

Royal Free London NHS Foundation Trust

Quality Report

Royal Free Hospital
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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

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

This was the first inspection of The Royal Free Hospital NHS Foundation Trust under the new methodology. We have rated the hospital trust as Good overall. We inspected the three acute sites: Barnet Hospital, Chase Farm Hospital and the Royal Free Hospital, alongside the Child and Adolescent Mental Health Services (CAMHS). We rated the Barnet and Chase Farm sites and the Royal Free site as Good. We rated CAMHS as Requires Improvement.

We carried out an announced inspection between 2 and 5 February 2016. We also undertook unannounced visits during the following two weeks.

We inspected eight core services: Urgent and Emergency Care, Medicine (including older people's care, Surgery, Critical Care, Maternity and Gynaecology, End of life Care, Services for Children and Outpatients and diagnostic services, as well as CAHMS at the Royal Free site. We have accounted for CAHMS within the overarching provider level ratings.

Our key findings were as follows:

Safe

- Staff were proactive in reporting incidents and we saw evidence of learning taking place as a result of incidents. Learning was shared with all staff via safety briefings and posters were displayed.
- Staff were aware of the safeguarding policies and procedures and had received training. Most staff understood their responsibilities under the Duty of Candour and were able to provide examples.
- Staff were able to speak openly about issues and serious incidents. However, staff told us they didn't always report an incident as they were too busy and did not always receive feedback.
- Patients arriving via ambulance did not consistently receive an assessment within 15 minutes of arrival, which was not in line with the Royal College of Emergency Medicine (RCEM) guidance. Use of the trust's early warning score system to identify deteriorating patients in the Emergency Department (ED) was not consistent, which could lead in a delay in identifying deteriorating patients.

- There were concerns at the Royal Free site regarding infection prevention and control practices, such as variable hand hygiene, staff wearing nail varnish and jewellery and doors left open to patients in isolation.
- At the Royal Free site the safety thermometer data and many patient risk assessments or records, including fluid balance charts, were not always complete.
- On the Barnet Hospital site we found where patients were unable to consent to restraint, no mental capacity assessment had been undertaken and no best interest decisions had been recorded. This meant that patients had their liberty restricted without hospital staff being able to evidence that the patient did not have the capacity to agree to the treatment plan.

Effective

- Patients achieved good outcomes due to receiving evidence-based care from suitable numbers of competent staff who enjoyed their work and were well supported.
- Departments performed frequent audits such as the theatre checklist and hand hygiene. Audits were analysed and the results cascaded to staff through staff meetings, notice boards and safety briefings.
- Clinical practice was benchmarked against national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and Royal College guidelines. However following the acquisition of Barnet Hospital by the Royal Free Hospitals NHS Foundation Trust staff were still able to access the policies and procedures from the Barnet and Chase Farm NHS Hospitals Trust which could lead to confusion.

Caring

- Staff were caring, compassionate and respectful and the staff we spoke with were positive about working in the hospital.
- The Hospital and its staff recognised that provision of high quality, compassionate end of life care to its patients was the responsibility of all clinical staff that looked after patients at the end of life. They were supported by the palliative care team, end of life care guidelines and an education programme.

Summary of findings

Responsive

- An interpreting service was available for both in-patients and out-patients within the hospital.
- The needs of people living with dementia were being met, staff showed good understanding of the condition.
- There was very effective multidisciplinary team working between doctors, nurses, physiotherapists and other allied health professionals.
- At the Royal Free site ambulance turnaround time did not meet the national target of handover.
- The trust's ED performance on waiting times for treatment was inconsistent but they often met the 4-hour target.
- The trust had consistently not met the referral to treatment time standard or England average for the past ten months. The time to triage referrals as to their priority varied between specialities and could take as long as 34 days.
- There had been a deterioration in performance of the 62 day cancer performance compared to the national standard.
- The hospital cancelled 35% of outpatient appointments in the last year. From October to January 34% of short notice cancellations were due to annual leave, which was not in line with trust policy.
- Patients' individual needs and preferences were mostly considered when planning and delivering services.
- There were poor post-operative recovery facilities on the Royal Free site for children exposing them to potentially upsetting sights and sounds.
- On the Barnet site the theatre recovery area is regularly used to accommodate patients overnight.

Well Led

- The trust had developed a clear vision and strategy to lead a large, complex, multi-site organisation with cultural site differences.
- There was a visible management executive team, who were cognisant of the operational and clinical challenges faced by each location.
- The trust promoted and encouraged both local and national innovations to improve patient care and treatment.
- We observed dynamic nursing leaders who supported clinical environments and were essential in the development and achievement of best practice models
- On the Chase Farm site the UCC was a good nurse led service. We found that there was strong and effective clinical leadership. The UCC was well organised and consistently delivered safe and timely care and treatment. Patient outcomes were good.
- The neonatal unit at Barnet hospital had level 2 UNICEF accredited baby friendly status where breast feeding was actively encouraged and mothers are given every opportunity to breast feed their babies. The department was very well equipped and offered outstanding levels of compassionate care delivered by all grades of staff from across the whole of the multidisciplinary team.
- The palliative care team was highly thought of throughout the three hospital sites. The Specialist Palliative Care team worked closely with the practice educators at the hospital to provide education to nurses and health care assistants. Medical education was led by the medical consultants and all team members contributed to the education of the allied healthcare professionals.
- Particular praise must be given to the volunteers who provided additional caring activities such as massages for patients and supported patients with dementia.
- However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Amalgamate clinical guidelines and procedures and ensure consistency across all sites.
- Ensure the 62 day cancer wait times are met in accordance with national standards.
- Ensure the theatre swab, needle and instrument policy is ratified and new practices are embedded in all relevant departments across all sites.
- Improve the recovery area of the operating theatre, at the Royal Free site, to protect children from witnessing upsetting sights and hearing frightening sounds.
- Ensure that all theatre recovery staff receive PILS training.
- Ensure nursing staffing levels on the children's ward on the Royal Free site are in line with acuity and recommended standards.

Summary of findings

- Address the issue of the day surgery unit on the Barnet site being used to accommodate patients overnight.
- Reduce the number of outpatients appointments it is cancelling with less than six weeks notice, across all sites.
- Embed the fresh eyes for review of CTGs, at the Barnet site.
- Ensure that emergency drugs such as Sodium Bicarbonate and Adrenaline are removed from the Resuscitaires.
- Remove the inconsistencies that existed in patient's assessments for DNACPR and the recording of Mental Capacity Act assessments.

In addition the trust should:

- Ensure that all staff, all across all sites, undertake mental capacity assessments and record best interest meetings to ensure that they can evidence that staff are working the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training.
- Ensure that good standards hygiene practices are followed in clinical areas such as hand hygiene and bare below area.
- Ensure that there is an electronic system in place to flag patients who may require additional support
- Ensure that medical and nursing records are fully completed without gaps or omissions.
- Ensure that risk assessment documentation is completed consistently across all areas of the organisation to include risks such as falls risk assessments, nutrition charts and fluid balance charts.
- Continue with its work around implanting the 5 steps of safer surgery until embedded and audited to ensure full compliance.
- Ensure a safer surgery policy is produced and ratified.
- Ensure that RTT is met in accordance with national standards
- Ensure all staff interacting with children have the appropriate level of safeguarding training.

- Ensure security of prescriptions forms is in line with NHS Protect guidance.
- Ensure emergency medication is stored safely and access to these drugs is controlled.
- Ensure arrangements around equipment storage are reviewed so that shower rooms are not used.
- Ensure grading of surgical referrals occurs within acceptable timescales.
- Ensure that the 'low risk' pathway for women identified as suitable for birth centre care is used consistently.
- Identify a dedicated bereavement facility for women and families to use in or near the labour ward at the Royal Free site.
- Use lessons learned from Barnet Hospital in reducing Caesarean section rates.
- Undertake a maternity acuity assessment for the new service.
- Improve antenatal risk assessments.
- Ensure appropriate staggering of arrival times with the day surgery units to minimise the time patients are prohibited from eating and drinking.
- Replace fridges are on Damson ward.
- Ensure that a "you're welcome" and 15 step challenge audit is undertaken within children's services.
- Ensure appropriate storage of medicines in the day surgery unit at the Barnet site.
- Introduce the use of POSSUM scoring.
- Ensure the call bells in theatres at the Barnet site are improved to be louder.
- Ensures that staff mandatory training, across all areas, meets the trust target of 95%.
- Ensure that the ward environments on the Barnet site is improved for individuals living with dementia.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Royal Free London NHS Foundation Trust

The Royal Free London is one of the UK's biggest trusts, and became a Foundation Trust in 2012. It employs over 10,000 staff that deliver care to more than 1.6 million patients each year in three main hospitals (since 2014). The hospital supports delivery of approximately 8,000 babies a year and has over 200,000 A&E attendances a year.

The trust houses 1770 beds across three sites: Barnet Hospital (440 beds), Chase Farm Hospital (159 beds) and the Royal Free Hospital (830 beds), in total over 30 locations where services are provided by the trust (11 locations registered with CQC).

The Royal Free provides acute services to approximately 919,331 people in Enfield, Barnet and Camden. The health of people in Enfield is varied compared with the England average. Deprivation is higher than average and about 29.6% (21,400) children live in poverty. Life expectancy for both men and women is higher than the England average.

The health of people in Barnet is generally better than the England average. Deprivation is lower than average, however about 17.4% (12,700) children live in poverty. Life expectancy for both men and women is higher than the England average.

The health of people in Camden is varied compared with the England average. Deprivation is higher than average and about 29.5% (9,700) children live in poverty. Life expectancy for both men and women is higher than the England average.

We inspected the three sites of The Royal Free NHS Foundation Trust, including the right core services: Urgent and Emergency Care, Medicine (including older people's care, Surgery, Critical Care, Maternity and Gynaecology, Services for children, End of life and Outpatients and diagnostic services.

We inspected The Royal Free NHS Foundation Trust Child and Adolescent Mental Health Services (CAHMS).

Our inspection team

Our inspection team was led by

Chair: Janelle Holmes, Director of Operations and Performance, Salford Royal Foundation Trust

Team Leader: Nicola Wise Head of Hospital Inspection Care Quality Commission

The trust was visited by a team of CQC inspectors and assistant inspectors, analysts and a variety of specialists.

There were consultants in emergency medicine, medical care, surgery, paediatrics, cardiology and palliative care medicine and junior doctors. The team also included midwives, as well as nurses with backgrounds in surgery, medicine, paediatrics, neonatal, critical care and palliative care, community services experience and board-level experience, student nurse and three experts by experience.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

- Urgent and emergency services
- Medical care (including older people's care)

Summary of findings

- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning

groups, Monitor, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We held focus groups with a range of staff in the hospitals and community services, including doctors, nurses, allied health professionals, administration, senior managers, and other staff. We also interviewed senior members of staff at the trust.

What people who use the trust's services say

Public Event

To capture the views of local people who use the trust we arranged market-style feedback stands. We received many positive comments about most of the services. Staff were described as caring and friendly. Some people raised concerns around in-clinic waiting times and car parking facilities.

Friends and Family Test

The percentage of patients who indicated they would recommend the trust was lower than the England average between Aug'14 and Oct'15.

Patient led assessments of the care environment (PLACE)

The trust was above the England average in all measures (food, cleanliness, privacy, dignity and well-being) in 2013, 2014 and 2015.

NHS England

NHS England provided feedback that both the Royal Free site and Barnet and Chase Farms Hospitals NHS Trust (pre-acquisition) went through the national specification compliance process from July 2013 and as of 30 November 2015 the joint Trust is compliant with the large majority of specifications it delivers.

There are currently commissioner derogations for NICU and head and neck cancer which are delivered on the Barnet and Chase Farm sites. A commissioner derogation is put in place when the service does not entirely meet the national service specification but the actions required

to rectify this do not fall within the gift of the provider organisation but may, for example, require national coordination. There is also a provider derogation on the brachytherapy service delivered at the Royal Free site due to the service not meeting the minimum number requirements. This is being resolved as part of the wider discussions about the reconfiguration of cancer services in north central London.

There were no specific quality issues around the services that NHSE commission from the Royal Free trust.

There were two areas of concern NHS England raised relating to 62 day cancer waiting times in urology and Referral to Treatment Time (RTT) against the 18 week performance standard.

Health Education England (HEE)

Health Education England (HEE) provided feedback relating to postgraduate medical education and training.

Concerns were highlighted in relation to handover and cover arrangements out of hours. The electronic patient record system required individual department review, with interim measures in place to ensure there was no impact on patient care. HEE reported that the trust induction, particularly at Royal Free Hospital was poorly organised. The structure required a review and streamlining with formal input from junior doctor representatives.

Trainees in cardiology, geriatric medicine, haematology and emergency medicine reported having particularly

Summary of findings

heavy workloads and the trainees were staying later than their rostered hours. The Trust was investing in some areas, but there appeared to be a significant lack of investment into the staffing in many departments.

In some areas the trainees seemed unaware of the governance half-day sessions held every eight weeks.

Within Barnet hospital there were concerns flagged around out of hours junior doctor cover.

General Medical Council (GMC)

provided feedback relating to the National Trainee Survey (NTS). The GMC NTS 2014 results indicated red outliers were received for Overall Satisfaction, Clinical Supervision, Adequate Experience, Access to Educational Resources, Local Teaching. An action plan has been submitted and reviewed by the respective Postgraduate Dean and Trust Liaison Dean. Measures have been put in place to improve trainee feedback and lines of communication.

The last Trust-wide visit took place in September 2014. Anaesthetics trainees reported being generally satisfied with their training. Over the last few months the impact of

service reconfiguration had diminished and trainees felt there was less disruption. Trainees reported improved training at Chase Farm Hospital since the reallocation of acute services to Barnet Hospital, where workload was reportedly high in Surgery.

Royal College of Nursing (RCN)

The RCN stated there were no major concerns relating to the Royal Free NHS Foundation Trust.

Trust Governors

The trust governors described the Royal Free Foundation Trust well orientated and innovative with an engaged top management team. The governors felt listened to and engaged with and consulted.

There is recognition of different cultures across the various sites. There was a consensus that people are positive about quality of care delivered, however there was recognition that some parts of the environment could be better such as the A&E department. Chase Farm was described as having a new lease of life, whilst Barnet had reorganised the locations of older person's services to one centralised location.

Facts and data about this trust

Royal Free London is one of the UK's biggest trusts, and became a Foundation Trust in 2012. It employs over 10,000 staff that deliver care to more than 1.6 million patients each year in three main hospitals (since 2014).

The trust delivers acute and elective services across three main hospital sites: Barnet Hospital (which houses 440 beds), Chase Farm Hospital (housing 159 beds) and the Royal Free Hospital (housing 830 beds), in total the organisation delivers care over 30 locations (11 locations registered with CQC).

It is a teaching hospital with 600 doctors and 350 nurses and midwives training places. The hospital houses part of the UCL Medical School it is affiliated to the Middlesex University.

It has revenue of £997million and over 10,000 employed staff. The trust had a surplus of £1.7 million in 2015/2016.

Safe?

Medical staffing mix is in line with the England average

The trust records a relatively low number of pressure ulcers, falls and catheter acquired Urinary Tract Infections.

A total of 7 MRSA incidents were reported between August 2014 and August 2015

The trust reported 7 never events and 166 serious incidents between December 2014 and November 2015.

The median time to treatment within the Emergency Department has been consistently above the England average since Dec'13 and almost always above the standard of 60 minutes since Sep'14.

There were 1,400 ambulance handovers delayed between 3 Nov'14 and 29 Mar'15. This puts the trust in the top 30% highest reporting trusts.

The trust was rated as 190th out of 230 trusts in England for openness in reporting culture. The league table has been drawn together by giving providers scores based on the fairness and effectiveness of procedures for

Summary of findings

reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust, and is indicative of a poor reporting culture.

Effective?

There is no evidence of risk on the Intelligent Monitoring report May 2015

There were no active mortality outlier alerts, as of 20 November 2015.

The unplanned re-attendance rate for emergency admissions was generally above the England average and always above the standard of 5%.

The Heart Failure audit (In- Hospital care) shows the trust are below the England average for 3 of the 4 indicators.

In the National Emergency Laparotomy Audit Barnet Hospital's self-reported data indicated that the provision of facilities required to perform emergency laparotomy were unavailable for 20 out of the 28 measures reported on.

The National Neonatal Audit Programme 2014 shows The Royal Free Hospital is not meeting the standard for all 5 measures.

The Paediatric Diabetes Audit 2013/14 shows that the share of patients with HbA1C 58mmol/mol at both the Royal Free Hospital and Barnet Hospital is lower than the England and Wales average by 4-5% meaning less individuals have controlled diabetes.

It was reported that 25% of patients wait over 30 minutes to see a clinician.

Caring?

The trust has been higher than the England average for the Patient-Led Assessments (PLACE) from 2013-15.

The number of written complaints has reduced by 398 since 2013/15.

In the A&E friends and family test the percentage of patients who would recommend the department to friends and family was lower than the England average.

In the Friends and Family Test the trust are lower than the England average for those who would recommend between Aug'14 and Oct'15.

The trust scored in the bottom 60% for 24 out of the 34 questions in the Cancer Patient survey. The remaining 10 questions scored in the middle 60%.

Responsive?

Bed occupancy rates have been lower than the England average from Q4 2013/14 to Q2 2015/16

There was a higher proportion of emergency admissions via A&E waiting 4-12 hours from the decision to admit until being admitted, particularly in Jan'15.

The trust has been above the England average for total time spent in A&E between Jan'13 and Sep'15. The figures started to drop from Mar'15.

Referral to Treatment (percentage within 18 weeks) shows the trust's performance dropping below the England average from May'15 to Oct'15.

The average length of stay at Trust level, The Royal Free Hospital and Barnet Hospital for all elective and non-elective is longer than the England average. The percentage of patients waiting more than six weeks for diagnostic tests was consistently above the England average from August 2014 to October 2015.

Well Led?


The sickness absence rate between Jan-12 and May-15 has been below the England average.

The trust were within expectations for 12 of the GMC survey questions and worse than expected for 2 questions.

The trust had 4 positive findings within the NHS Staff survey, 4 negative findings and the remaining 21 questions were within expectations.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust is rated as requires improvement for safety. We found examples of safe care in many of the services we inspected but urgent and emergency services, medical care, along with CAMHS at the Royal Free site and medicine at Chase Farm hospital were rated as requires improvement.</p> <p>The areas we inspected were visibly clean and complied with infection, prevention and control guidance. Safety thermometer data was visible across the organisation which informed patients and staff a clear snap-shot of harm-free care. Board members were clearly sighted on areas of potential safety and risk and inspected areas across the Trust through formal and informal walk-arounds.</p> <p>For more detailed information please refer to the reports for the individual acute hospital sites and the child and adult mental health services report.</p> <p>Incidents</p> <p>We found systems for reporting and learning from incidents across services. Staff were aware of how to report patient safety incidents and knew about the trust-wide electronic system for incident reporting. Staff stated they were encouraged to report incidents. Staff told us they received feedback on the incidents they had reported.</p> <p>We found that not all learning from incidents was embedded. For example in response to three never events on the Royal Free site, a new swab count form had been introduced across the trust. On reviewing documentation we did not find evidence of swabs being consistently checked and counter signed by two people and that the previous form was still in use.</p> <p>Duty of Candour</p> <p>The trust had promoted duty of candour and this was seen to be cascaded through the organisation. Most staff were aware of the requirements and gave examples of the duty of candour, including apologising and sharing the details and findings of any investigation.</p> <p>Safeguarding</p> <p>In line with statutory guidance the trust had named nurses, named doctors and safeguarding teams for child protection and safeguarding vulnerable adults. Each site had a full time safeguarding lead. There was a trust wide safeguarding strategy</p>	<p>Requires improvement </p>

Summary of findings

2015-2018 and an integrated safeguarding committee that met every quarter and was chaired by the director of nursing. The safeguarding operational groups for adults and children reported directly to the committee.

Safeguarding was embedded as part of mandatory training and induction. Staff were confident in reporting concerns to the relevant teams. Staff were able to explain what constituted a safeguarding concern and the steps required for reporting on these concerns.

Staffing

The trust had vacancies across all staff groups, but staffing levels in most clinical areas were maintained at a safe level with the use of bank, agency and locum staff. Where agency staff were used there was an induction programme to help them become familiar with the environment.

Nursing and midwifery staffing levels were reviewed and assessed using the National Safer Nursing Care Tool which conducted every six months. The site management team reviewed nurse staffing levels at the morning and evening bed meetings to ensure the right numbers and skill mix of staff were distributed appropriately throughout the hospital. We observed staff were transferred to work on other wards to meet patient needs.

Within ED The trust assessed staffing levels and skill mix based on the Royal College of Nursing (RCN), Emergency Care Association (ECA), and the Faculty of Emergency Nursing (FEN) recommendations.

We saw a safe staffing board clearly displayed across wards.

The trust was in the process of conducting a reconfiguration of the maternity service and management told us they planned to conduct a Birthrate Plus[®] assessment once this was completed.

We observed the number of consultants within the ED did not meet the Royal College of Emergency Medicine standards or the London commissioning standards to provide 16 hours consultant cover daily in the ED.

The trust had commissioned an external review of critical care support last year, which highlighted the need for extra consultants. Active recruitment was taking place and the management team informed us two additional consultants had been recruited and were due to start.

Are services at this trust effective?

Overall we rated the effectiveness of the majority of services at the trust as good, because:

Good



Summary of findings

Care was evidence-based and the majority of services participated in national and local audits.

Patients achieved good outcomes due to receiving evidence-based care from suitable numbers of competent staff who enjoyed their work and were well supported.

The trust promoted and encouraged both local and national innovations to improve patient care and treatment.

The organisation and its locations are registered under the ISO 15189 Medical Laboratories accreditation scheme.

However:

Some policies were seen to be out of date and the number of unplanned readmissions was higher than the national average.

Staff appraisal rates were variable and some services had limited seven day availability.

In the National Emergency Laparotomy Audit (NELA) Barnet Hospital's self-reported data indicated the provision of facilities required to perform emergency laparotomies were unavailable for 20 out of the 28 measures reported on.

The trust was in the process of harmonising guidelines across the two sites, this resulted in multiple guidelines being out of date, and in some instances multiple guidelines were still accessible.

For more detailed information please refer to the reports for the individual acute sites.

Evidence based care and treatment

The trust's policies and treatment protocols were based on organisational guidelines from professional organisations such as the National Institute for Health and Care Excellence (NICE) and the Royal Colleges. Staff were able to access guidelines on the intranet.

Within ED at the Royal Free site the department did not participate in all relevant national audits in 2014-2015. The department had performed above the England average in some audits in 2013-2014 but worse in others. The team had put in place plans to address the areas where they had been worse than the England average.

There were specific pathways for certain conditions, for example, sepsis, acute cardiac syndrome and renal colic. Staff displayed good knowledge of treatment options when treating patients who had sepsis, they used sepsis six bundle and we saw the "severe sepsis six protocol" used by clinicians in patient's notes.

Summary of findings

The trust contributed to the Trauma, Audit and Research Network (TARN) audits. However, data submission was behind schedule. This was placed on their local risk register, with a view to allocate additional data inputting support, to ensure relevant data was submitted.

The endoscopy unit at the Royal Free was not 'Joint Advisory Group' (JAG) accredited at the time of our inspection. An analysis of the service provided showed several areas of non-compliance with JAG requirements, such as waiting list times.

In the National Emergency Laparotomy Audit (NELA) Barnet Hospital's self-reported data indicated the provision of facilities required to perform emergency laparotomies were unavailable for 20 out of the 28 measures reported on.

Hip-related PROMs were flagged as an elevated risk and knee-related PROMs as a risk, in the May 2015 Intelligent Monitoring report. These related to comparison measures of function and pain of patients before and after their surgery.

Patient outcomes

In the CEM Asthma in Children 2013-2014 audit, the ED at the Royal Free site scored lower than the England average for six out of ten indicators.

The ED department at the Royal Free site did not register to participate in RCEM audits in 2014-2015. They carried out their own local audits against the RCEM standards, including mental health in ED, delirium, cognitive impairment assessments and fitting child audits.

The un-planned re-attendance rate (number of patient re-attending within 7 days of a previous attendance at A&E) for the trust was 8.3%, which was higher than the England average of 7.6% and always above the 5% standard.. The trust was aware of this and informed us there were a number of frequent re-attenders.

The risk of readmission for elective and non-elective care was lower than the England average at trust level.

The stroke service at the Royal Free Hospital participated in the 'Sentinel Stroke National Audit Programme' (SSNAP) which assessed the quality of care provided at stroke services across the country. For the assessment period between April and June 2015, the stroke services scored an A rating, indicating the hospital was achieving good outcomes for stroke patients in comparison with the national average.

Summary of findings

The trust benchmarked their performance against national comparisons with other NHS trusts such as the national hip fracture database.

Multi-disciplinary working and coordinated care pathways

Multidisciplinary (MDT) working was embedded and effective across the trust. Staff spoke positively about MDT working and we found evidence of good multidisciplinary relationships supporting patients' health and wellbeing. We observed multidisciplinary input in caring for and interacting with patients on the wards.

The ED staff and "TREAT team" (Triage and rapid elderly assessment team) worked well to ensure prompt and effective assessment and discharge of elderly patients. Both ED and TREAT team staff members spoke highly of each other and understood the importance of joint working for these patient groups.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

The majority of nursing and medical staff we spoke with demonstrated a good understanding of mental capacity and knew about the importance of assessments of people with mental health needs or learning disability. The trust do not require staff to attend specific training in relation to Duty of Candour (DoC), as the trust consider that the Being Open policy is well understood and embedded.

Key information about mental capacity protocols and Deprivation of Liberty Safeguards (DOLS) were available on the intranet. Staff members told us that they fully understood Gillick competence in relation to consent processes for children and young people.

Medical staff we spoke with understood the 'do not attempt cardio-pulmonary resuscitation' (DNACPR) decision making process and described decisions with patients and families. They told us they provided clear explanations to ensure that the decision making was understood. There was a trust wide guideline for DNACPR.

Are services at this trust caring?

Overall we rated caring for the majority of services at the trust as good because:

Throughout the inspection and across the trust it was evident that care was patient-centred and staff treated patients with dignity and compassion. Patients we spoke with were positive about their experience and staff caring for them. The trust used a range of

Good



Summary of findings

mechanisms to obtain feedback from patients including national surveys and the Friends and Family Test (FFT), these were reviewed and discussed at ward, Divisional and Executive levels of the organisation.

In critical care at Barnet Hospital staff understood the anxiety patients and relatives experienced and were resourceful in ensuring the emotional support required was available. Nursing staff had worked hard to implement initiatives such as the 'visiting dog' scheme and made good use of other counselling services in the trust and externally.

The organisation scored above the England average against all four elements of the Patient-led assessment of the Care Environment (PLACE) audit, which encompasses patient assessments of: cleanliness, food, privacy, dignity and well-being, and facilities.

The Royal Free NHS Foundation Trust scored lower than the England average on the NHS Friends and Family Test (FFT) for those patients who would recommend the hospital between Aug'14 and Oct'15. We observed, however clear local service plans and senior understanding of this, with plans to improve this.

For more detailed information please refer to the reports for the individual acute sites.

Compassionate Care

We found compassionate and respectful care was present in interactions we observed across both acute and community settings. The trust met the England average in the Friends and Family Test, however in some areas such as the UCC at Chase Farm, the volume of responses was lower than expected.

Across the organisation staff demonstrated compassion, kindness and respect for the patients and families they worked with. Patients told us they felt as though they understood the plan of care that was in place for them and had the chance to ask the doctors and nurses questions if they wanted. They told us questions were answered clearly and with patience.

In critical care at Barnet Hospital the MDT staff on the unit had devised a 'Rehabilitation Manual', which contained a wide range of information about the unit; the equipment used and encouraged patient involvement in their rehabilitation. The booklet also contained information on relaxation and breathing techniques and patients were able to refer to these even after discharge from the unit.

Summary of findings

However, in some instances within medicine we observed staff did not always introduce themselves, during medical ward rounds and did not all wear badges.

Understanding and involvement of patients and those close to them

In the main, we found good evidence of clinical staff involving patients, and their relatives, in their care. Patients told us the doctors spent sufficient time explaining treatment options and side effects to them and they felt comfortable asking questions. We found clear signs indicating who was responsible for the care of the patient in ward areas.

Across the organisation we found there to be a practice of flexible visiting hours which meant relatives could visit their loved ones from 8am until 8pm, with protected meal times from 12pm to 2pm. This meant relatives could assist at meals times and then leave the wards so patients could rest.

Wards had a range of information leaflets available. This included generic trust information on topics such as infection control, Patient Advice and Liaison Service (PALS), complaints and VTE, plus some relevant diagnosis/condition specific information.

A multi-faith chaplaincy team were available within the organisation to support patients, relatives and staff members.

The Royal Free NHS Foundation Trust scored about the same as others for all questions in the CQC In-patient survey.

The trust scored in the bottom 60% for 24 out of the 34 questions in the Cancer Patient survey. These included a range of questions relating to whether the patient felt they were seen as soon as necessary, whether they felt involved in their care, to staff explanations of care, treatment and side effects.

Emotional support

We observed staff demonstrating an understanding of the emotional impact of the patients condition during various interactions and observation

Chaplaincy support was available. The chaplaincy team provided multi-faith spiritual and religious support if requested by patients or their relatives.

Summary of findings

Are services at this trust responsive?

Overall we rated responsiveness of services at this trust as Good. Many of the services were rated as good with the exception of Maternity and gynaecology services at the Royal Free Hospital site; critical care services at the Barnet Hospital site; and CAHMS at the Royal Free site.

Patient flow out of critical care was a significant issue. We heard that some patients remained in the unit while waiting for an appropriate bed to become available and patients were transferred out of hours. Regular delays in discharges led to mixed sex patients being cared for in an open ward at Barnet Hospital.

For more detailed information please refer to the reports for the individual acute hospital sites and the child and adult mental health services report.

Planning and delivering services which meet people's needs

Hospital emergency flow was one of the priorities on the trust 2014-2017 strategic plan. The Barnet, Enfield and Haringey (BEH) clinical strategy was implemented in December 2013. This change included the closure of the ED at Chase Farm Hospital and the upgrade of the Royal Free trust's ED's in terms of capacity and infrastructure.

The £25 million redevelopment of the emergency department (ED) at the Royal Free Hospital began in December 2014. The first phase of the construction work began on 1 December 2014 and the project was due to complete in 2017. The project was currently 6 months behind schedule.

The staff told us since the Chase Farm ED was closed many people did not know that the Chase Farm, UCC existed. One patient told us "there has been lack of communication but now I will use it when needed", and later added "this service is ideal".

At the Chase Farm site we observed the medicine services to be planned to meet the needs of an aging population through the provision of additional rehabilitation beds and development of additional support for patients living with dementia.

Meeting people's individual needs

We saw a strong focus on the patients' needs and preferences, and we saw many examples of person-centred care and treatment during our inspection. We saw that staff had access to a 24 hour interpreting telephone service. There was access to patient information literature however we noticed it was only available in English but staff told us they were available in other languages on request.

Good



Summary of findings

Patients with a learning disability had information passports which were used throughout the hospital to identify important information about the patient and how best to interact with them, though knowledge around this was variable in some areas.

At the Royal Free ED In adult ED, the environment was poor for patients with living with mental ill health. The secure room did not meet the standards set out by the psychiatric liaison accreditation network, as there was only one door to enter and exit. There was no registered mental health nurse employed by the trust and security staff supervised the patient until the arrival of an agency mental health nurse, if one was required.

Staff at Chase Farm told us commissioning agreements meant patients from within the Enfield area were prioritised for repatriation of patients from other local boroughs. Staff told us this could cause delayed admissions for patients from other areas.

At Barnet Hospital patients on the critical care unit did not have access to a call bell to request assistance from nursing staff. The senior nursing team had recognised this as an issue and plans were in place to introduce a wrist worn call bell system.

We did not see evidence that the needs of children and young people were based on the results of either a “you’re welcome or 15 steps challenge audit” (NB The Department of Health You’re Welcome quality criteria were first published in 2005, following concerns regarding contemporary healthcare for adolescents, and recognition that patterns of health-related behaviour laid down in adolescence impact on long-term health behaviours).

Dementia

The trust identified the vision of training all nursing staff as “dementia specialists” as a goal to be achieved. The trust were particularly keen that staff working in elderly care were prioritised for this and care of the older patient was well embedded within the trust strategy.

Dementia training was embedded within the induction training for the organisation and was embedded into the senior strategic plans for the organisation.

Within the ED at Barnet Hospital there were three dedicated bays within majors area that were dementia friendly. There were dementia friendly clocks within the department.

Significant resources had been invested in Larch Ward at the Barnet site to ensure it was dementia friendly; the ward was bright and airy, with each of the bays specifically themed and colour coded. There

Summary of findings

was clear signage to help patients identify appropriate bathrooms, toilets and shower rooms. The bays had tables and chairs so patients and their relatives could sit together at meal time or be used for activities. This was not replicated, however on other wards.

We observed the use of “forget me not” stickers used for patient living with dementia across the organisation. As well as the offering of additional caring activities such as massages for patients and supported patients with dementia.

There was no process for early identification of patients with dementia on the system and this could affect the care for some of these patients.

Access and flow

Nationally agreed emergency department quality indicators state that 95% of patients should be seen, treated, discharged or admitted within four hours. The trust performed above the England average for total time spent in ED between January 2013 and September 2015. The figures started to decline from March 2015.

We observed flow of patients through minors and streaming, which was handled in a timely and methodical way.

Daily bed occupancies were completed for the hospital which identified potential service problems, reviewed demand, capacity and workforce.

Within surgery at Barnet the use of the theatre recovery area as an inpatient bedded area had big effect on the flow of patients requiring operations and frequent single sex breaches occur.

Within critical care at the Barnet and Royal Free sites the bed occupancy levels were over 100% in data we reviewed for July to December 2015 and there were a significant number of delayed discharges. Although this was a common issue in critical care, ICNARC data showed the number of delayed discharges was higher than comparable unit between April 2014 and March 2015.

Staff told us there were difficulties discharging patients from the critical care unit due to a lack of bed availability in the rest of the hospital.

Trust referral to treatment time performance was below the 90% standard from September 2014 to October 2015. At the time of inspection 7 out of 19 specialities were below the England standard.

There was a consistent reduction in 52 week waiters from 195 patients in May 2015 to 15 patients in November 2015. A merger of computer systems in November 2015 had a significant impact on the ability to maintain the RTT recovery trajectory.

Summary of findings

The trust met the two week and 31 day cancer wait time targets but there was a deterioration of performance in the 62-day cancer wait time performing worse than the standard and England average from September 2014.

The hospital told us that trust wide they do not have a process for identifying patients on the EOLC plan on admission. Discussions with primary care services, particularly GP's, have resulted in the plan to use an electronic system that can be used across all systems. The trust told us they plan to have this within the next three years.

The trust told us that rapid discharge protocols in EOLC had not yet been harmonised. The work stream to develop harmonised protocols with the standard that dying patients should be discharged to their preferred place of care within 24 hours had started and would be completed in 2016.

Learning from complaints and concerns

Staff we spoke with confirmed awareness of the trust complaints procedure and were able to provide examples of complaints or concerns that resulted in change of practice or demonstrate how they learnt from it.

There were well established Patient Advice Liaison Services(PALS) teams at the Royal Free Hospital and Barnet Hospital the Barnet team also cover the Chase Farm hospital.

Provision was made to support vulnerable people to raise complaints as necessary.

Are services at this trust well-led?

The trust is rated overall as Good for well led.

Leadership of this trust

At the time of inspection, the senior leadership team comprised of longstanding, substantive executives, including the Chair, Chief Executive Officer, Medical Director, Director of Nursing, Chief Financial Officer, and Chief Operating Officer.

All non-executive Director's had been in post over four years, with the exception of one who had been in post for one year.

Senior staff told us trust executive management were responsive to the views and concerns of clinicians. They told us the trust management was also proactive in seeking ideas from senior clinicians for service and trust-wide development. Staff told us members of the senior executive team were visible and approachable.

The organisation operated across four Divisions, with each Division consisting of a Divisional leadership team, led by a Clinical Director.

Good



Summary of findings

The organisation had significantly invested in medical leadership posts which had been open to applications from all sites to promote the role of medical manager, supported within a triumvirate model of nursing and general management leadership.

However, in some services we observed discontent in the clinical body and staff expressed the existence of silo thinking, across sites and Divisions, with concerns raised within the medical cohort of staff.

Vision and strategy

The trust had a five-year strategy (2015-2018) in place within which provision for emergency care was clear and articulated. The trust referenced both specialist tertiary and research ambitions, alongside plans for delivery of local care as part of the Vanguard bid.

There was a visible management executive team, who were cognisant of the operational and clinical challenges faced by each location.

A discharge and flow strategy was launched by the trust as part of the five year transformation strategy. There were four work streams relating to different stages of the patient pathway identified, for example admission, inpatient stay and discharge planning. Staff were also able to identify their own personal contribution to this strategy.

The trust identified the vision of training all nursing staff as “dementia specialists” as a goal to be achieved. The trust were particularly keen that staff working in elderly care were prioritised for this and care of the older patient was well embedded within the trust strategy.

Staff were aware of trust’s values and vision. Staff could name them and knew what they meant. Staff we spoke with in all roles and at all levels told us the vision for the service was to improve the safety and quality of patients experience and that they were aware they had an important part to play in that on a day to day basis.

We observed examples of strong local leadership, and some services were able to articulate individual clinical service strategies, however these local plans were not always consistent across all services.

Staff told us they were proud to work at the Royal Free Hospital and were enthusiastic about the service they provided.

Governance, risk management and quality measurement

We found evidence of clear governance and risk management structures in place in the majority of areas, with regular patient safety meetings, monthly senior managers meetings in place.

Summary of findings

Risk registers were regularly updated and discussed during governance meetings. However in some areas there was misalignment between the recorded risks on the risk register and what staff expressed was on their 'worry list' and not all the risks were on their risk register.

Divisional board meetings took place to review overall performance of the clinical areas. Operational Divisional meetings and Divisional governance meetings fed up the organisational governance and quality structure for Executive review, and Board discussion and sign-off, where appropriate.

We observed that work was in place to harmonise some policies and procedures so they were used trust-wide rather than having site-specific policies, however this was not complete at the time of our inspection. Senior executives informed us that this the organisation had taken a risk stratification approach to this and we saw plans for completion by the end of the financial year. Senior staff felt having a "trust approach" would improve governance around specific activities and encourage cross site learning.

Culture within the trust

At the time of the inspection, it was commented on that a number of changes had been implemented in the organisation, with the acquisition of Barnet and Chase Farm Hospitals. There were mixed views as to the level of engagement staff felt, dependent on discipline, with medical staff voicing the highest level of involvement. We received mixed views as to whether staff felt informed by the executive team, and their local teams, about changes within the trust.

Senior Executives described that significant investment had been put in place to support the development of senior clinical management, encouraging applications from all sites of the organisation. This medical leadership framework was supported by the tripartite model of management inclusive of senior Divisional medical, nursing and general management.

However, we were told there was a 'them and us' culture between groups of clinicians at the different sites, with evidence of discontent and the feeling that they were the "poor relation" to the Royal Free Hospital. Some medical staff voiced being unhappy about different job plans across sites and workloads not being equal and little communication or involvement regarding changes to services.

The General Medical Council national training scheme survey revealed that the trust were within expectations for 12 of the GMC survey questions and worse than expected for 2 questions relating to induction and feedback to Doctors in training.

Summary of findings

The trust had 4 positive findings within the NHS Staff survey, 4 negative findings and the remaining 21 questions were within expectations.

The positive findings related to:

- The percentage of staff agreeing that their role makes a difference to patients
- The percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

However the negative findings included responses to questions around:

- The percentage of staff reporting errors, near misses or incidents witnessed in the last month
- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Staff job satisfaction scores
- The percentage believing that trust provides equal opportunities for career progression or promotion
- The percentage of staff experiencing discrimination at work in the last 12 months

We saw attempts had been made by the organisation to understand the underlying causes behind the reports of bullying and harassment outlined in the staff survey. However there was no clear conclusion as to how to rectify this issue.

Equalities and Diversity – including Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) became mandated in the NHS Standard Contract 2015/16 and commissioning contracts. As a result NHS bodies were required to publish a WRES baseline report by 1st July 2015, based on a set of WRES indicators at April 2015. There are nine WRES indicators (refer to Appendix 1) of which four relate to workforce data; another four are based on questions from the NHS staff survey questions and one indicator relates to improving the ethnic composition of NHS Boards, better to reflect the population served. NHS bodies are required to produce WRES reports annually and demonstrate progress against these indicators of workforce race equality, thereby closing the gap between the less favourable treatment, opportunities and experience of the BME staff as compared to White staff.

Summary of findings

We found evidence of WRES reports being discussed and disseminated at ward, Divisional and Board level. Divisions had received their local WRES reports and we saw minutes that action plans, in response to these reports, were being discussed.

We found, however, that the equality and diversity policy was out of date, relating back to 2013, at the time of our inspection. Staff informed us that they felt that senior opportunities were limited and that they felt less likely to be promoted. We noted, that the trust had launched a programme for BME leaders across the organisation and had also launched a training programme focused on unconscious bias which had been delivered to sixty-six staff members, with a view to strengthen recruitment and selection panels.

Fit and Proper Persons

The trust had made preparations to meet the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. The regulation came in to force in November 2014.

The trust had a fit and proper persons policy in place. This was a policy covering arrangements for both recruitment and ongoing assurance. The Fit and Proper Person's criteria were linked to the annual appraisals of executive Board Directors, to ensure ongoing compliance.

Public engagement

The trust had appointed a new Corporate Affairs Director position, designed to work with the Board and Council of Governors, as well as holding responsibilities for Freedom of Information requests and external communications.

The organisation had a proactive board of governors, with a wide spread of skills and experience, who actively worked with the organisation to ensure improvements and hold the non-executive Directors to account.

The organisation had supported the development of Governors through a rolling development programme, and invited to all Board meetings.

Staff engagement

The executive directors and non-executive directors carried out "Go See" visits, during which they visit a range of clinical areas and receive staff feedback. Actions from these visits are circulated to the Divisions and inform a quarterly report to the trust Board.

Summary of findings

The trust employed an internal communications team who led on staff engagement. This included internal briefings and newsletters led by the CEO.

Staff-side representatives informed us that they did not always feel engaged with the acquisition of Barnet and Chase Farm, and that there were informed of decisions which had been made.

At the time of the inspection, the organisation had not completed ratified all policies across the organisation, however this was identified as a risk on the risk register and Board Assurance Framework. Plans were in place to complete this by the end of the financial year.

Innovation, improvement and sustainability

The Royal Free NHS Foundation Trust is a key partner in the local Academic Health Science Centre (AHSC) partnership and senior executives described a collaborative approach to delivery of clinical services across the AHSC partners.

The organisation was also undergoing the process of it's application for Vanguard accreditation, designed to work in a transformational new framework to deliver health and social care within a local, network of providers. It was described to us that transformation and innovation, could only achieve a limited point within one organisation, and it was the aspiration to develop with other health and social care partners to drive innovation

The organisation had a clear, clinically driven five-year strategy. which aspired to grow from the strengths of the different cultures at the individual locations. It was described by senior Executives as being delivered through clinically-led conversations about what "Good looks like" and ensuring that decisions are in the patients' best interest.

Local examples of clinical innovation included: the set up a pilot ambulatory emergency care unit in June 2015. The unit is consultant led and is using the learning from membership of the ambulatory emergency care network to develop and expand ambulatory pathways and processes to reduce unnecessary admissions to ED for appropriate conditions.

The Emergency Department and Urgent Care centre across the Royal Free, Barnet and Chase Farm site have developed a 'foundations in emergency nursing course', accredited at the university of Middlesex. All of the courses are transferable worldwide and have the added benefit of being able to income generate from external candidates.

Overview of ratings

Our ratings for Royal Free Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Barnet Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Chase Farm

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Royal Free London NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

We observed a clear vision around the future clinical direction for the organisation, encompassing a complex, multi-site approach.

We found messaging, and learning from adverse incidents, across the senior executive team to be consistent.

We found the organisation to have taken a grip on operational access challenges, particularly in RTT, in the twelve month lead up to the inspection and were clear on the mitigation strategies in response to this.

We observed dynamic nursing leaders who supported clinical environments that were essential in the development and achievement of best practice models, particularly across theatres and surgery.

The UCC at Chase Farm Hospital was an a good example of a nurse led multi-disciplinary team providing excellent

outcomes for patients. Patients were seen promptly and obtained good clinical outcomes. The close working relationship with the Paediatric Assessment Unit significantly enhanced the service provided to children and young people.

Larch Ward at Barnet site was an outstanding clinical environment for the care of dementia patients.

The neonatal unit at Barnet hospital was very well equipped and offered outstanding levels of compassionate care delivered by all grades of staff from across the whole of the multidisciplinary team.

The neonatal unit had level 2 UNICEF accredited baby friendly status where breast feeding was actively encouraged and mothers are given every opportunity to breast feed their babies.

Particular praise must be given to the volunteers who provided additional caring activities such as massages for patients and supported patients with dementia.

Areas for improvement

Action the trust MUST take to improve **However, there were also areas of poor practice where the trust needs to make improvements.**

Importantly, the trust must:

- The trust should ensure the 62 day cancer wait times are met in accordance with national standards.
- The trust data base of clinical guidelines and procedures hosted via “freenet” must be updated as soon as possible.
- The recovery area of the operating theatre must be altered to protect children from witnessing upsetting sights and hearing frightening sounds.
- Theatre recovery staff must be receive PILS training.
- Nursing staffing levels on the children’s ward on the Royal Free site must be improved.

- The trust must address the issue of the day surgery unit on the Barnet site being used to accommodate patients overnight.
- The hospital must reduce the number of outpatients appointments it is cancelling.
- The hospital must ensure that emergency drugs such as Sodium Bicarbonate and Adrenaline are removed from the Resuscitaires.
- Remove the inconsistencies that existed in patient’s assessments for DNACPR and the recording of Mental Capacity Act assessments.
- The hospital must address the inconsistencies in mandatory training records for clinical staff in Medicine.

In addition the trust should:

Outstanding practice and areas for improvement

- Ensure that the 'low risk' pathway for women identified as suitable for birth centre care is used consistently.
- Improve the termination of pregnancy pathway.
- Identify a dedicated bereavement facility for women and families to use in or near the labour ward.
- Consistently collect ICNARC data and benchmark across other centres.
- Review the selection criteria for surgical cases at the Chase Farm Hospital site
- Address the cultural issues within Surgery and Theatres, to encourage open communication and collegiate working across sites and divisions.
- Review policies around fluid balance charts, ensuring clear guidance for staff around the appropriateness for use, with guidance on time-scales.
- Use lessons learned from Barnet Hospital in reducing Caesarean section rates.
- Improve antenatal risk assessments.
- Ensure the theatre swab, needle and instrument policy is ratified and new practices are embedded in all relevant departments across all sites.
- Ensure a safer surgery policy is produced and ratified.
- Ensure appropriate staggering of arrival times with the day surgery unit to minimise the time patients are prohibited from eating and drinking.
- Ensure that there is an electronic system in place to flag patients who may require additional support.
- The trust should ensure fridges are replaced on Damson ward.
- Ensure that medical and nursing records are fully completed without gaps or omissions.
- Ensure that RTT is met in accordance with national standards.
- The trust should ensure grading of surgical referrals occurs within acceptable timescales.
- Ensure all staff interacting with children have the appropriate level of safeguarding training.
- Ensure security of prescriptions forms is in line with NHS Protect guidance.
- A "you're welcome" and 15 step challenge audit should be undertaken within children's services.
- The trust should ensure appropriate storage of medicines in the day surgery unit at the Barnet site.
- Ensure emergency medication is stored safely and access to these drugs is controlled.
- The trust should introduce the use of POSSUM scoring.
- The trust should address the compliance with the National Emergency Laparotomy Audit (NELA) at Barnet Hospital.
- The trust should ensure the call bells in theatres at the Barnet site are improved to be louder.
- Ensure emergency medication is stored safely and access to these drugs is controlled.
- The hospital should ensure that all staff undertake mental capacity assessments and record best interest meetings to ensure that they can evidence that staff are working the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training.
- Ensure that good standards hygiene practices are followed in clinical areas such as hand hygiene and bare below area.
- The trust ensures that staff mandatory training on the medicine wards meets the trust target of 95%.
- Arrangements around equipment storage should be reviewed so that shower rooms are not used.
- The ward environments on the Barnet site for individuals living with dementia should be improved.
- Risk assessment documentation must be completed in areas such as falls risk assessments, nutrition charts and fluid balance charts.
- The trust should continue with its work around implanting the 5 steps of safer surgery until embedded and audited to ensure full compliance.