

West Middlesex University Hospital NHS Trust

Quality Report

Twickenham Road
Isleworth
Middlesex
TW7 6AF
Tel: 020 8560 2121
Website: www.wmuh.nhs.uk

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

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

West Middlesex University Hospital is the main acute hospital for the West Middlesex University Hospital NHS Trust, which provides acute medical services to a population of around 400,000 people across the London boroughs of Hounslow and Richmond on Thames, and surrounding areas.

Following the board's decision that this trust would not meet the requirements for foundation trust status, it has been in negotiations to merge with another NHS trust. Chelsea and Westminster Hospital NHS Foundation Trust were deemed the preferred bidder in April 2013. Processes have been slow subsequent to the announcement however following our inspection, it was announced on 19 December 2014 that the merger with Chelsea and Westminster Hospital NHS Foundation Trust had been approved by the Competition and Markets Authority.

The trust is planning for an increase in emergency and maternity attendances that will result from The North West London strategy 'shaping a healthier future'.

We carried out this comprehensive inspection as part of our overall inspection programme of NHS acute trusts. We undertook an announced inspection of the trust between 25 and 29 November 2014 and an unannounced inspection on 9 Dec 2014 and 13 Dec 2014.

We inspected all the main departments of the hospital: urgent and emergency services (A&E); medical care; surgery; critical care; maternity and gynaecology; services for children and young people; end of life care (EoLC); and outpatients and diagnostic imaging

We rated the hospital good overall in the following departments: medical care; critical care; and maternity and gynaecology. However, our inspection results rated the following services as requiring improvement: A&E; surgery; services for children and young people; EoLC; and outpatients and diagnostic imaging.

While we rated the hospital as good in caring, it requires improvement in: providing safe and effective care; being responsive to patients' needs; and being well-led.

Overall this hospital requires improvement.

Our key findings were as follows:

Safe

- Staffing levels in A/E did not consistently meet the required standards for consultant cover or nursing and tools to detect the deterioration of patients were not used consistently.
- That whilst a recruitment strategy is in place midwifery staffing levels were significantly below that recommended for the number of deliveries thus creating an increased risk to patient safety
- Staffing levels in nursing and ultrasonography was impacting upon the quality of care received by patients in the Early Pregnancy Unit.
- We found that Infection control procedures and practice was followed and hand gel was readily available at many points for use by staff and visitors. The facilities were clean, well maintained and hygienic across the trust.
- Surgical consultant capacity led to issues in orthopaedics and general surgery and a lack of consultant involvement in emergency surgery
- We observed inconsistent application of WHO briefing in surgery
- Medicines management in the emergency department was not robust leading to the highest number of reported incidents across the Trust

Effective

- The trust did not have a robust policy and document management system leading us to identify a number of out of date documents in clinical areas.
- Whilst the incident reporting system (DATIX) was readily accessible evidence that there was a strong culture of learning from incidents was not apparent in all areas.
- We found that care was largely provided in line with national best practice guidelines and we observed good clinical practice by clinicians during the inspections.
- Not all national and local audits were completed, and some recent audits did not have associated action plans or a strategy to check whether performance was improving.

Summary of findings

- Performance in the stroke audit had deteriorated from the previous level A to level C and remained at level C for this period.

Caring

- We observed patients being treated with dignity, respect and compassion even when teams were under pressure.
- Patients considered that they had been given sufficient information and counselling by qualified healthcare professionals to enable them to make informed decisions about their care and treatment.
- The NHS Friends and Family Test (FFT) indicated that 91% of respondents (25% response rate) said they were likely or very likely to recommend the hospital to friends or family

Responsive

- Patient flow from the emergency department was impeded leading to the time spent in the emergency department (average 290 minutes) exceeding the national average (140 minutes)
- That strategic planning and staffing for the management of the dying patient were below expected standards and not responsive to the needs of this group of patients.
- The trust did not have an Acute Oncology Service and therefore was not responding to the needs of acutely medically ill cancer patients.
- The absence of appropriate orthogeriatrician support led to only 3% of elderly patients with fractured neck of femur (hip fracture) were seen by an orthogeriatrician.
- Efforts to meet the five day patient letters targets included the issue of a high percentage of unverified patient letters (43%) from surgery with no retrospective audit plan.
- We heard consistent reports of delays in the provision of medications for taking away at discharge
- There was a high number of outpatients clinics cancelled creating inconvenience for patients and the potential for delays in diagnosis.

Well-led

- The Trust had a long term vision and its experienced leadership was fully engaged and influential in the

planned merger and 'shaping a healthier future'. However not all departments could demonstrate a local vision and plan that connected with the Trust strategy.

- The protracted merger process had resulted in a high use of interim senior managers and to some extent planning blight. Surgery in particular had suffered from unstable management support.
- Inconsistent leadership in the SCBU was undermining good care leading to a lack of clear clinical governance and documentation management.
- The culture of the organisation was largely reported as positive, open and transparent; however we did receive reports of what some staff considered to be a blame culture.

We would add that most patient, carer and patient relative feedback was positive and we saw many examples of staff giving treatment in a caring and compassionate way. The physical environment in the hospital was well maintained, clean and hygienic with staff following infection control guidelines and protocols.

We saw several areas of outstanding practice including:

- The A&E department had a calm and well-managed response to very heavy emergency demand on the Wednesday evening of our inspection visit. Management support was also well considered, calm and effective.
- We found the care and support given by the mortuary staff and patient affairs office to relatives after the death of their family member was exemplary.
- The innovative 'heads-up' structured approach to handover in medicine

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Address the midwife/mother ratio both in terms of immediate levels of care and the strategic planning for expansion of obstetric services.
- Review and act upon consultant and nursing staffing levels in Emergency Services
- Review the processes for the management of policies and procedures to ensure that staff has access to the most up to date versions.

Summary of findings

- Review its provision of End of Life services; its palliative care staffing levels and support of end of life care on the wards.
- Ensure full completion of DNACPR forms
- In medicine, address the lack of an acute oncology service
- In surgery, improve the frequency of consultant ward rounds.
- Ensure full completion of WHO Checklists for surgery
- Remove the practice of unverified consultant patient discharge letters
- Improve leadership and effectiveness in the SBCU
- Address the issue of late availability of TTA medicines leading to late discharge or patients returning to collect them.

In addition the trust should:

- Further develop its strategies for ensuring that the organisation is learning from incidents and issues.
- Continue to clarify its strategic intent, stabilise leadership and continue to engage its workforce in planning for change.
- Review its pharmacy services to be more responsive to the needs of patients
- The trust should ensure that the room in the A&E department designated for the interview of patients presenting with mental ill health has a suitable design and layout to minimise the risk of avoidable harm and promote the safety of people using it.
- The trust should review the arrangements for monitoring patients in the A&E department to ensure clear protocols are consistently used so that changes in patients' condition are detected in a timely way to promote their health.
- The trust should review the number and skill mix of nurses on duty in the A&E department to reflect Royal College of Nursing Baseline Emergency Staffing Tool (BEST) recommendations to ensure patients' welfare and safety are promoted and their individual needs are met.
- The trust should review the number of consultant EM doctors employed in the A&E to reflect the College of Emergency Medicine (CEM) recommendations.
- The trust should respond to the outcome of their CEM audits to improve outcomes for patients using the service.
- The trust should review the arrangements for monitoring pain experienced by patients in the A&E to make sure people have effective pain relief.
- The trust should review the arrangements for providing people in A&E with food and drink and assessing their risk of poor nutrition so people's nutrition and hydration needs are met.
- The trust should review their arrangements for assessing and recording the mental capacity of patients in the A&E to demonstrate that care and treatment is delivered in patients' best interests.
- The trust should make arrangements to ensure contracted security staff have appropriate knowledge and skills to safely work with vulnerable patients with a range of physical and mental ill health needs.
- The trust should review some areas of the environment in A&E with regard to the lack of visibility of patients in the waiting area and arrangements for supporting people's privacy at the reception, the observation ward and the resuscitation area.
- The trust should review the provision of written information to other languages and formats so that it is accessible to people with language or other communication difficulties.
- The trust should review the way it considers the needs of people living with dementia when they are in the A&E department.
- The trust should review their management of patient flow in the A&E so patients are discharged in a timely way or transferred to areas treating their speciality.
- The trust should review the risk register in the A&E to make sure all identified risks are included and action is taken to mitigate.
- The trust should review the culture of the A&E to explore the reasons for low morale and reported conflict amongst some staff.
- Improve surgery theatre use to prevent late starts and theatre overruns.
- Review the surgical pathway for children and adults.
- Review physiotherapy at weekends for all patients not just those on enhanced recovery programmes to assist rehabilitation.
- Increase weekend consultant ward rounds in surgery and include Sunday.
- Ensure sufficient beds on surgical wards to improve treatment of surgical patients in specialty beds.

Summary of findings

- Improve cleanliness and hygiene in the Special Care Baby Unit (SBCU).
- Formalise multidisciplinary approach to care on the SBCU.
- Share the outcome and learning from audits to staff on the SBCU.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to West Middlesex University Hospital NHS Trust

The trust provides services from one main site at West Middlesex University Hospital, which is a small acute hospital in Isleworth, west London. The hospital serves a local population of around 400,000 people in the London boroughs of Hounslow and Richmond on Thames and neighbouring areas. The main commissioners of acute services are the clinical commissioning groups (CCGs) for Hounslow and Richmond.

The 2011 Census of England and Wales shows that half of Hounslow's population was from an ethnic minority group. The largest ethnic minority group was Indian, which made up 19% of local residents, while other Asian made up 8% of the population and Pakistani 5%. The census for Richmond showed a population of around 187,000, which is small for a London borough. Richmond is also one of the least ethnically diverse boroughs in the capital, and has a non-white population of 14%.

Deprivation

Hounslow's deprivation score is 156/326, and for Richmond it is 266/ 326 (the lower scores reflect higher levels of deprivation, and are based on a comparison between all 326 local authority areas in England). Hounslow is the ninth largest borough in London, while Richmond is the eighth largest by area and the least deprived.

The health of people in Hounslow is varied compared with the England average. Deprivation is lower than average, life expectancy for both men and women similar to the England average, but 12,400 children live in poverty. The life expectancy for men and women living in Richmond is higher than the England average, and deprivation lower than the England average.

Our inspection team

Our inspection team was led by:

Chair: Dr Nick Bishop MB BS MRCS FRCP FRCR; CQC, National Professional Adviser for Medical Services

Head of Hospital Inspections: Alan Thorne, Care Quality Commission (CQC)

Inspection Manager: Robert Throw, Care Quality Commission (CQC)

The team included CQC inspectors and a variety of specialists: The team of 37 which visited the trust between 25 – 29 November included senior CQC managers, inspectors, data analysts, inspection planners registered and student general nurses and a learning disability nurse, a consultant midwife, theatre specialist, consultants and junior doctors, a pharmacist, a dietician, therapists, community and district nursing specialists, experts by experience and senior NHS managers.

How we carried out this inspection

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

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

The announced inspection visit took place between 25 and 28 November 2014, with subsequent unannounced inspection visits on 9 and 13 December 2014.

Before the inspection visit we reviewed a range of information we held, and asked other organisations to share what they knew about the trust such as local Healthwatch organisations and the Hounslow and

Summary of findings

Richmond CCGs. We also held a listening event on 20 November 2014 when members of the public shared their views and experiences of West Middlesex University Hospital.

During our inspection we held focus groups with a range of hospital staff that included: nurses; doctors; consultants; allied health professionals; and support workers. We spoke with patients and staff from all areas of the trust, including: wards; surgical theatres; outpatient departments; maternity; and A&E. We also spoke with hospital managers, members of the trust

executive team and non-executive directors. We observed how people were being cared for and talked with their carer's and family members. We reviewed patients' personal care or treatment records, and inspected medicine management records and drug charts. We looked at trust policies and assessed treatment against national guidelines.

We would like to thank all staff, patients, carers and stakeholders for sharing their views and experiences of the quality of care and treatment at West Middlesex University Hospital NHS Trust.

What people who use the trust's services say

- At the listening event we heard patients and carers recount their experiences of care at the trust. Although there were no themes identified we heard from patients who largely had a positive experience of care. We also heard from members of patient engagement groups, particularly in maternity, who praised both care and engagement processes with the trust.
- The NHS Friends and Family Test (FFT) indicated that 91% of respondents (25%) response rate said they were likely or very likely to recommend the hospital to friends or family
- The FFT for maternity also indicated a high percentage of attendants would be likely or extremely likely to recommend antenatal services, labour ward, postnatal services and postnatal community services
- The trust scored very well in the Patient-led Assessments of Care Environment audit for cleanliness, food, privacy, dignity and wellbeing and facilities, equalling or exceeding national average scores.
- The trust performance in the CQC 2014 accident and emergency survey achieved average scores.
- NHS Choices rated the trust three stars out of a possible five.

Facts and data about this trust

The trust provides services from one main site at West Middlesex University Hospital, which is a small acute hospital in Isleworth, west London. The hospital serves a local population of around 400,000 people in the London boroughs of Hounslow and Richmond on Thames and neighbouring areas. The main commissioners of acute services are the clinical commissioning groups (CCGs) for Hounslow and Richmond.


- The trust has 335 general and acute beds, 49 maternity beds, 13 critical care. The Trust employs 1945 staff as at Oct 14, 363 medical, 764 nursing, 218 other plus contracted out services through the PFI. It has a turnover of around £155m and is running a planned deficit of £4.9 m
- The workforce was supported by 15.9% bank and agency staff against a national average of 6%.
- The trust had 46,000 inpatient attendances, 246,000 outpatients and 137,000 emergency attendances (this figure includes 70,000 attendances at the community managed urgent care centre that is co-located with A/E)
- The trust reported four never events between August 2013 and June 2014. Three of the four Never Events took place in the maternity department in August 2013, March and May 2014. All three Never Events were related to retained swabs. The fourth Never Event took place in August 2013 in general medicine, and involved a misplaced nasogastric tube

Summary of findings

- Between April 2013 and May 2014 the trust reported 96 SI's. They consisted of 43 grade 3 pressure ulcers, 15 unexpected readmissions to neonatal care unit (NICU), 9 ambulance delays, 4 communicable diseases and 25 others.
- There were a total of 2,361 incidents reported between April 2013 and May 2014. They included: 10 deaths, 23 severe harm, 285 moderate harm, 612 low harm and 1431 no harm.
- There were 87% NRLS incidents reported with no or low harm. The trust also reported fewer incidents than the England average. CQC analysis indicates that this is statistically lower and is therefore a risk.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust was rated overall for being safe as requires improvement.</p> <p>We found that Infection control procedures and practice was followed and hand gel was readily available at many points for use by staff and visitors. The facilities were clean, well maintained and hygienic across the trust.</p> <p>One case of MRSA and four cases of C. difficile had been reported since April 2014. The C. difficile cases indicated a significant improvement on the previous year and there had been no cases in the last three months.</p> <p>A high number of serious incidents relating to pressure ulcers had been addressed by new supply and provision of mattresses</p> <p>Staff knew how to report safeguarding issues and the process of safeguarding was both understood and followed.</p> <p>However amongst our key findings were:-</p> <ul style="list-style-type: none">• The number of midwife to birth ratio was reported as 1:36 which is significantly higher than the expected standard of 1:28 and creating a risk for patients.• Staff knew how to report incidents, but the level of incident reporting at the trust was low compared with the England average and was a risk.• A&E had an insufficient number of consultants to provide cover for 16-hours-a-day, seven-days-a-week.• In end of life care there were no plans to increase the consultant cover from two sessions per week to the national standard for a trust of this size. There were no link nurses on the wards to support the delivery of care.• Out of four Never Events in 2013/2014, three had been in maternity. There had been a serious incident in September 2014, which had resulted in a patient being transferred from maternity to the intensive treatment unit.• In A&E medicines were not always stored securely or checked regularly, which increases the risk of medicine misuse.• The trust had a lower than average percentage of consultants and a higher than average percentage of junior doctors <p>Pharmacy Services</p> <ul style="list-style-type: none">• Pharmacists visited all wards each weekday to check medicines were being used safely. We saw pharmacists completed the	<p>Requires improvement</p> 

Summary of findings

medicines management section on the prescription record for every patient to confirm medication reconciliation had occurred. (Medicines reconciliation is the process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from a patient, or GP).

- An audit of the medicines policy and pharmacy clinical standards in July 2014 showed that 88% of adult patients had medicines reconciliation completed with 24 hours of admission. These exceeded the trust target of 80%.

The medicines safety committee reviewed medication errors recorded on the trust IT system. Learning from incidents was shared with staff via a medication safety newsletter. Any errors which occurred in the pharmacy department were reviewed by the errors, incidents and complaints group

Are services at this trust effective?

The trust was rated overall being effective as requires improvement.

We found that care was largely provided in line with national best practice guidelines and we observed good clinical practice by clinicians during the inspections.

The Health and Social Care Information Centre (HSCIC) hospital-level mortality indicator (SHMI) and hospital standardised mortality ratio (HSMR) rates for the trust were within expected levels for a trust of comparable size.

However, amongst our key findings were:-

- There was not a robust system for the management of policies and procedures. During the inspection we identified a number of 'out of date' documents in use in clinical areas.
- Not all national and local audits were completed, and some recent audits did not have associated action plans or a strategy to check whether performance was improving. Processes for learning from incidents were inconsistent.
- Surgery services did not run seven-days-a-week, and the use of theatres was not optimised. There was insufficient operating time for the number of orthopaedic cases, hip fractures and some other fractures. Children's fractures were treated outside the trust protocol of 10 days.

Requires improvement



Summary of findings

- Do not attempt cardiopulmonary resuscitation (DNA CPR) forms were inconsistently completed. Assessing capacity specifically for resuscitation decisions did not appear to be routinely documented.
- There was no standardised form used for mental capacity assessments. Nurses and healthcare assistants (HCAs) were aware of patients who did not have mental capacity, but unaware of where this information was documented.
- People's nutrition and hydration needs may not be met because arrangements to provide people with food and drink or to assess their risk of poor nutrition were not robust.
- Staff training in end of life care was insufficient to ensure appropriate knowledge and use of pathway tools.
- End of life care MDT meetings were not robust in terms of occurrence, attendance and recording.

Pharmacy Services

- The trust had a formulary which listed medication the pharmacy stocked with guidance on their prescribing. This was used to promote rational, cost effective prescribing and any amendments to formulary had to be approved by the drug and therapeutics committee. We saw this formulary, along with the trust antimicrobial prescribing guidelines was easily accessible to all staff via the trust intranet.

Are services at this trust caring?

The trust was rated overall for caring as good.

We heard about from patients and carers, and observed during our inspection, many positive aspects of care being provided that involved, engaged and respected patients in their care.

The CQC inpatient survey 2013 placed the trust in the bottom 20% for seven indicators. In the cancer patient survey (2012/13) three indicators of the thirty four were in the top 20% and 15 indicators in the bottom 20%.

Complaint levels have largely been consistent over the last five years however the trust saw an increase of around 7% in 2013/14.

Our key findings were:-

- We observed staff treating patients with respect.
- Patients, their relatives and carers told us that they felt well-informed and involved in the decisions and plans of care.

Good



Summary of findings

- We saw that staff respected patients' choices and preferences, and were supportive of their cultures, faith and background.
- Processes were in place to gain informed consent and involve patients and families in decisions about care.
- We saw patients' privacy and dignity were respected.
- We did hear of incidents when patients did not feel informed or respected that related to when patients were moved from one ward to another. This was also reflected in complaints received by the trust.

Are services at this trust responsive?

The trust was rated overall for being responsive as requires improvement.

The trust was meeting the Referral to Treatment (RTT) target across all specialties; however it was not consistently meeting the national emergency care target for patients being seen within four hours.

The trust had not met the national 62 day treatment target for cancer patients for the last four months.

The key findings from our inspection were:-

- As a consequence of departmental facilities, design and capacity poor flow led to patients having extended stays in the emergency department prior to transfer to specialist wards. Privacy and dignity was also compromised. An increasing daily medical take was adding to the pressure.
- There was limited support available for patients living with dementia and learning disabilities. The trust Reach out to me booklet for patients living with dementia was being inconsistently used. Dementia and delirium assessment was also inconsistently documented.
- The outpatient services were not responsive to the needs of their patients with a high number of cancelled clinics. Over running clinics and patient delays was also a feature.
- The trust did not have an acute oncology service and was therefore not responding to the needs of acutely ill cancer patients
- Complaints were well managed with a number of resolution pathways available. There was evidence of learning from complaints and their outcomes.
- The trust did not achieve the national target for providing specialist support for care in the last hours or days of a person's life.
- There was appropriate access to multi-faith chaplaincy and translation services.

Requires improvement



Summary of findings

- Women attending the EPU were seen by a consultant-led team and urgent cases were prioritised and scanned the same day. However, due to limited ultrasound scanning capacity non-urgent cases had to be rescheduled.

Pharmacy Services

- The pharmacy service was not responsive to the needs of patients. Patients were being delayed from being discharged because their 'to take away' (TTA) medicines were not being delivered in a timely way and pharmacy staffing levels at weekends were inadequate to meet the needs of staff and patients.
- The pharmacy department was open seven days a week but with limited hours on Saturday and Sunday and there were pharmacists on call out of hours. On Saturday and Sunday the main pharmacy department was officially open between 10am and 2pm. We were told one trust pharmacist, a locum pharmacist and a technician worked at the weekends which meant they often had to work longer than the official working hours to complete all the required work.
- There was a satellite pharmacy on the acute medical unit 1 (AMU1) open Monday to Friday which provided clinical support and dispensed discharge prescriptions for patients on AMU1 and the acute admissions unit (AAU). Staff on these units thought this was an excellent service for patients but wished it could be provided 7 days a week.
- Nursing staff on three wards we visited told us that any discharge prescriptions sent to the main pharmacy department before 10am were never returned to the ward before 3pm which often meant patients or their families had to return the ward the following day to collect their medicines. We were told sometimes patients did not return to collect medicines despite being contacted by ward staff. We saw prescriptions that had not been collected on three wards which meant patients had left hospital without medicines needed to continue their treatment.
- The clinical services divisional scorecard for the months June 2014 to September 2014 showed for discharge prescriptions dispensed by the main pharmacy department an average of 66% prescriptions were dispensed within the target time of 90 minutes against a target of 80%.
- There was a separate outpatient's pharmacy which dispensed prescriptions for patients attending clinics as well as discharge prescriptions for the postnatal and antenatal wards. The clinical

Summary of findings

services divisional scorecard for the months June 2014 to September 2014 showed on average of only 65% of outpatient prescriptions were dispensed within the target time of 30 minutes against a target of 90%.

Are services at this trust well-led?

The trust was rated overall for being well-led as requires improvement.

Leadership of the trust

- The trust is led by a highly experienced chief executive and chair that have both been in post for greater than four years. They have recently been joined by a medical director who is on secondment from the preferred trust for the planned merger and a newly-appointed Director of Nursing. However, the extended timescale for merger is clearly having an impact on recruitment of senior staff and a number of interims remain in place following the resignation of experienced senior team members and creates a challenge in terms of maintaining an engaged workforce.
- The Shaping a Healthier Future also brings the challenge of planning for increasing maternity and emergency attendances. A major physical expansion is due in 2017/18.
- The NHS staff survey was unremarkable with response rate, satisfaction with quality of work and appraisals all close to the national average.

Vision and strategy for this trust

- The trust had a long term strategy of 'foundation trust status via partnership' and a vision of 'a first class hospital in our community'.
- The trust values were encompassed in 'the West Middlesex Way' and were well recognised by teams we spoke with during the inspection.
- Reports of the visibility of executive and board members by frontline staff were variable with some reporting good contact and others not.
- The trust told us that there is an End of Life Policy and an End of Life Committee that reports through to the Clinical Quality & Risk Committee. However staff we spoke to were unaware of this and were not aware that there was a trust wide plan for the management of end of life care.
- In our interview with the Chairman, we saw good processes for both considering and supporting Non-executive directors in their post.

Requires improvement



Summary of findings

- We heard of good arrangements for the Chairman's leadership of the team to allow them to discharge their duties.

Culture in the Trust

- Most areas reported an open culture and that local leadership was good. Surgery and SCBU were however particularly challenged by a lack of continuous leadership and management and this had led to a lack of direction and connection with the trust executive. In addition some staff in emergency services described the presence of a blame culture.
- We heard from staff that learning and development was encouraged and successes were celebrated.

Governance, Risk Management and Quality Measurement

- Risk management processes were variable with the management and escalation of risk in emergency services and end of life care giving cause for concern.
- Performance Scorecards were in extensive use across the trust

Public and Staff Engagement

- Staff told us the hospital had regular staff and patient experience events, including an annual hospital open day where they could listen to the patient experience of the hospital.
- The family and friends test was used extensively across the Trust and the results used in discussion regarding service delivery. However mechanisms in SCBU and Outpatients were not of the same standard as those in other areas of the trust and require development.
- Some staff reported uncertainty of direction regarding the pending merger and sector wide changes.

Innovation, Improvement and Sustainability

- The trust is fully engaged in Shaping a Healthier Future and the merger process both of which are key to sustainability of the trust
- The trust has a clinically led transformation programme steered by a multi-agency partnership board.

Overview of ratings

Our ratings for West Middlesex University Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Requires improvement	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for West Middlesex University Hospital NHS Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- The A&E department had a calm and well-managed response to very heavy emergency demand on the Wednesday evening of our inspection visit. Management support was also well considered, calm and effective.
- We found the care and support given by the mortuary staff and patient affairs office to relatives after the death of their family member was exemplary.
- The innovative 'heads-up' structured approach to handover in medicine

Areas for improvement

Action the trust MUST take to improve

The trust must:

- Address the midwife/mother ratio both in terms of immediate levels of care and the strategic planning for expansion of obstetric services.
- Review and act upon consultant and nursing staffing levels in Emergency Services
- Review the processes for the management of policies and procedures to ensure that staff has access to the most up to date versions.
- Review its provision of End of Life services; its palliative care staffing levels and support of end of life care on the wards.
- Ensure full completion of DNACPR forms
- In medicine, address the lack of an acute oncology service
- In surgery, improve the frequency of consultant ward rounds.
- Ensure full completion of WHO Checklists for surgery
- Remove the practice of unverified consultant patient discharge letters
- Improve leadership and effectiveness in the SBCU
- Address the issue of late availability of TTA medicines leading to late discharge or patients returning to collect them.

In addition the trust should:

- Further develop its strategies for ensuring that the organisation is learning from incidents and issues.
- Continue to clarify its strategic intent, stabilise leadership and continue to engage its workforce in planning for change.
- Review its pharmacy services to be more responsive to the needs of patients

- The trust should ensure that the room in the A&E department designated for the interview of patients presenting with mental ill health has a suitable design and layout to minimise the risk of avoidable harm and promote the safety of people using it.
- The trust should review the arrangements for monitoring patients in the A&E department to ensure clear protocols are consistently used so that changes in patients' condition are detected in a timely way to promote their health.
- The trust should review the number and skill mix of nurses on duty in the A&E department to reflect Royal College of Nursing Baseline Emergency Staffing Tool (BEST) recommendations to ensure patients' welfare and safety are promoted and their individual needs are met.
- The trust should review the number of consultant EM doctors employed in the A&E to reflect the College of Emergency Medicine (CEM) recommendations.
- The trust should respond to the outcome of their own CEM audits to improve outcomes for patients using the service.
- The trust should review the arrangements for monitoring pain experienced by patients in the A&E to make sure people have effective pain relief.
- The trust should review the arrangements for providing people with food and drink and assessing their risk of poor nutrition so people's nutrition and hydration needs are met.
- The trust should review their arrangements for assessing and recording the mental capacity of patients in the A&E to demonstrate that care and treatment is delivered in patients' best interests.

Outstanding practice and areas for improvement

- The trust should make arrangements to ensure contracted security staff have appropriate knowledge and skills to safely work with vulnerable patients with a range of physical and mental ill health needs.
- The trust should review some areas of the environment in A&E with regard to the lack of visibility of patients in the waiting area and arrangements for supporting people's privacy at the reception, the observation ward and the resuscitation area.
- The trust should review the provision of written information to other languages and formats so that it is accessible to people with language or other communication difficulties.
- The trust should review the way it considers the needs of people living with dementia when they are in the A&E department.
- The trust should review their management of patient flow in the A&E so patients are discharged in a timely way or transferred to areas treating their speciality.
- The trust should review the risk register in the A&E to make sure all identified risks are included and action is taken to mitigate.
- The trust should review the culture of the A&E to explore the reasons for low morale and reported conflict amongst some staff.
- Improve surgery theatre use to prevent late starts and theatre overruns.
- Review the surgical pathway for children and adults.
- Review physiotherapy at weekends for all patients not just those on enhanced recovery programmes to assist rehabilitation.
- Increase weekend consultant ward rounds in surgery and include Sunday.
- Ensure sufficient beds on surgical wards to improve treatment of surgical patients in specialty beds.
- Improve cleanliness and hygiene in the Special Care Baby Unit (SBCU).
- Formalise multidisciplinary approach to care on the SBCU.
- Share the outcome and learning from audits to staff on the SBCU.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Staffing: In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experience persons employed for the purposes of carrying on the regulated activity.</p> <p>The provider did not have suitable arrangements to ensure that, at all times, sufficient numbers of suitably qualified, skilled and experienced nursing staff were employed</p> <p>There were insufficient numbers of nurses on duty in A&E to care for patients safely given the severity of patients' symptoms and the geographical layout of the department.</p> <p>The A&E department did not meet RCN BEST recommendations of a nurse patient ratio of 1:1 in resuscitation (high dependency) and 1:2 in majors (moderate dependency).We observed several occasions in resuscitation when the nurse patient ratio was greater than 1:1.</p> <p>Regulation 22 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Staffing: In order to safeguard the health, safety and welfare of service</p>

Compliance actions

users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experience persons employed for the purposes of carrying on the regulated activity.

The provider did not have suitable arrangements to ensure that, at all times, sufficient numbers of suitably qualified, skilled and experienced medical staff were employed

The trust did not meet College of Emergency Medicine recommendation that an A&E department should have enough consultants to provide cover 16 hours per day, 7 days per week.

Of A&E medical staff, 12% were consultants compared with the national average figure of 23%.

Regulation 22 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Staffing: In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experience persons employed for the purposes of carrying on the regulated activity.

The provider did not have suitable arrangements to ensure that at all times, sufficient numbers of suitably qualified, skilled and experienced midwives and maternity assistants were employed.

The Birthrate Plus audit showed a shortfall of 17.6 whole time equivalent (WTE) midwives, and nine WTE too few maternity assistants.

The maternity dashboard for the year to October 2014 showed the average number of maternity inpatients per midwife had been 36 from March 2014 compared with the national average of 29.

This section is primarily information for the provider

Compliance actions

Regulation 22 (1) (a) Health and Social Care Act 2008
(Regulated Activities) Regulations 2010