings

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

## What we inspected and why

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

Between 19-21 November 2019, we inspected two core services at Chelsea and Westminster Hospital and two core services at West Middlesex Hospital.

We did not carry out any further unannounced visits within the 10-day unannounced period.

We inspected maternity services at Chelsea and Westminster Hospital and West Middlesex Hospital because we had not inspected these services since 2014 and 2015 respectively. Both maternity services had previously been rated as good.

We inspected critical care services at Chelsea and Westminster Hospital and West Middlesex Hospital because we had not inspected these services since 2014 and 2015 respectively. Both critical care services had previously been rated as good.

We did not inspect sexual health and HIV services, gynaecology and diagnostic imaging at the two hospital sites because the information we reviewed about these services indicated no change in the safety and quality of these services.

We did not inspect any of the other core services as they were all previously rated as good when we inspected in December 2017. Information we reviewed about these services indicated no change in the safety and quality of these services.

## What we found

### Overall trust

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

- We rated safe, effective, caring, responsive and well led as good.
- We rated well-led at the trust level as outstanding. The trust had successfully merged the two former trusts and this merger had been undertaken sensitively to ensure cohesion acknowledging and adopting the best practice from both. At the same time the trust maintained financial surplus as well as achieving major targets such as the national access standards for A&E 4 hour waits, most Referral to Treatment (RTT) and Cancer.
- Having established a clear base of good performance the trust was engaging with the wider health and social care economy of North West London.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

### Are services safe?

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

- The trust continued to manage patient safety incidents well. Incident reporting was embedded into the culture of the services and there was evidence of learning from incidents across services.
- There were fully embedded ward accreditation schemes to monitor quality and safety performance in each area of the hospital including inpatient wards, outpatients and clinical service areas. The results were used to identify areas of good practice and areas for improvement. This was monitored via the trusts quality committee and board.

# Summary of findings

- Staff had a thorough understanding of safeguarding and made appropriate referrals to the safeguarding team.
- The trust controlled infection risk well. We observed consistent standards of hand hygiene and infection control measures amongst clinical and ward-based staff.
- The trust had improved overall compliance with mandatory training since the last inspection.
- There were good medicines management processes in place and this kept patients safe.
- The trust had introduced a new electronic patient record system two weeks prior to our inspection. Senior leaders had suitably prepared and supported staff throughout this process.
- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Vacancy rates were a challenge to the trust in common with most London NHS trusts. Skills were maintained by supplementing regular agency staff from approved agencies as well as initiatives to give extensive support to nursing staff recruited from overseas and a recognition of promoting flexible working to attract and retain staff.

However:

- The trust needed to improve mandatory training of medical staffing.
- We found maternity services were not always using appropriate risk assessment tools during triage. This was highlighted during the inspection and the trust put an audit in place to ensure this was done going forward.
- We found some issues with checks of resuscitation equipment in maternity at the Chelsea and Westminster hospital site.

## Are services effective?

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

- The trust provided care and treatment based on national guidance and evidence of its effectiveness.
- The trust monitored the effectiveness of care and treatment through participation in national and local audits, research and national, regional and local innovation projects and used the findings to improve them.
- We found trust policies were in date and updated with relevant national guidance.
- Staff assessed and monitored patients' pain regularly to see if they were in pain and gave pain relief in a timely way. Recording of patients' pain was good.
- Patients were given enough food and drink to meet their needs and improve their health.
- There was a positive multidisciplinary working culture within services. We found there was still evidence of good team working at all levels of the trust from the board downwards. There were examples of good divisional, ward and multi-disciplinary team working to enhance patient care.
- The trust made sure staff were competent for their roles through access to training, support from practice development staff, mentoring and appraisal.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Are services caring?

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

- All managers and staff treated patients with compassion, dignity and respect.

# Summary of findings

- We found examples of outstanding care such as arranging marriages for patients in critical care.
- All patients and carers said staff did everything they could to support them and were attentive to their needs. Staff displayed the trust ethos of being unfailingly kind.
- Staff involved patients in decisions about their care and treatment. Staff considered all aspects of a patient's wellbeing, including the emotional, psychological and social.
- There was good support from the trust chaplaincy and religious support services.
- Staff reflected the trust values of putting the patient first.

## Are services responsive?

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

- The trust engaged closely with commissioners and other external bodies to make sure it planned and delivered services according to the needs of the populations it served.
- People could access the service when they needed it.
- The trust took account of patients' individual needs.
- Both maternity and critical care services were under renovation and patients' needs had been taken into account when planning the services. The rooms on the labour ward had pull down double beds available to patients' partners so they could stay with the patient if required.
- There was good signage for critical care and maternity services.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Are services well-led?

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

- The trust had an experienced leadership team with the skills, abilities and commitment to provide high-quality services led by a highly regarded chief executive.
- The trust demonstrated a good grip on its business with a strong board.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Having improved the quality of its core services the trust had changed from an inward focus to a more outward focus. The trust was now playing a leading part in the development of the wider strategy for north west London.
- The trust had an open culture which was cohesive, supportive and innovative. While managers addressed poor performance where necessary, there was a no blame culture and mistakes were regarded as opportunities for learning and improvement. The trust recognised different cultures at its two sites and had maintained this while combining the best from both sites in terms of practice and in forming its PROUD values.
- The trust had a clear governance structure for overseeing performance, quality and risk with board members represented across the divisions.
- The trust adopted a structured approach when addressing issues or problems that arose.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Summary of findings

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients from diverse backgrounds and patient groups, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by an extensive programme of research and innovation, holding annual innovation awards for the best innovations.
- In addition to our inspection, a team from NHS Improvement England and Improvement (NHSE/I) conducted a Use of Resources assessment of the trust.
- The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The team from NHSE/I examined the trust's performance against a set of initial metrics alongside local intelligence from NHSE/I day-to-day interactions with the trust, and the trust's own commentary on its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance.
- NHSE/I rated use of resources at the trust as outstanding because the trust was achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients.

## Use of resources

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

NHSE/I conducted a use of resources inspection in August 2019. NHSE/I rated use of resources as outstanding because the trust is achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients. The trust continues to show outstanding practice in its approach to improvement and its reductions in agency use.

## Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as good.

## Ratings tables

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

## Outstanding practice

We found areas of outstanding practice in critical care and maternity services detailed below

## Areas for improvement

We found areas for improvement where the trust should take action in order to make improvements.

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

## Action we have taken

For more information on actions we have taken, see the sections on areas for improvement.

# Summary of findings

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Critical Care at Chelsea and Westminster Hospital

- The department published an annual intensive care unit report which provided an overview of the department, its activity, audits, incidents and strategy. The report for the 2018 period highlighted notable evidence-based audits and trials that were conducted in that year, which included;
  - Audit of turn-around times for a blood test used to detect invasive fungal disease, which showed that this can be a prolonged process that sometimes impacted on our prescriptions of expensive anti-fungal drugs.
  - Latrogenic bloodletting audit, which showed that on average the unit discarded as much blood (from 'open' arterial line sets) as they transfused over a 1-month ICU admission. This led to the trialling of 'closed' arterial line sets.
  - The introduction of citrate anti-coagulation which aimed to improve the quality of renal replacement therapy and bring the unit in line with current best practice.
  - The introduction of a compassionate care pathway, which aimed to provide a framework for the delivery of end-of-life care on the ICU.
- The department was conducting the build of the new ICU in an evidenced based approach utilising global studies on care environments and studies which explored the effects of various factors such as light, noise, temperature, air quality and more on the healing process. The department was utilising this approach to optimise the environment of the new unit. The department itself was contributing to the global research by conducting an environmental study with the use of sensors to monitor the effect of the current unit against the new unit on patient well-being.
- The department conducted 'The Foundations of Critical Care Course' which was a structured programme of learning providing support, supervision, guidance and reflection opportunities allowing nurses to gain an understanding of the unique needs of critically ill patients and to become an effective member of the multidisciplinary team. The course involved attending six study days, each study day has an associated workbook, the completion of clinical competencies which were the Step 1 National Competencies for Critical Care and an end of course exam. Support was provided by the staff development charge nurse/practice development nurse and each nurse was assigned a mentor (senior staff member).
- Junior doctors told us there were lots of good learning opportunities on the unit. Junior doctors attended case meetings, MDT meetings and teaching sessions every week. They had access to an educational supervisor and clinical supervisor who they met twice in one rotation. They told us that they were supported by the critical care consultants and that there was a good teaching programme supervised by the consultant team. We witnessed multiple teaching sessions throughout our inspection and observed that consultant staff were proactive in teaching and encouraged junior doctors and medical students to gain confidence in the ICU setting.
- The service conducted a relatives feedback survey to understand the views those close to the patient. Staff we spoke with told us this feedback was very useful to develop a more holistic service and was especially useful when gathering views regarding patients in a coma. The results for the period of January to June 2019 were largely positive with all relatives answering positively when asked how the unit treated the patient, 72% of relatives said the care the patient received was excellent.



# Summary of findings

- The unit utilised trust links with their education partner which was a prominent London based university and other external organisations such as speciality NHS trusts. We were provided with examples of how the unit was able to access novel and experimental treatment for a rare fungal based lung infection due to the unit's established links with these partners. Consultant staff felt that the patient's recovery was due to these established links.
- We saw evidence to show that the critical care service hosted an international symposium annually. The symposium invited prominent national and global industry partners, leaders, clinicians, researchers and speakers from the critical care sector. The symposium theme for 2019 was "Pre-assessment at the centre of perioperative care & beyond".
- The unit was very research focussed and we observed many posters related to this displayed for patients and staff. Consultant staff told us of many research studies conducted which would benefit patients and science both locally and globally.
- The unit conducted an international questionnaire on the "Nutritional management in severe burns injury", the purpose of the study was check differences in care for burn patients in high, middle and low-income countries. The study was published in reputable scientific journals and was done in partnership with the trust university partner.
- The unit conducted a world first study that showed clear evidence of burns intensive care survivors having altered brain function compared to healthy volunteers. This showed that further research was needed to fully understand the effects of an ICU stay on the patient's brain function.
- The unit took part in an ongoing study to check the difference between mechanical ventilation compared with standard ICU practice. This study was sponsored by an industry partner.
- The unit was researching the impact of using molecular diagnostics for hospital-acquired and ventilator-associated pneumonia on antimicrobial stewardship and patient outcomes in critical care setting.
- Development of core outcome sets for effectiveness trials of interventions to prevent and/or treat delirium
- More evidence was provided to us regarding the extensive research that had been completed and was ongoing. We were provided with a report authored by the research team which included 17 staff members, a mix of clinical research fellows and research nurses. The report contained detailed evidence of all completed and upcoming research, clinical trials, conferences and publications. The report also contained information about research grants the team had successfully been awarded.

## **In Critical care services at West Middlesex Hospital:**

- The hospital had an effective medical emergency team call system with direct involvement of the critical care team. Deteriorating patients on the ward were assessed and treated in a timely manner by experienced clinicians.

## **In Maternity services at Chelsea and Westminster Hospital:**

- The trust developed an innovative app called 'The mum and baby app' which has been adopted across the NHS service and Local Maternity Systems (LMS) across England.
- The trust launched a new project in April 2019 called the 'Postnatal Care: Developing a Living Library' to support mothers and babies who have received care in an intensive care unit, first-time mothers who delivered by emergency caesarean or had significant obstetric complications. The project was also aimed to support mothers with challenges in accessing care such as learning difficulties.
- The service had two doulas available on certain day and night shifts. A doula is a person who provides psycho-social support to the mother throughout the birthing process. Doulas are not routinely available on the NHS and women and staff alike spoke very highly of their usefulness.



# Summary of findings

- There were a variety of complementary therapies available free of charge to women.
- The service went to extensive lengths to capture all perinatal mental health issues. The specialist midwives worked with wider networks and mental health stakeholders to provide innovative mental health care for women who suffered from birth trauma, anxiety and depression.
- The service maintained an effective, fully-funded Maternity voice partnership programme.
- The service was a National Health Service England early adopter of the Better Births continuity of care model. This increased the number of women who experienced continuity of care from booking through to post-natal care for women within the catchment area. The service achieved above the national target.

## **In Maternity Services at West Middlesex Hospital:**

- In the maternity service we saw a number of examples of outstanding practice including the development of the gentle birth initiative for women undergoing caesarean section and the digital postnatal care discharge pathway.
- The trust developed an innovative app called 'The mum and baby app' which have been adopted across the NHS service and Local Maternity Systems (LMS) across England.
- The trust launched a new project in April 2019 called the 'Postnatal Care: Developing a Living Library' to support mothers and babies who have received care in an intensive care unit, first-time mothers who delivered by emergency caesarean or had significant obstetric complications. The project was also aimed to support mothers with challenges in accessing care such as learning difficulties.
- The service was especially caring and responsive to parents with anxiety and mental health needs and had developed the perinatal positivity.
- The service had developed an animated film as part of a project on perinatal positivity aimed at promoting and improving the perinatal mental health and wellbeing of women. As part of this project the film had been translated into Urdu and Arabic language. There was a plan in place to translate the film into eight more languages that are mostly spoken by women in the local area.
- The trust website had software that could translate vital information on the website to 103 languages from different ethnicities and continents. The software had also made the website accessible for people with disabilities, learning disabilities, dyslexia or those who cannot read or write. The website allowed people to increase the font, colour, use a magnifying glass, download an audio file or to use the read to text icon.
- One of the medical trainees had won the scientist award at the Controversies in Gynaecology, Obstetrics and Infertility (COGI) conference for his studies on full dilatation of caesarean section.

## Areas for improvement

### **Critical Care at Chelsea and Westminster Hospital**

- The trust should ensure it has enough medical staff to provide safe and effective care in line with national guidance.
- The trust should ensure health promotion information is available to patients and visitors to the critical care unit.
- The trust should ensure governance procedures for the critical care outreach team meet best practice recommendations.

### **Critical Care at West Middlesex Hospital**

- The service should continue plans to implement regular delirium assessments.

# Summary of findings

- The service should develop a follow-up service.
- The service should review and make improvements to the unit's bed occupancy.
- The service should reduce consultant vacancy rates.
- The service should review and improve night time medical resident cover.

## **Maternity at Chelsea and Westminster Hospital**

- The service should have an effective system to achieve mandatory training compliance.
- The service should embed the practice of monitoring daily fridge temperatures, used for storage of babies and placenta.
- The service should implement a system for daily checks of the portable suction machine available in the clinical room.
- The service should maintain high compliance with daily checks of the resuscitaires for babies.
- The service should implement effective ways for all staff to be aware of the location of the adult resuscitation trolley on the labour ward.
- The service should review the risk assessment of security electronic tagging system for vulnerable babies.
- The service should work towards improving compliance with VTE risk assessments.
- The service should have an effective system to achieve trust targets for staff appraisal.
- The service should implement the use of a maternity early warning scoring system (MEOWS) within medical day assessment unit/triage.
- The hand-held paper records should be kept tidy and all papers securely stored within the records.

## **Maternity at West Middlesex Hospital**

- The hospital should ensure that the medical and nursing staff have completed the level 3 safeguarding adult training.
- The hospital should ensure that the midwife co-ordinators have completed the new-born life support training.
- The trust should ensure complaints are reviewed and closed in a timely manner, as per trust guidance.

## Is this organisation well-led?

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

We rated the organisation for well led as outstanding.

- The trust had compassionate, enthused, inclusive and effective leadership at all level. Leaders and managers had the right skills and abilities to deliver excellent sustainable care.
- There was a deeply embedded system of leadership development and succession planning, including additional sustainability backfilling for leaders who were engaged in support to other trusts in the sector.

# Summary of findings

- The trust and leaders had a systematic approach to all areas of quality of care including, where necessary, consultation with external bodies and benchmarking other organisations to plan and develop the most efficient and patient orientated methods of improvement, minimising any negative effect on patients.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The strategy and supportive objectives and plans aimed at outstanding where stretching and innovative while remaining achievable. The trust had a robust record of achievement in this respect.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans. Detailed plans were made and consistently implemented with a positive impact on quality of care.
- Leaders and managers were inspired from the chief executive downwards to strive to deliver a shared purpose and to motivate staff in a positive way to succeed. Staff felt proud to work for the trust and had positive confidence in the care they were able to deliver.
- The trust was taking positive action on areas of the NHS Workforce Race Equality Standard (WRES) to deliver equality to its diverse workforce with individual innovations in recruitment, advancement and practical steps to remove any remaining discriminatory practices or trends. It was taking action on areas of the NHS Workforce Race Equality Standard (WRES) where improvements were needed.
- Leaders and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust had recognised different cultures at its two sites and had maintained while combining the best from both sites in terms of practice and in forming its PROUD values which were now firmly embedded. There was an emphasis on unfailing kind care in the fourth element of the mnemonic PROUD.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which collaboration, supportive team working and excellence in clinical care would flourish. There was a distinct emphasis on learning from mistakes in a no blame culture.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees and team meetings. Governance arrangements were proactively reviewed to reflect best practice.
- The trust had a demonstrated commitment to best practice performance and risk management systems and processes. The organisation continually reviewed how they function and ensured that staff at all levels had the skills and knowledge to identify risks and to plan to eliminate or reduce them. Problems were identified quickly and effective and systematic processes were used to address them. However, we did identify a risk in our core service inspection relating to low levels of mandatory training for medical staff in some areas which were below trust targets.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The information used in reporting, performance management and delivering quality of care was consistently accurate and reliable. Data and information was shared readily in the drive toward improvement.
- There were high levels of engagement with patients from diverse backgrounds and patient groups, staff, the public and local organisations to plan and manage appropriate services. The trust collaborated well and effectively with partner organisations and trust leaders took a leading role in the North West London Sustainability and Transformation Partnership (STP). Rigorous challenge was welcomed from people who use services, stakeholders, regulators and the public.

# Summary of findings

- There was a fully embedded and systematic approach to improvement and innovation. The trust was heavily committed to improving services by an extensive programme of research and innovation. Safe innovation was celebrated through trust publicity, its website, regular research and innovation events throughout the year and holding annual innovation awards for the best innovations.
- In addition to our inspection, a team from NHSE/I conducted a Use of Resources assessment of the trust. The use of resources assessment took place in August 2019 and the trust rating for use of resources was outstanding.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Good ↔ Jan 2020

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Chelsea and Westminster Hospital	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020
West Middlesex Hospital	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
<b>Overall trust</b>	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

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

### Ratings for Chelsea and Westminster Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Medical care (including older people's care)	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Surgery	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Critical care	Good →← Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Maternity	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Outpatients	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
HIV and Sexual Health Services	Good Jul 2014	N/A	Outstanding Jul 2014	Outstanding Jul 2014	Outstanding Jul 2014	Outstanding Jul 2014
<b>Overall*</b>	Good →← Jan 2020	Good →← Jan 2020	Outstanding →← Jan 2020	Outstanding ↑ Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020

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

## Ratings for West Middlesex Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Medical care (including older people's care)	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Surgery	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Critical care	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Maternity	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Outstanding Jan 2020
Services for children and young people	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Outpatients	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
<b>Overall*</b>	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020

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



# West Middlesex Hospital

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## Key facts and figures

Chelsea and Westminster Hospital NHS Foundation Trust is a large provider of acute and specialist services that services a population of over 1,000,000 in North West London, the south east and further afield. The trust operates at two acute sites: Chelsea and Westminster Hospital and West Middlesex Hospital.

The trust has 1007 beds including 166 children's beds/cots, 131 maternity beds, 35 critical care and burns unit beds and 675 acute adult beds. In the year April 16 to March 17 the trust had 369,840 emergency attendances, 136,837 inpatient spells and 767,330 outpatient attendances. All core services are provided from both acute Hospital sites.

The trust provides services to a number of local boroughs including services to Kensington and Chelsea, Westminster, Hammersmith and Fulham, Hounslow, Ealing, Richmond and Wandsworth. The trust provides specialist services for patients from London, the South East and beyond, including paediatric and neonatal surgery, the extensive HIV and sexual health service, and a regional burns unit for London.

West Middlesex Hospital provides the following services:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services

## Summary of services at West Middlesex Hospital

**Good**   

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

- The hospital environment was clean. Equipment was clean and maintained.

# Summary of findings

- There were effective infection prevention and control measures in place.
- Good medicines management processes were embedded in practice. There were measures in place to equalise pharmacy arrangements between the two sites.
- Staff followed treatment protocols and national guidelines.
- Staff showed patients dignity, respect, care and emotional support and were helpful to patients and public in corridors.
- Divisional leadership which was across both sites was effective.
- Staff were proud to work for the hospital and were supported.
- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs, and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The trust had taken note of concerns raised about the maternity service at the previous inspection and made improvements in the areas of safety, staffing levels, high usage and reliance on temporary staff, staff skill mix, midwife to women ratio and providing one to one care in labour to women.
- The local and national audits were completed and actions were taken to improve care and treatment when indicated. The service performed better than national average in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit).

However;

- There was no critical care follow up service as per national recommendations for intensive care units.
- Average bed occupancy rates in critical care were higher than bed establishment of the unit.
- Consultant vacancy rate in critical care was high and night time resident cover did not meet national standards.
- Some mandatory training in maternity was below the trust target of 90%.

# Critical care

Good   

## Key facts and figures

The trust's Intensive Care Units provided care for critically ill patients with complex needs across both sites.

West Middlesex Hospital had nine ITU beds delivering level 2 and level 3 care. As of May 2019, there were 44.3 nursing whole time equivalents (WTE) staff.

Care was provided for patients with a wide range of medical and surgical problems, including those with bariatric, gynaecological, obstetric, trauma, renal and neurological conditions. The units incorporated the trust's High Dependency facilities (HDU).

The critical care service also included a critical care outreach team who supported patients in other areas of the hospital.

The ITU department was part of the North West London Critical Care Network. This was a network of intensive care units, NHS trusts and local healthcare commissioners supporting high-quality critical care for a population of two million people in London.

The core service was last inspected in 2014. The service was rated good overall. Safe, effective, caring, responsive and well led were rated as good.

During the inspection we visited all clinical areas of the unit. Over the course of the inspection we spoke with 25 members of staff including senior managers, support staff, junior and senior nurses, junior and senior doctors, and allied health professionals.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We spoke with five patients and relatives. We observed care and treatment and looked at six medical records.

## Summary of this service

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

- The ratings of safe, effective, caring, responsive and well-led have stayed the same.
- The service provided care and treatment based on national guidance and monitored the effectiveness of care and treatment.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service controlled infection risk well. Staff adhered to infection prevention and control practices and they kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff cared for patients in a very caring and compassionate manner and took account of patients' individual needs.
- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs, and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Critical care

However;

- There was no critical care follow up service as per national recommendations for intensive care units.
- Average bed occupancy rates were higher than bed establishment of the unit.
- Consultant vacancy rate was high and night time resident cover did not meet national standards.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills and made sure doctors and nurses completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff adhered to infection prevention and control practices and they kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for patients. They undertook suitable checks to ensure safe practice was followed and staff knew how to provide care and treatment should patients' health deteriorate.
- There were enough staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, administering, and recording medicines. Patients received the right medicines at the right dose at the right time. The medicines were stored in accordance with published guidance.
- Staff recognised incidents and reported them appropriately. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients, and visitors. Managers used this to improve the service.

However;

- The consultant vacancy rate was high and night time resident cover did not meet national standards. However, doctors had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment within critical care areas.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. However, documentation was not always complete.

## Is the service effective?

Good   

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

# Critical care

- The service provided care and treatment based on national guidance and was able to provide evidence of its effectiveness. Senior leaders checked to make sure staff followed guidance. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly and checked if they were in pain. They supported those unable to communicate using assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Data from the Intensive Care National Audit and Research Centre (ICNARC) report 2018/2019 showed the service performed within expected range in most aspects.
- The service made sure staff were competent for their roles. Managers appraised most of the staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- There was suitable provision of services to ensure care and treatment delivery and supporting achievement of the best outcomes for patients. However, the critical care outreach team did not provide service every night.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However;

- There was no critical care follow up service and delirium screening as per national recommendations for intensive care units.

## Is the service caring?

Good ● → ←

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

- Patients were treated and cared for with compassion, respect, and dignity.
- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them.
- Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs, and preferences were considered and acted on to ensure services were delivered to meet those needs.

# Critical care

- Delayed discharge rates were better than national average.
- The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs.
- There were processes in place to ensure complaints were dealt with effectively.

However;

- Average bed occupancy rates were higher bed establishment.

## Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The department collected, analysed, managed, and used information well to support all its activities, using secure systems with security safeguards.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.
- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

## Outstanding practice

We found the following areas of outstanding practice:

- The hospital had an effective medical emergency team call system with direct involvement of the critical care team. Deteriorating patients on the ward were assessed and treated in a timely manner by experienced clinicians.

## Areas for improvement

We found the following areas for improvement:

- The service should continue plans to implement regular delirium assessments.
- The service should develop a follow-up service.

# Critical care

- The service should review and make improvements to the unit's bed occupancy.
- The service should reduce consultant vacancy rates.
- The service should review and improve night time medical resident cover.



**Outstanding** ☆

## Key facts and figures

The Chelsea and Westminster Hospital NHS Foundation Trust (CWHNT) provides maternity services across two main sites, West Middlesex Hospital (WMH) and Chelsea and Westminster Hospital (CWM) and is part of the women's, neonates, children's and young people, HIV/GUM, dermatology and private patient division.

The trust manages over 11,000 births every year. West Middlesex Hospital provides maternity services in the hospital and community to approximately 5,000 women in Ealing and surrounding areas. The maternity service provides consultant-led and midwife-led care for both high and low risk women. The hospital also offers a wide range of services and specialist care within maternity services. This included a consultant-led labour ward, a birth centre, an outpatient antenatal clinic, a fetal medicine unit (FMU), a day assessment unit (DAU), a triage unit, antenatal and postnatal inpatient wards (including transitional care), perinatal services and bereavement services.

The maternity service provides services for women with high risk pregnancy, including heart disease, HIV infection and medical co-morbidities, and have expertise in foetal and maternal medicine supported by obstetric anaesthetic colleagues.

Low risk antenatal and postnatal care was also provided in community clinics which were either located in children's centres, GP surgeries or the local community hub. There were eight community midwifery teams who were attached to a GP practice, had their designated antenatal clinics and conducted home visits. Women who chose to have a home birth were supported by the community midwives which accounted for 1% of births from April 2018 to August 2019.

The trust has a level 1 neonatal unit for babies needing extra medical and nursing care. This unit has 21 special care cots.

We last carried out an announced comprehensive inspection of the maternity and gynaecology service in November 2014. The service was rated requires improvement for safe and good for effective, caring, responsive and well-led. The service was judged to be good overall. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings directly with previous ratings.

We carried out a short-notice inspection of the maternity service on 19 to 21 November 2019. We also carried out an unannounced inspection at night on 19 November 2019. During our inspection, we visited all clinical areas in the service including labour ward, theatres, antenatal and postnatal wards, the birth centre, antenatal clinics and the DAU. We spoke with eight women and their relatives and 47 members of staff, including midwives, consultants, anaesthetists, senior managers, student midwives, pharmacist, receptionists, matrons, ward co-ordinators, risk teams, safeguarding team and support staff. We observed care and treatment and reviewed 30 medical care records and prescription charts. We reviewed a range of equipment including resuscitation equipment, grab bags, birthing pools, beds, mattresses, resuscitaires and cardiotocography (CTG) devices. We also reviewed the trust's performance data. We observed two multidisciplinary meetings, two handovers and a patient procedure.

The inspection team consisted of one CQC hospital inspector, one CQC pharmacist inspector and two specialist advisors (obstetrician doctor and midwife).

# Maternity

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated this service as outstanding because:

- The trust had taken note of concerns raised about the maternity service at the previous inspection and made improvements in the areas of safety, staffing levels, high usage and reliance on temporary staff, staff skill mix, midwife to women ratio and providing one to one care in labour to women.
- The service had enough staff to care for women and keep them safe.
- The midwife to birth ratio was 1:28 which was in line with national recommendations.
- The service had a comprehensive system in place to investigate perinatal mortality and morbidity cases and ensuring learning was shared, and actions were taken to improve the safety and quality of patient care.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff assessed risks to women, acted on them and kept good care records.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well and learned lessons from them. The service had systematic and established systems in place for reporting, investigating and acting on incidents and serious adverse events.
- The service provided mandatory and maternity specific training in key skills to all staff. The majority of staff received up-to-date mandatory training. The overall compliance for all midwifery staff was 91% and 93% for the medical staff which was better than the trust target (90%).
- Staff were generally meeting or performing above the trust target for the maternity specific mandatory training and skills, such as cardiotocography interpretation, bereavement and perinatal training were generally above or similar to the trust target.
- Staff had training in key skills, understood how to protect women from abuse, and managed safety well.
- Staff provided good care and treatment, gave women enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- The maternity service monitored patient outcomes continuously through the use of a rolling maternity dashboard and national and local audits, thereby having a clear assurance of quality against identified goals.
- The local and national audits were completed and actions were taken to improve care and treatment when indicated. The service performed better than national average in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit).
- Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.

# Maternity

- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. The trust worked closely with the commissioners, clinical networks, women and other stakeholders to plan the delivery of care and treatment for the local population.
- People could access the service when they needed it and did not have to wait too long for treatment.
- The maternity service was flexible, provided choice to women and ensured continuity of care. Women repeatedly told us that they had good access to the hospital and did not experienced prolonged delays to be seen.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.
- There was a strong culture for improvement, training, research and innovation. We saw various examples that the service worked collaboratively with other hospitals in the region and carried out various innovation and improvement work to improve maternity care provision for the local population. The leadership promoted continuous improvement and staff were accountable for delivering change. The service celebrated safe innovation and team success.
- The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However;

- There was low compliance on level 2 safeguarding training among the medical staff. The medical staff achieved 50% compliance against the 90% target.
- There was low compliance on the newborn life support (NLS) training among the midwife co-ordinators. As at November 2019, 53% of the midwife coordinators had completed the NLS training. This was action planned and in January 2020 compliance was 88%.
- Not all complaints were dealt with in a timely manner. However, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff. As a result, there had been reductions (improvement) in the number of complaints received about the service.
- From August 2018 to July 2019, the trust's maternity Friends and Family Test (postnatal community) performance (% recommended) was slightly worse than the England average.

## Is the service safe?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as good because:

- The trust had taken note of concerns raised about the maternity service at the previous inspection and made improvements in the areas of safety, staffing levels, high usage and reliance on temporary staff, staff skill mix, midwife to women ratio and providing one to one care in labour to women.
- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

# Maternity

- The midwife to birth ratio was 1:28 which was better than the national average and was achieved by the use of temporary staff.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The overall compliance for all midwifery staff was 91% and 93% for the medical staff which was better than the trust target (90%).
- Compliance with core maternity specific mandatory training and skills, such as cardiotocography interpretation were generally similar or above the trust target.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and acted and removed or minimised risks. Staff identified and quickly acted upon women at risk of deterioration.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However;

- There was low compliance on the newborn life support (NLS) training among the midwife co-ordinators. As at November 2019, 53% of the midwife coordinators had completed the NLS training. The trust actioned this and provided data following the inspection which showed this had improved.
- There was low compliance on the level 3 safeguarding adult training for the medical and nursing staff. The nursing staff achieved 51% compliance and while the medical staff achieved 67% compliance against the 90% target.
- The hospital should ensure that the medical and nursing staff have completed the level 3 safeguarding adult training.
- The maternity day assessment unit and triage did not use modified early obstetric warning system (MEOWS) correctly at the time of the inspection.

## Is the service effective?

**Outstanding** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated effective as outstanding because;

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.

# Maternity

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. Actions were taken to improve care and treatment when indicated on audit results.
- The service performed better than average on all outcomes in the National Neonatal Audit programme and perinatal mortality rate (MBRRACE audit).
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs.
- The service had achieved the United Nations Children's Fund (UNICEF) Baby Friendly level three accreditation.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- For the period of April 2018 to March 2019, the appraisal rate was 96% which was better than the hospital target of 90%.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit women's liberty.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from people who use the service and their relatives was continually positive about the care they received and the way staff treated them. Patients told us and gave examples where staff had gone the extra mile in delivering compassionate care and offering emotional support.
- Specific patient comments received included "Staff are caring and respectful", "awesome team", "kind and considerate", "exceptional care", "very friendly staff", "best experience", "quality care received", "exceptional patience and professionalism", "good maternity experience", "staff were supportive during this unfortunate events in our life and thanks for been there", "thank you for support during the miscarriage".
- From August 2018 to July 2019, the trust's maternity Friends and Family Test (birth) performance (% recommended) was similar to the England average on their antenatal, birth, postnatal ward experience.
- In the CQC maternity survey 2018, the trust performed similar to other NHS trusts on all outcomes.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs, which was understood as being crucial in patient-centred care.

# Maternity

- People's emotional and social needs are highly valued by staff and are embedded in their care and treatment.
- Women and those close to them had access to specialist staff such as perinatal mental health team, bereavement midwives, caseload midwives and specialist midwives.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

However;

- From August 2018 to July 2019, the trust's maternity Friends and Family Test (postnatal community) performance (% recommended) was slightly worse than the England average.

## Is the service responsive?

**Outstanding** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated responsive as outstanding because:

- People's individual needs and preferences were central to the planning and delivery of tailored services. It also worked with others in the wider system and local organisations to plan care. The service worked closely with women, clinical networks, and other stakeholders to plan the delivery of care and treatment.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. There were innovative approaches to providing integrated person-centered pathways of care that involve other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This includes people who are in vulnerable circumstances or who have complex needs. Staff made reasonable adjustments to help women access services.
- The trust website had a software which made it accessible for people whose first language was not English and those with disabilities, learning disabilities, dyslexia or cannot read or write. The website allowed people to increase the font, colour, use a magnifying glass, download an audio file or to use the read to text icon.
- The service was responsive to parents who had suffered a loss, such as miscarriage, stillbirth or neonatal death. The services provided extensive support and resources to bereaved women and were committed to continually improving the care and services they provided for bereaved parents.
- The service had developed an animated film as part of a project on perinatal positivity aimed at promoting and improving the perinatal mental health and wellbeing of women. As part of this project the film had been translated into Urdu and Arabic language. There was plan in place to translate the film into eight more languages that are mostly spoken by women in the local area.
- People could access the service when they needed it and received the right care promptly. Managers worked to keep the number of delayed and cancelled appointments and operations to a minimum. Women repeatedly told us that they had good access to the hospital and did not experience prolonged delays to be seen.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

However;



# Maternity

- Not all complaints were dealt with in a timely manner. However, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well-led as good because;

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- There was a strong culture for improvement, training, research and innovation. We saw various examples that the service worked collaboratively with other hospitals in the region and carried out various innovation and improvement work to improve maternity care provision for the local population. The leadership promoted continuous improvement and staff were accountable for delivering change. The service celebrated safe innovation and team success were celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.
- Governance and performance management arrangements were proactively reviewed and reflect best practice. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.
- There was a high level of staff satisfaction across all disciplines and equality groups. Staff were proud of working in the organisation as a place to work and spoke highly of the culture and diversity in the service.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. We saw various examples that the service used a systematic approach to work collaboratively with other organisation, patients, staff and charities to improve care outcomes, tackle health inequalities and the care provision in the service.



## Outstanding practice

We found the following areas of outstanding practice:

- In the maternity service we saw a number of examples of outstanding practice including the development of the gentle birth initiative for women undergoing caesarean section and the digital postnatal care discharge pathway.
- The trust developed an innovative app called 'The mum and baby app' which have been adopted across the NHS service and Local Maternity Systems across England.
- The trust launched a new project in April 2019 called the 'Postnatal Care: Developing a Living Library' to support mothers and babies who have received care in an intensive care unit, first-time mothers who delivered by emergency caesarean or had significant obstetric complications. The project was also aimed to support mothers with challenges in accessing care such as learning difficulties.
- The service was especially caring and responsive to parents with anxiety and mental health needs and had developed the perinatal positivity.
- The service had developed an animated film as part of a project on perinatal positivity aimed at promoting and improving the perinatal mental health and wellbeing of women. As part of this project the film had been translated into Urdu and Arabic language. There was plan in place to translate the film into eight more languages that are mostly spoken by women in the local area.
- The trust website had a software that could translate vital information on the website to 103 languages from different ethnicity and continents. The software had also made the website accessible for people with disabilities, learning disabilities, dyslexia or cannot read or write. The website allowed people to increase the font, colour, use a magnifying glass, download an audio file or to use the read to text icon.
- One of the medical trainees had won the scientist award at the Controversies in Gynaecology, Obstetrics and Infertility (COGI) conference for his studies on full dilatation of caesarean section.

## Areas for improvement

We found the following areas for improvement:

- The hospital should ensure that the medical and nursing staff have completed the level 3 safeguarding adult training.
- The hospital should ensure that the midwife co-ordinators have completed the new-born life support training.
- The trust should ensure complaints are reviewed and closed in a timely manner, as per trust guidance.

# Chelsea and Westminster Hospital

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## Key facts and figures

Chelsea and Westminster Hospital NHS Foundation Trust is a large provider of acute and specialist services that serves a population of over 1,000,000 in North West London, the south east and further afield. The trust operates at two acute sites: Chelsea and Westminster Hospital and West Middlesex Hospital.

The trust has 1007 beds including 166 children's beds/cots, 131 maternity beds, 35 critical care and burns unit beds and 675 acute adult beds. In the year April 16 to March 17 the trust had 369,840 emergency attendances, 136,837 inpatient spells and 767,330 outpatient attendances. All core services are provided from both acute hospital sites.

The trust provides services to a number of local boroughs including services to Kensington and Chelsea, Westminster, Hammersmith and Fulham, Hounslow, Ealing, Richmond and Wandsworth. Specialist services for patients from London, the South East and beyond, including paediatric and neonatal surgery, the extensive HIV and sexual health service in Europe and a regional burns unit for London.

Chelsea and Westminster Hospital provide the following services:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services
- HIV and sexual health services

## Summary of services at Chelsea and Westminster Hospital

**Outstanding**  

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

# Summary of findings

- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them. Patient we spoke to told us they felt staff were concerned not just about their clinical condition but also about their emotional, and social needs.
- In critical care staff facilitated special activities and events for patient's emotional well-being such as; weddings in the unit and taking patients to the on-site cinema.
- Patients and their families were giving appropriate information and encouraged to make decisions about their care and treatment.
- In critical care staff understood the importance of family input and conducted a regular feedback survey for relatives. They used the findings to improve patient care and improve the service provided to patients' families.
- In critical care there was a fully embedded and systematic approach to improvement, which made consistent use of improvement methodology. Improvement was the way to deal with performance and for the organisation to learn. Staff were empowered to lead and deliver change in care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was positive with a primary focus on patient care and experience.
- Services had a vision for what it wanted to achieve and workable plans to turn it into action. Managers at all levels in the trust had the right skills and abilities to run the service.
- Services had enough nursing staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Services provided care and treatment based on national guidance and was able to provide evidence of its effectiveness. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Services planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs. Maternity services had recently undergone an upgrade and critical care services were currently under redevelopment.

However;

- There were not enough consultants within critical care areas during times of maximum capacity to meet the national standards which came into effect in June 2019. Night time resident cover did not meet national standards. Medical staff overall had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and provide the right care and treatment.
- In maternity compliance with checking for some equipment was inconsistent. For example, there were missing daily checks of the resuscitaires, staff did not monitor the temperature of a fridge used for storage of babies and placenta. staff did not implement any system for daily checks of a portable suction machine stored in the clinical room.
- In the maternity day assessment unit and triage did not use modified early obstetric warning score (MEOWS) correctly at the time of the inspection.
- Appraisal rates in maternity were below the trust target.

# Critical care

Outstanding  

## Key facts and figures

The trust's Intensive Care Units provide care for critically ill patients with complex needs across both sites.

Chelsea and Westminster Hospital has 10 Intensive Therapy Unit (ITU) beds and two designated ITU burns beds. As of May 2019, there were 64.3 nursing whole time equivalents (WTE) staff.

West Middlesex Hospital has nine ITU beds. As of May 2019, there were 44.3 nursing whole time equivalents (WTE) staff.

Care is provided for patients with a wide range of medical and surgical problems, including those with bariatric, gynaecological, obstetric, trauma, renal and neurological conditions. The units incorporate the trust's High Dependency facilities (HDU).

Both departments are part of the North West London Critical Care Network. The neonatal unit is designated as a level 3 unit and also a regional neonatal surgical unit and forms part of the Thames regional perinatal group.

*(Source: Trust Routine Provider Request)*

On this inspection we spoke with 29 members of staff which included staff of all levels from various groups including; medical staff, nursing staff, allied health professional staff, administrative staff and students.

We spoke with six patients and seven relatives of patients. We reviewed five patient records on the electronic record system.

## Summary of this service

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

- Staff understood the impact of patients' care, treatment or condition to their wellbeing and those close to them. Patients we spoke to told us they felt staff were concerned not just about their clinical condition but also about their emotional, and social needs. Staff facilitated special activities and events for patient's emotional well-being such as; weddings in the unit and taking patients to the on-site cinema. The service provided dedicated psychologist support to patients on the unit. Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients and their families were given appropriate information and were encouraged to make decisions about their care and treatment. Staff understood the importance of family input and conducted regular feedback surveys for relatives. They used the findings to improve patient care and improve the service provided to patients' families. Patients were treated and cared for with compassion, respect, and dignity. The service achieved high satisfaction rates from patients. We observed that staff had built a good rapport with patients and their families. Staff promoted patient dignity and privacy.
- There was a fully embedded and systematic approach to improvement, which made consistent use of improvement methodology. Improvement was the way to deal with performance and for the organisation to learn. Staff were empowered to lead and deliver change in care. There was a strong record of sharing work locally, nationally and internationally. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was positive with a primary focus on patient care and experience. The

# Critical care

service had a vision for what it wanted to achieve and workable plans to turn it into action. Managers at all levels in the trust had the right skills and abilities to run the service. The department collected and used information well to support all its activities. The department engaged well with patients, staff, the public and local organisations. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

- The service had enough nursing staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staff understood how to protect patients from abuse. Staff adhered to infection prevention and control practices and they kept equipment and the premises clean. Staff completed and updated risk assessments for patients. Records were clear, up-to-date, and easily available to all staff providing care. The service followed best practice when prescribing, administering, and recording medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and was able to provide evidence of its effectiveness. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain. Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service made sure staff were competent for their roles. Staff of different kinds worked together as a team to benefit patients. Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs. People could access the service when they needed, and the service was committed to continual improvements regarding this. Arrangements to admit, treat and discharge patients were in line with good practice. There were processes in place to ensure complaints were dealt with effectively.

However;

- There were not enough consultants within critical care areas during times of maximum capacity to meet the national standards which came into effect in June 2019. Night time resident cover did not meet national standards. Medical staff overall had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and provide the right care and treatment.
- Health promotion information on the intensive care unit was limited
- The outreach team governance was not meeting best practice recommendations.

## Is the service safe?

Good   

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

- The service had enough nursing staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

# Critical care

- The service-controlled infection risk well. Staff adhered to infection prevention and control practices and they kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for patients. They undertook suitable checks to ensure safe practice was followed and staff understood how to provide care and treatment should patients health deteriorate.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service followed best practice when prescribing, administering, and recording medicines. Patients received the right medicines at the right dose at the right time. The medicines were stored in accordance with published guidance.
- Staff recognised incidents and reported them appropriately. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However;

- There were not enough consultants within critical care areas during times of maximum capacity to meet the national standards which came into effect in June 2019. Night time resident cover did not meet national standards. Medical staff overall had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and provide the right care and treatment.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and was able to provide evidence of its effectiveness. Senior leaders checked to make sure staff followed guidance. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The ICNARC audit data for the 2018/19 period was generally in line with other similar units and in some cases the unit performed better than other similar units.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain. Staff assessed patients pain regularly using pain tools.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised the staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- There was always suitable provision of services to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.

# Critical care

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However;

- Health promotion information on the intensive care unit was limited.

## Is the service caring?

**Outstanding**  

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

- Staff understood the impact of patients' care, treatment or condition to their wellbeing and those close to them. Patient we spoke to told us they felt staff were concerned not just about their clinical condition but also about their emotional, and social needs. Staff facilitated special activities and events for patients' emotional well-being such as; weddings in the unit and taking patients to the onsite cinema. The service provided dedicated psychologist support to patients on the unit.
- Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients and their families were given appropriate information and were encouraged to make decisions about their care and treatment. Staff understood the importance of family input and conducted regular feedback survey for relatives and they used the finding to improve patient care and improve the service provided to patient's families.
- Patients were treated and cared for with compassion, respect, and dignity. The service achieved high satisfaction rates from patients. We observed that staff had built a good rapport with patients and their families. Staff promoted patient dignity and privacy.

## Is the service responsive?

**Good**   

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

- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs, and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The needs and preferences of patients were considered when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs. Care and treatment were coordinated with other services and stakeholders, to ensure the needs of patients and their families were met.
- People could access the service when they needed and the service was committed to continual improvements regarding this. Arrangements to admit, treat and discharge patients were in line with good practice.
- There were processes in place to ensure complaints were dealt with effectively.



# Critical care

## Is the service well-led?

**Outstanding**  

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

- There was a fully embedded and systematic approach to improvement, which made consistent use of improvement methodology. Improvement was the way to deal with performance and for the organisation to learn. Staff were empowered to lead and deliver change in care. There was a strong record of sharing work locally, nationally and internationally. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was positive with a primary focus on patient care and experience. Staff across the service felt a part of a larger team and felt that they made a positive impact on patient care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers at all levels in the department had the right skills and abilities to run a service providing high-quality sustainable care.
- The department collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

However;

- The outreach team governance was not meeting best practice recommendations.

## Outstanding practice

We found the following areas of outstanding practice:

- The department published an annual intensive care unit report which provided an overview of the department, its activity, audits, incidents and strategy. The report for the 2018 period highlighted notable evidence-based audits and trials that were conducted in that year, which included;
  - Audit of turn-around times for a blood test used to detect invasive fungal disease, which showed that this can be a prolonged process that sometimes impacted on our prescriptions of expensive anti-fungal drugs.
  - Latrogenic bloodletting audit, which showed that on average the unit discarded as much blood (from 'open' arterial line sets) as they transfused over a 1-month ICU admission. This led to the trialling of 'closed' arterial line sets.



# Critical care

- The introduction of citrate anti-coagulation which aimed to improve the quality of renal replacement therapy and bring the unit in line with current best practice.
- The introduction of a compassionate care pathway, which aimed to provide a framework for the delivery of end-of-life care on the ICU.
- The department was conducting the build of the new ICU in an evidenced based approach utilising global studies on care environments and studies which explored the effects of various factors such as light, noise, temperature, air quality and more on the healing process. The department was utilising this approach to optimise the environment of the new unit. The department itself was contributing to the global research by conducting an environmental study with the use of sensors to monitor the effect of the current unit against the new unit on patient well-being.
- The department conducted 'The Foundations of Critical Care Course' which was a structured programme of learning providing support, supervision, guidance and reflection opportunities allowing nurses to gain an understanding of the unique needs of critically ill patients and to become an effective member of the multidisciplinary team. The course involved attending six study days, each study day has an associated workbook, the completion of clinical competencies which were the Step 1 National Competencies for Critical Care and an end of course exam. Support was provided by the staff development charge nurse/practice development nurse and each nurse was assigned a mentor (senior staff member).
- Junior doctors told us there were lots of good learning opportunities on the unit. Junior doctors attended case meetings, MDT meetings and teaching sessions every week. They had access to an educational supervisor and clinical supervisor who they met twice in one rotation. They told us that they were supported by the critical care consultants and that there was a good teaching programme supervised by the consultant team. We witnessed multiple teaching sessions throughout our inspection and observed that consultant staff were proactive in teaching and encouraged junior doctors and medical students to gain confidence in the ICU setting.
- The service conducted a relatives feedback survey to understand the views those close to the patient. Staff we spoke with told us this feedback was very useful to develop a more holistic service and was especially useful when gathering views regarding patients in a coma. The results for the period of January to June 2019 were largely positive with all relatives answering positively when asked how the unit treated the patient, 72% of relatives said the care the patient received was excellent.
- The unit utilised trust links with their education partner which was a prominent London based university and other external organisations such as speciality NHS trusts. We were provided with examples of how the unit was able to access novel and experimental treatment for a rare fungal based lung infection due to the unit's established links with these partners. Consultant staff felt that the patient's recovery was due to these established links.
- We saw evidence to show that the critical care service hosted an international symposium annually. The symposium invited prominent national and global industry partners, leaders, clinicians, researchers and speakers from the critical care sector. The symposium theme for 2019 was "Pre-assessment at the centre of perioperative care & beyond".
- The unit was very research focussed and we observed many posters related to this displayed for patients and staff. Consultant staff told us of many research studies conducted which would benefit patients and science both locally and globally.
- The unit conducted an international questionnaire on the "Nutritional management in severe burns injury", the purpose of the study was check differences in care for burn patients in high, middle and low-income countries. The study was published in reputable scientific journals and was done in partnership with the trust university partner.

# Critical care

- The unit conducted a world first study that showed clear evidence of burns intensive care survivors having altered brain function compared to healthy volunteers, this showed that further research was needed to fully understand the effects of an ICU stay on the patient's brain function.
- The unit undertook an ongoing study to check the difference between mechanical ventilation compared with standard ICU practice, this study was sponsored by an industry partner.
- The unit was researching the impact of using molecular diagnostics for hospital-acquired and ventilator-associated pneumonia on antimicrobial stewardship and patient outcomes in critical care setting.
- Development of core outcome sets for effectiveness trials of interventions to prevent and/or treat delirium
- More evidence was provided to us regarding the extensive research that had been completed and was ongoing. We were provided with a report authored by the research team which included 17 staff members, a mix of clinical research fellows and research nurses. The report contained detailed evidence of all completed and upcoming research, clinical trials, conferences and publications. The report also contained information about research grants the team had successfully been awarded.

## Areas for improvement

We found the following areas of improvement:

- The trust should ensure it has enough medical staff to provide safe and effective care in line with national guidance.
- The trust should ensure health promotion information is available to patients and visitors to the critical care unit.
- The trust should ensure governance procedures for the critical care outreach team meet best practice recommendations.

# Maternity

Good 

## Key facts and figures

The trust manages over 11,000 births every year. Their maternity services are provided across two sites, with a labour ward and alongside birth centre on both the Chelsea and Westminster Hospital and West Middlesex Hospital sites. The trust also has a private maternity service at Chelsea and Westminster.

Both sites also provide services for women with high risk pregnancy, including heart disease, HIV infection and medical co-morbidities, and have expertise in foetal and maternal medicine supported by obstetric anaesthetic colleagues.

*(Source: Trust Provider Information Request – Acute sites)*

The maternity department at Chelsea and Westminster hospital, was refurbished in May 2019. It includes two theatres, a nine-bed labour ward and antenatal unit. There are also prenatal and postnatal wards, a high dependency unit, a midwife-led birthing unit and a maternity day assessment unit. The maternity unit has 20 antenatal and 27 postnatal beds. The labour ward has nine rooms and two pools. There are two bereavement rooms. The midwife-led birthing unit has six beds and four pools with full amenities. There is a 12 bedded private maternity wing and staff working there are employed by the trust and have NHS contracts and terms and conditions. A neonatal unit adjacent to maternity theatre and labour ward is also available at the trust.

There is a fetal medicine unit and specialist outpatient clinics cover the needs of pregnant women with conditions such as diabetes, obesity and HIV. The antenatal department also provides full screening assessments for antenatal women.

From January 2018 to December 2018 there were 10,127 deliveries at the trust. Out of these 10,271, 5751 deliveries were at Chelsea and Westminster hospital site. The trust had a high number of deliveries compared to other trusts in England.

We last carried out an announced comprehensive inspection of the maternity service in November 2014. The service was rated good for safe effective, caring, responsive and well-led. The service was judged to be good overall.

We carried out a short-announced inspection of the maternity service on 19 to 21 November 2019. During our inspection, we visited all clinical areas in the service including labour ward, theatres, antenatal and postnatal wards, the birth centre, transitional care, antenatal clinics, fetal medicine unit, maternity day assessment units (MDAU), triage and the Kensington ward. We spoke with seven women and their relatives and approximately 50 members of staff, including midwives, consultants, anaesthetists, senior managers, pharmacist, matrons, midwifery risk leads, perinatal mental health team and support staff. We observed care and treatment and reviewed eleven medical care records. We also reviewed the trust's performance data. We observed one safety huddle, one handover and a patient procedure.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The trust had taken note of concerns raised about the maternity service at the previous inspection and made improvements in the areas of safety, midwifery staffing levels midwife to women ratio and providing one to one care in labour to women.

# Maternity

- The service had enough maternity staff to care for women and keep them safe. Staff understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave women enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However;

- Though there were systems to ensure equipment was checked daily, compliance with checking for some equipment was inconsistent. For example, there were missing daily checks of the resuscitaires, staff did not monitor the temperature of a fridge used for storage of babies and placenta. Staff did not implement any systems for daily checks of a portable suction machine stored in the clinical room. However, the design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- On the labour ward, an adult resuscitation trolley was available which was shared between, antenatal, postnatal, HDU/ recovery and theatres (all wards were adjacent to each other). Not all staff we spoke with on the antenatal and postnatal ward were aware of the location of the adult resuscitation trolley on the labour ward.
- There was no hand washing facility within clinical room opposite the bereavement rooms. The trust mitigated this by providing hand gel in the room.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. However, the maternity day assessment unit and triage did not use modified early obstetric warning scores (MEOWS) correctly at the time of the inspection.
- Staff kept detailed records of patients' care and treatment. Despite records being clear, up-to-date and easily available to all staff providing care, the hand-held paper records were not kept tidy and had loose papers falling out.
- Managers did not appraise staff work performance. For the period of April 2018 to March 2019, the appraisal rate was 72% which was worse than the hospital target of 90%. Following our inspection, the leaders informed us that an action plan had been implemented, to ensure all staff have had their appraisal. The compliance was improved up to 89.05% in the last eight weeks. However, the service made sure staff were competent for their roles and held supervision meetings with them to provide support and development.

# Maternity

## Is the service safe?

### Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as requires improvement because:

- Though there were systems to ensure equipment was checked daily, compliance with checking for some equipment was inconsistent. For example, there were missing daily checks of the resuscitaires, staff did not monitor the temperature of a fridge used for storage of babies and placenta. staff did not implement any system for daily checks of a portable suction machine stored in the clinical room. However, the design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- On the labour ward, an adult resuscitation trolley was available which was shared between, antenatal, postnatal, HDU/ recovery and theatres (all wards were adjacent to each other). Not all staff we spoke with on the antenatal and postnatal ward were aware of the location of the adult resuscitation trolley on the labour ward.
- There was no hand washing facility in the clinical room opposite the bereavement room. The trust mitigated this by providing hand gel in the room.
- The trust did not use any security electronic tagging system for vulnerable babies. Though there were mitigating systems and risk assessment was carried out in 2014. The unit had not risk assessed this since the refurbishment. Abductions drills were carried out every two years as per the trust policy.
- The service provided mandatory training in key skills to all staff. Though not all staff had up to date mandatory training, there were systems to monitor compliance. In maternity the 90% target was met for four of the eight mandatory training modules for which qualified nursing staff were eligible. The 90% target was met for five of the eight mandatory training modules for which medical staff were eligible. The 95% target was not met for information governance module for both staff group.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. However, the maternity day assessment unit and triage did not use modified early obstetric warning score (MEOWS) correctly at the time of the inspection.
- Between April 2019 and September 2019, the obstetric inpatient did not meet the VTE risk assessments compliance standard of 95% and ranged between 91.7% and 93.8%.
- Staff kept detailed records of patients' care and treatment. Despite records being clear, up-to-date and easily available to all staff providing care, the hand-held paper records were not kept tidy and had loose papers falling out.

However;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Arrangements were in place to safeguard adults and babies from abuse, harm and neglect.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. They kept equipment and the premises visibly clean.
- The service had enough midwifery and medical staff, with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

# Maternity

- Midwifery staffing was fully established with 0% vacancy.
- The midwife to birth ratio was 1:28, which was better than the national average and an improvement since last inspection.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service had achieved the United Nations Children's Fund (UNICEF) Baby Friendly level three accreditation.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.
- The service performed higher or within expected range on four outcomes and lower than expected in one outcome in the National Neonatal Audit programme and perinatal mortality rate.
- Staff on the wards and community worked together as a team to benefit women. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service made sure staff were competent for their roles and held supervision meetings with them to provide support and development.

However;

# Maternity

- Managers did not appraise staff work performance. For the period of April 2018 to March 2019, the appraisal rate was 72% which was worse than the hospital target of 90%. Following our inspection, the leaders informed us that an action plan had been implemented, to ensure all staff have had their appraisal. The compliance was improved up to 89.05% in the last eight weeks.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. All patients we spoke with spoke very highly of the care received and made the effort to attend Chelsea & Westminster Hospital for the birth of their subsequent children for this reason.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff undertook specialist training in order to be able to provide sessions that reduced birth anxiety and depression. Staff took account of the holistic needs of the women they cared for.
- Staff supported and involved patients and their partners to make decisions about their care and treatment. Patients were empowered to make decisions about their birth plan.

## Is the service responsive?

**Outstanding** ☆

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The trust had an arrangement in place with independent midwives in the local community. These community midwives were employed on the trusts bank staff and therefore had undergone an induction and mandatory training within the trust. This allowed them to be able to come into the maternity services and work with patients who they looked after in the community. This helped with continuity of care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers. They employed a variety of specialist midwives and carried out a number of specialist clinics each week. They used complementary therapies and doula's to provide psycho-social support to women in labour. The private wing had recently introduced community visits for patients. Postnatally, women had access to a variety of breastfeeding and lactation support.
- The trust website had a software which made it accessible for people whose first language was not English and those with disabilities, learning disabilities, dyslexia or those who cannot read or write. The website allowed people to increase the font, colour, use a magnifying glass, download an audio file or to use the read to text icon.



# Maternity

- The birth centre was well furnished, decorated and had a relaxed, cosy and homely feel. The labour ward was recently refurbished and had two birthing pools and pull-down double beds for partners. Staff told us that the design of the two rooms on the labour ward with birthing pools was aimed to be similar to the birth centre.
- Women could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

## Is the service well-led?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found the following areas of outstanding practice:



# Maternity

- The trust developed an innovative app called 'The mum and baby app' which have been adopted across the NHS service and Local Maternity Systems across England.
- The trust launched a new project in April 2019 called the 'Postnatal Care: Developing a Living Library to support mothers and babies who have received care in an intensive care unit, first-time mothers who delivered by emergency caesarean or had significant obstetric complications. The project was also aimed to support mothers with challenges in accessing care such as learning difficulties.
- The service had two doulas available on certain day and night shifts. A doula is a person who provides psycho-social support to the mother throughout the birthing process. Doulas are not routinely available on the NHS and women and staff alike spoke very highly of their usefulness.
- There were a variety of complementary therapies available free of charge to women.
- The service went to extensive lengths to capture all perinatal mental health issues. The specialist midwives worked with wider networks and mental health stakeholders to provide innovative mental health care for women who suffered from birth trauma, anxiety and depression.
- The service maintained an effective, fully-funded Maternity voice partnership programme.
- The service was a National Health Service England early adopter of the Better Births continuity of care model. This increased the number of women who experienced continuity of care from booking through to post-natal care for women within the catchment area. The service achieved above the national target.

## Areas for improvement

We found the following areas for improvement:

- The service should have effective system to achieve mandatory training compliance.
- The service should embed the practice of monitoring daily fridge temperature, used for storage of babies and placenta.
- The service should implement a system for daily checks of the portable suction machine available in the clinical room.
- The service should maintain high compliance with daily checks of the resuscitaires for babies.
- The service should implement effective ways for all staff to be aware of the location of adult resuscitation trolley on labour ward.
- The service should review the risk assessment of security electronic tagging system for vulnerable babies.
- The service should work towards improving compliance with VTE risk assessments.
- The service should have effective system to achieve trust targets for staff appraisal.
- The service should implement the use of a modified early obstetric warning score (MEOWS) within medical day assessment unit/triage.
- The hand-held paper records should be kept tidy and all papers securely stored within the records.

# Our inspection team

Nicola Wise, Head of Hospital Inspections led the well-led inspection. Robert Throw CQC inspection manager was the lead inspection manager for the trust and conducted the well-led review.

The core service inspection team included two CQC inspection managers, the CQC relationship owner of the trust, CQC inspectors, specialist advisers and experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.