

# North Middlesex University Hospital NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Use of resources rating for this trust

Requires improvement 

# Summary of findings

## Combined quality and resource rating for this trust

Requires improvement 

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

## Background to the trust

The North Middlesex University Hospital NHS Trust is a medium-sized acute trust with over 443 beds, serving more than 600,000 people living across Enfield and Haringey and the surrounding areas, including Barnet and Waltham Forest.

The hospital has been on its present site for over 100 years and was established as an NHS trust by statute in December 1990. Most of the trust's services are provided on the North Middlesex University Hospital site, although some clinics and services are based in the community and at partner hospitals. They provide services in collaboration with a range of partners, including local GPs, acute, mental health and community health service providers.

In the year ending 31 March 2019, the trust reported a retained income and expenditure deficit of £3.2 million, compared to £29 million in the prior year. In 2018/19 the trust had a total annual income of £320.7 million. The trust reported employing more than 3,300 staff. In 2018/19 the trust reported activity figures of 426,824 outpatient attendances, 181,135 Accident and Emergency attendances, 83,432 inpatient admissions, 40,445 operations and procedures and 4,564 babies born.

The trust provides a full range of adult, elderly and children's services across medical and surgical disciplines. The specialist services in the trust include stroke, HIV/AIDS, cardiology (including heart failure care), haematology, diabetes, sleep studies, fertility, orthopaedics, and sickle cell and thalassaemia department. In addition to the full range of cancer diagnosis and treatment services, the Helen Rollason Cancer Support Centre is based on site and provides services to support cancer patients' wellbeing, such as massage. This is one of only two such centres in London. The trust offers integrated sexual health services in Enfield along with Enfield Council. The clinics offer free and confidential sexual health screening and/or treatment and general advice to all patients regardless of their age, sexuality or where the patients live.

We inspected three core acute services including: urgent and emergency care, medicine (including older people's care), and services for children.

We last undertook a comprehensive inspection at the trust in May 2018 when we rated the trust as requires improvement overall.

## Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Requires improvement** 



## What this trust does

Urgent and emergency services consisted of a number of areas including urgent care centre with 24/7 emergency nurse practitioners and a GP service from within ED. The service introduced a Fast Initial Treatment (FIT) Zone, where patients get senior medical input within 15 minutes of arriving at A&E. The service included a newly built Horizon unit. The unit

# Summary of findings

was a purpose-built facility for A&E patients who need mental health support, with five safe, quiet spaces for people experiencing mental health crises. There was a dedicated area for patients who need complex treatment and could sit in a chair, called the Sit2Treat space. The department saw average of 515 patient attendances per day, however they often saw close to 600 patients in a day including 100 ambulances per day.

Medical care service provided acute medicine, cardiology, respiratory medicine, care of elderly, gastro, rheumatology, stroke unit, diabetes and endocrine among others. The service had 289 medical inpatient beds across 23 wards.

Surgical services had ten theatres, eight of them run lists for ophthalmology, urology, general surgery, orthopaedics and gynaecology and are housed within a single theatre complex in modern premises less than five years old. There was a dedicated trauma list with 24-hour emergency cover and one theatre dedicated to interventional radiology. There were three surgical wards, a pre- assessment unit, day surgery unit, surgical assessment unit and emergency ambulatory surgical assessment unit.

Critical care service operated a flexible model in response to the acuity level of the patients. The critical care complex (CCC) comprised both high dependency unit (HDU) and intensive care unit (ICU) with a commissioned bed base of 17 beds, with capacity for up to 10 patients that could be ventilated simultaneously.

Maternity service had a midwife-led birth centre with birthing pools or community home birth service for low risk women with healthy pregnancies. There was also a consultant led obstetric service with three high dependency rooms fully equipped with continuous cardiorespiratory monitors, 12 delivery rooms, 4 bed capacity induction/ambulatory HDU suite on the labour ward, two operating theatres, four bedded recovery suites, and a bereavement suite on the labour ward. The service had one antenatal/postnatal ward with 36 beds.

Services for children and young people comprised a paediatric assessment unit open 24/7, nine bedded short stay ward (up to 48 hours), general paediatric ward, paediatric day unit seeing elective children for procedures or review, neonatal unit with 22 cots taking special care of high dependency and intensive care infants, children outpatients department and children community nursing team.

End of life care was provided by the palliative care team comprising clinical nurse specialists and nurse and medical consultants in palliative medicine and as supported by the hospital's mental health liaison team and cancer psychologists. North Middlesex Hospital was the lead provider of the Haringey Community Palliative Care Service (PCS) delivered in collaboration with four other providers in the Haringey area. They provided specialist palliative and end of life care to any patient who had an advanced, progressing, life-limiting illness, and offered support to families and carers.

Outpatients department hosted clinics for a wide range of specialities managed across the three clinical divisions with the trust.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

We inspected urgent and emergency services, medical care and services for children and young people provided by the trust as part of our continual checks on safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, effective and responsive as requires improvement.
- We rated caring and well led at trust level as good.
- Four of the eight core services were rated as requires improvement and four as good overall.
- We inspected urgent and emergency services and found that they had improved to good in responsive and well led which gave the service an overall rating of good.
- We inspected medical care and found that they had maintained the rating from the previous inspection. The ratings for responsive and well led went up to good, caring remained good and ratings for safe and effective remained requires improvement.
- We inspected services for children and young people and found that they had maintained the rating from the previous inspection. The ratings for effective, caring and responsive remained good and ratings for safe and well led remained requires improvement.

Our full Inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website - [www.cqc.org.uk/provider/RAP](http://www.cqc.org.uk/provider/RAP)

### Are services safe?

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

- Urgent and emergency services, medical care and services for children and young people services, that we inspected, were rated requires improvement for safe.
- Surgical services, which we did not inspect, maintained a good rating for safe.
- Critical care, maternity, end of life and outpatients, which we did not inspect, maintained a requires improvement rating for safe.
- We found inconsistencies in stock management of medicines across the services we inspected. We found a significant amount of expired medicines including on the resuscitation trolley and grab bag despite regular checks being completed by staff. Therefore, we were not assured there were comprehensive governance processes in place at ward level.
- Staff did not always complete all risk assessments for each patient swiftly and updated the assessments to minimise patients' risk.

# Summary of findings

- Staff were not consistently aware of incidents or learning from incidents. Staff did not consistently know what serious incidents, never events, near misses or other incidents had occurred trust-wide.
- In ED the completion rates for adult immediate life support level 3 for nursing staff and paediatric and adult intermediate and basic life support for medical staff was worse than trust target of 90%.
- Staff did not complete the necessary post-dose physical health checks after patients received medication for their mental state by rapid tranquilisation.
- In ED staff managed clinical waste well however we found inconsistency in the management of confidential waste.
- The medical care service did not always have enough nursing staff of all grades. Some wards carried many nurse vacancies. This meant that bank and agency staff were often used to fill shifts and these staff did not always have the right skill mix for specific medical specialties. Staff told us night shifts were especially challenging as sometimes there were more agency nurses than permanent nurses.
- We reviewed 24 records across all the CYP areas inspected and found inconsistencies with the quality of documentation.
- The trust continued to use weekly 'harm free panels' to reduce pressure ulcers and improve overall safety awareness amongst staff. Staff found the panels to be educational and helpful.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

## Are services effective?

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

- Urgent and emergency services and services for children and young people services, that we inspected, were rated good for effective.
- Medical care services, that we inspected, were rated requires improvement for effective.
- Surgery, critical care and maternity, which we did not inspect, maintained a good rating for effective.
- End of life, which we did not inspect, maintained a requires improvement rating for effective.
- We do not rate effective in outpatients.
- We found inconsistencies with the quality of documentation. Also, mental capacity assessments were not always completed for patients with deprivation of liberty safeguards.
- Large number of complaints were not investigated and closed with the complaints policy, which stated complaints should be resolved within 30 days.
- Although the service had dedicated staff member in place to monitor paediatric and neonatal guidelines, we found many of the paediatric policies were out of date.
- The refurbished ED had a new facility Horizon unit for patients in ED who need mental health support.
- During the last inspection we advised the trust to ensure that staff had adequate mental health training including the Mental Health Act. On this inspection, we found the trust had made improvements to address this. Staff in paediatrics were receiving training in Mental Capacity Act (MCA) at the time of the inspection and the trust had started a 'We can talk' programme which provided mental health training for all staff.
- The trust addressed issues since the last inspection with the gastrointestinal bleeding rota. The rota was complete which was available seven days a week, 24 hours a day.

# Summary of findings

## Are services caring?

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

- Urgent and emergency services, medical care and services for children and young people services, that we inspected, were rated good for caring.
- Surgery, critical care, maternity, end of life and outpatients, which we did not inspect, maintained a good rating for caring.
- Patients told us they felt involved in their care plans most of the time.
- Patients we spoke with felt like their individual needs were understood and respected. Staff respected patients' personal, religious, social and culture needs and how they related to patients' care needs.

## Are services responsive?

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

- Urgent and emergency services, medical care and services for children and young people services, that we inspected, were rated good for responsive.
- Critical care, maternity, and outpatients, which we did not inspect, maintained a good rating for responsive.
- Surgery and end of life, which we did not inspect, maintained a requires improvement rating for responsive.
- The service planned care to meet the needs of local people and took account of patients' individual needs.
- In medical care services the trust took an average of 46.7 days to investigate and close complaints; In ED the trust took an average of 57.4 days to investigate and close complaints; this was not in line with their complaints policy, which states complaints should be resolved within 30 days.
- The trust did not meet the Royal College of Emergency Medicine recommendation that patients should not wait more than one hour from time of arrival to receiving treatment.
- From January to December 2018, the average length of stay for medical non-elective patients was 7.8 days which was higher than the England average of 6.2 days.
- There were clear pathways to navigate patients through the ED. Based on staff assessment at streaming and triage, patients could be directed to different areas such as the fit zone, sit to treat and the UCC.
- From April 2018 to March 2019, no patients waited more than 12 hours from the decision to admit until being admitted, which was in line with the Royal College of Emergency Medicine recommendation.
- The average length of stay for medical elective patients from January to December 2018 was 5.4 days which was lower than the England average of 6.0 days. This was an improvement from our last inspection when it was 7.7 days.
- There was timely access to children and young people services and most specialities were meeting referral to treatment targets (RTT).
- Psychological support was available for patients with mental health support needs as staff could refer patients to the mental health liaison team easily.
- The hospital play therapist provided a comprehensive programme of play support to children across all paediatric areas.
- The hospital provided a wide variety of child friendly food and snacks and there were specific menus for children and young people. The menus included options for specific cultures, tastes and specific needs.

# Summary of findings

## Are services well-led?

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

- Leadership at trust level, that we inspected, was rated good.
- Urgent and emergency services and medical care, that we inspected, were rated good for well led.
- Services for children and young people services, that we inspected, were rated requires improvement for well led.
- Surgery, critical care, maternity, which we did not inspect, maintained a good rating for well led.
- End of life and outpatients, which we did not inspect, maintained a requires improvement rating for well led.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had engaged with the patients, staff and stakeholders in the re-design of the refurbished adult emergency department (ED) and implementation of the ED action plan.
- Staff in the care of elderly wards developed a three-year strategy for dementia awareness which was launched in 2018. It included re-invigorating use of the dementia care bundle, training all new clinical staff to tier two level in dementia awareness, continue to participate in the national audit for dementia and to learn from its outcomes.
- There was a new governance team within the division which has resulted in fewer out-of-date actions for serious incidents. Outstanding actions for serious incidents were monitored at a divisional level through regular meetings with the governance manager and at the governance sign-off panel.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- During the last inspection, the service had recently introduced a CYP board but regular meetings were not taking place. On this inspection, we found this had improved as meetings were taking place quarterly and the minutes reviewed showed actions were being completed.
- Although the divisional leaders had good oversight on most risks in the division, not all risks identified at the time of inspection were noted on the risk register. For example, there was limited oversight of medications management on the ward.
- During this inspection we were told about the backlog for discharge summaries of which the oldest dated back to October 2018. Although the trust submitted information after the inspection to confirm the backlog had been cleared, we were not assured at the time of the inspection that appropriate risk assessments had taken place as only a 10% sample was reviewed with no target date set to clear the back log.

## Use of resources

Our rating of stayed the same. We rated it as requires improvement because:

The trust did not consistently manage its resources to allow it to meet its financial obligations on a sustainable basis and to deliver high quality care. The approach to identifying and realising efficiency opportunities was not yet embedded across the organisation.

NHS Improvement are currently planning to assess all non-specialist acute NHS trusts and foundation trusts for their Use of Resources assessments.



# Summary of findings

The aim of the assessment is to improve understanding of how productively trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of trust performance against a selection of initial metrics, using local intelligence, and other evidence. This analysis is followed by a qualitative assessment by a team from NHS Improvement during a one-day site visit to the trust.

## Combined quality and resource

Our rating of stayed the same. We rated it as requires improvement because:

Our combined rating for Quality and Use of Resources is awarded by combining our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating, using the ratings principles included in our guidance for NHS trusts.

This is the second time that we have awarded a combined rating for Quality and Use of Resources at this trust. The combined rating for Quality and Use of Resources for this trust was requires improvement, because:

- We rated safe, effective, responsive, and as requires improvement; well led and caring as good.
- We took into account the current ratings of the five core services not inspected at this time. Hence, four services across the trust are rated overall as requires improvement, and four services are rated good.
- The overall ratings for the hospital remained the same.
- The trust was rated requires improvement for Use of Resources.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and for the whole trust. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice at trust level, in urgent and emergency services and services for children and young people. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including seven breaches of legal requirements that the trust must put right. We found 31 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the Areas for improvement section of this report.

## What happens next

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

## Outstanding practice

We found examples of outstanding practice at North Middlesex University Hospital.

### Trust level



# Summary of findings

- The trust sees a significant number of patients from FGM practising countries. The trust's Iris Clinic provided specialist care for people affected by FGM, including an all-female team, an interpreting service, social support, FGM reversal surgery, and other health advice including gynaecological, contraceptive, and sexual health advice. In addition to direct patient care, the Iris Clinic team also carried out community engagement, health promotion and education work.
- The London boroughs of Enfield and Haringey which are served by the trust had some of the highest levels of serious youth violence in the capital, and more than 20 knife and gun fatalities involving teenagers and young people under 30 in 2018. Following a Knife Crime Roundtable convened by the CEO in October 2018 with local MPs, councillors, police, youth workers, and anti-knife campaigners, the trust provided a programme of outreach sessions in local schools, delivered jointly by ED consultants, local mentors, police and the voluntary sector. There were also embedded workers in the trust ED, working with victims and perpetrators of serious youth and gang-affiliated violence.
- The trust, in partnership with a local Further Education college, was supporting internships to 12 local people with learning disabilities, as part of Project SEARCH. The programme was based at NNUH where all practical work-based training and classroom learning would take place. The interns would be working with the hospital's various departments, to give them the chance to experience the roles available and to develop their skills, knowledge and behaviours and to possibly appoint to a permanent job at the hospital.
- The trust has established a partnership with a local college to provide a large number of apprentice opportunities. During 2018/19, the trust recruited more than 100 apprentices, bringing their apprenticeship workforce to 186, working in roles ranging from health and care, IT, business administration and pharmacy. The vast majority of these new staff are from the local communities the trust serves.

## Urgent and emergency services

- The service had peer support workers that provide emotional support and re-assurance to patients presenting with a mental health condition and their relatives.
- The new horizon unit for patient with mental health needs was exemplary and had improved the patients' safety, care and outcomes.
- The service had implemented a management plan to manage patients identified as frequent attenders in the emergency department. The service had a multi-disciplinary working group that had carried out health promotion, education, home visits and intervention for adults and children that frequently attend the department. Audits result showed a 30% reduction in the number of re-attendance in the adult emergency department.
- Managers and staff had good understanding of the needs of the population and the community health profile. The service had worked with their commissioners and other stakeholders to carry out several interventions to safeguard vulnerable people that accessed the service and the hard to reach patients. The interventions had included delivering outreach sessions on youth violence, knife crimes and delivering outreach service to support patients that were homeless or identified as rough sleepers.
- The service provided emergency 'kids kits'. These were age appropriate rucksacks filled with essential items to support people in crisis. The kits contained items such as clothes, toiletries, toys, a mobile phone etc for children and young people going into emergency foster care directly from the hospital, due to safeguarding concerns. This initiative was developed by one of the hospitals doctors and supported financially by the hospital's charity.
- The service developed a scheme to provide essential items for people escaping domestic violence. In addition the trust is one of three sites in England appointed to develop a comprehensive health-led 'model response' for people experiencing domestic abuse. There were two Independent Domestic Violence Advocates (IDVAs) supporting local victims discreetly and sensitively.

# Summary of findings

- The trust had organised training and support for individuals identified as sex workers that had accessed the service.

## Services for children and young people

- Sunrise ward was involved in the two year programme with Royal College of Paediatrics and Child Health called Situation Awareness for Everyone (S.A.F.E). The programme aimed to close the gap in paediatric safety. From a total of 12 hospitals, the trust was the only neonatal unit involved in the programme.
- The named midwife in the safeguarding team received the 2019 Health Equalities Award at NHS Parliamentary Awards for supporting vulnerable woman in north London.
- The service had recently implemented the 'We can talk' programme to empower staff to manage the mental health needs of patients in absence of registered mental health nurses (RMN). Staff told us the programme had provided them with confidence to support patients with their mental health needs.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

We told the trust that it must take seven actions to bring services in line with three legal requirements. This action related to three services.

#### Urgent and emergency services

- The trust must ensure there are systems and processes in place to safely prescribe, store, administer and record medications (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).
- The trust must ensure that staff carry out regular physical health checks of patients after they receive medication by rapid tranquilisation for their mental state (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).

#### Medical care

- The trust must ensure there are systems and processes in place to safely prescribe, store, administer and record medications (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).
- The trust must ensure an oversight over Deprivation of Liberties Safeguards authorisations (DOLS) process within the hospital. Where the DOLS authorisation is extended more than once this must be done in accordance with legislation (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13).
- The trust must ensure mental capacity assessments are completed by the clinician as part of the best interest process (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13)

## Services for children and young people

- The trust must ensure there are systems and processes in place to safely prescribe, store, administer and record medications (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12).

# Summary of findings

- The trust must ensure governance systems for updating evidence based practice guidelines and governance systems at ward level to ensure stock management of medicines is appropriately completed. This includes risk assessing all patients appropriately to obtain assurance that no patients came to harm with the discharge summaries backlog (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17).

## Action the trust SHOULD take to improve

### Urgent and emergency services

- The trust should ensure staff who restrain patients receive appropriate training to enable them to restrain patients safely.
- The trust should ensure that managers have an oversight on the episodes of restraint.
- The trust should review the training of security officers and security protocols in the hospital.
- The trust should ensure all medical staff complete mandatory training.
- The trust should ensure that medical and nursing staff are compliant with the adult and paediatric life support training.
- The trust should ensure that medical and nursing staff are compliant with the safeguarding training.
- The trust should ensure that staff adhere to appropriate hand hygiene and infection control practices.
- The trust should ensure that staff complete the patient records appropriately.
- The trust should ensure risk assessments are completed and updated for each patient.
- The trust should ensure confidential waste are managed appropriately.
- The trust should ensure that appraisal rates for the medical staff and paediatric nursing staff are compliant with the trust standard.
- The trust should ensure they review processes for the management of emergency equipment stocks.
- The trust should ensure they review processes for the management of medicines and emergency equipment.
- The trust should ensure staff have clear guidance and take appropriate action when temperature is outside optimal levels.
- The service should improve the provision arrangement of children in the paediatric ED waiting area to ensure there are adequate toys.
- The trust should continue addressing the high vacancy rates and high turnover rates for the administrative, nursing and medical staff in the service.
- The trust should ensure waiting times from referral to treatment and decisions to admit patients are in accordance with best practice recommendations.
- The trust should review and address the ligature risks in the emergency department.

### Medical care

- The trust should ensure consistency in medical records quality and ensure care plans are implemented and completed to support patients' specific needs.
- The trust should ensure appropriate risk assessments are completed for all patients.
- The trust should improve processes to investigate and close complaints in line with their own policy of 30 days.

# Summary of findings

- The trust should ensure all risks are identified and appropriately mitigated and where possible, addressed in a timely manner.
- The trust should ensure staff receive training to understand the relevant consent and decision-making requirements legislation and guidance under the Mental Capacity Act of 2005.
- The trust should ensure actions are completed and documented within designated time frames following serious incident reviews.
- The trust should ensure all patients receive completed risk assessments, for example risk assessments for venous thromboembolism (VTE).

## Services for children and young people

- The trust should continue addressing the high vacancy rates for nursing staff, focussing on recruitment and staff retention.
- The trust should ensure there is improved patient record documentation.
- The trust should ensure staff consistently follow the trust policy when completing paediatric early warning score (PEWS) observations and where appropriate, the records should include any narrative to explain non-compliance.
- The trust should continue working to improve 'did not attend' rates in children's outpatients.
- The trust should continue working to ensure there is at least one nurse per shift in each clinical area who is trained in APLS/EPLS.
- The trust should ensure the CYP service has a non-executive director to represent the service at trust board level.

## Is this organisation well-led?

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

We rated well-led at the trust as good because:

- Since our last inspection the trust had established, a substantive, experienced and capable leadership team with the skills, abilities, and commitment to provide high-quality services. However, the trust was still working to appoint a substantive chair and senior nursing leadership needed strengthening.
- We found the leadership, governance and culture within the trust, were used to drive, and improve, the delivery of high-quality person-centred care across the organisation.
- Since our last inspection the trust had made significant improvements to its serious incidents reporting and learning systems. The trust has allocated sufficient expert resources to ensure an effective system is in place. Previous backlogs of investigations have been dealt with and the trust now has the capacity to make significant improvements in patient safety.
- Executive and non-executive board members (NEDs) collaborated to ensure the delivery of the trust's strategy. The executive directors encouraged openness and integrity, invited challenge and held each other to account. NEDs were of a good calibre, showed a willingness to engage with issues and held the executive team to account.

# Summary of findings

- The trust's newly refreshed 'Forward View' strategy provided a clear vision which had been developed with and was well known to staff and stakeholders. However, the trust needed to develop a more detailed clinical strategy to underpin the 'Forward View'.
- The trust had involved staff, patients, and local system partners, in the development of its strategy to ensure it reflected the vision and values of the trust and aligned with plans in the wider health economy.
- We found a strong organisational culture of collaboration, team-working and support and a common focus on improving the quality and sustainability of care and people's experiences. Staff were proud of the trust as a place to work and spoke highly of the culture and of the leadership team.
- The trust demonstrated a commitment to system-wide collaboration and leadership and was a participant in the local sustainability and transformation partnership (STP). Local population needs were clearly embedded in the trust's strategy and there was a process for identifying local patient's needs. For example, the trust had recently opened specific facilities to support patients suffering a mental health crisis. The trust engaged well with local groups, both statutory and voluntary.
- Management information and reporting was reliable and consistent. Data quality was assured internally and externally, through the data quality team, and a range of cross-checks and audits were in place to ensure information was accurate and verified. However, there were opportunities to improve data quality.
- The quality of the trust's financial information was good and it was well-embedded. Leaders ensured staff across the organisation understood the financial context that the trust was operating in.
- The trust's governance structure had effective systems and processes to support the delivery of its strategy. The board assurance framework (BAF) was used effectively to identify risks and performance issues. The objectives were specific, measurable, achievable, relevant, and time-based, and the corporate risks were reflected in the BAF.

However:

- The trust failed to reach key national performance targets. For example, the 62-day cancer where performance fell below the England average. However, the trust had made significant improvements in its 4-hour emergency department target and the quality of the ED service.
- The NHS staff survey results showed differences in the experiences of white and black and minority staff (BME) staff. Board members recognised that they had work to do to improve diversity and equality across the trust and at the board level. However, the trust achieved the second most improved staff survey score in England.
- The trust has historically performed poorly in CQC patient experience surveys. This may be partly related to the trust's low response rates. In addition to continuing its efforts to improve patient experience the trust must increase the quantitative and qualitative information it receives.
- The trust had not managed the long-term absence of its chief pharmacist well. Interim staff had not been fully supported and risks associated with medicines management had not been identified and managed.
- The trust did not have a comprehensive staff training and development model that ensured staff were always equipped with sufficient knowledge and skills to undertake their roles. The trust and staff we spoke with agreed that this could have been one of the reasons the trust's staff survey results indicated higher than average levels of harassment and bullying.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Oct 2019	Requires improvement →← Oct 2019	Good →← Oct 2019	Requires improvement →← Oct 2019	Good ↑ Oct 2019	Requires improvement →← Oct 2019

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

## Ratings for North Middlesex University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019
Medical care (including older people's care)	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019	Requires improvement ↔ Oct 2019
Surgery	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
End of life care	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Outpatients	Requires improvement Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
<b>Overall*</b>	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019

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



# North Middlesex University Hospital

Sterling Way  
Haringey  
London  
N18 1QX  
Tel: 02088872000  
[www.northmid.nhs.uk](http://www.northmid.nhs.uk)

## Key facts and figures

The trust provides a full range of adult, elderly and children's services across medical and surgical disciplines. Every day, on average, the hospital sees 515 patients in A&E; 14 babies are born in the maternity unit; about 450 inpatients are cared for on the wards; about 100 patients have major or minor surgery in one of the 10 operating theatres; and about 1,030 people attend outpatients clinics.

In 2018/19 the trust reported activity figures of 426,824 outpatient attendances, 181,135 A&E attendances, 40,445 operations and procedures and 4,564 babies born.

We inspected three core acute services including: urgent and emergency care, medicine (including older people's care) and services for children.

## Summary of services at North Middlesex University Hospital

**Requires improvement**   

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

- We found inconsistencies in stock management of medicines across the services we inspected. We found a significant amount of expired medicines including on the resuscitation trolley and grab bag despite regular checks being completed by staff. Therefore, we were not assured there were comprehensive governance processes in place at ward level.
- Staff did not always complete all risk assessments for each patient swiftly and updated the assessments to minimise patients' risk.
- We found inconsistencies with the quality of documentation. Also, mental capacity assessments were not always completed for patients with deprivation of liberty safeguards.
- In ED the completion rates for adult immediate life support level 3 for nursing staff and paediatric and adult intermediate and basic life support for medical staff was worse than trust target of 90%.
- Large number of complaints were not investigated and closed with the complaints policy, which stated complaints should be resolved within 30 days.

# Summary of findings

- Although the divisional leaders had good oversight on most risks in the division, not all risks identified at the time of inspection were noted on the risk register. For example, there was limited oversight of medications management on the ward.

However, we found the following areas of good practice:

- The trust continued to use weekly 'harm free panels' to reduce pressure ulcers and improve overall safety awareness amongst staff. Staff found the panels to be educational and helpful.
- Patients told us they felt involved in their care plans most of the time.
- Staff understood how to protect patients (adult, children and young people) from abuse and the service worked collaboratively with other agencies to do so.
- The service planned care to meet the needs of local people and took account of patients' individual needs.
- The refurbished ED had a new facility Horizon unit for patients in ED who need mental health support.
- The trust addressed issues since the last inspection with the gastrointestinal bleeding rota. The rota was complete which was available seven days a week, 24 hours a day.
- Staff in the care of elderly wards developed a three-year strategy for dementia awareness which was launched in 2018. It included re-invigorating use of the dementia care bundle, training all new clinical staff to tier two level in dementia awareness, continue to participate in the national audit for dementia and to learn from its outcomes.

# Urgent and emergency services

Good  

## Key facts and figures

The emergency department (ED) at North Middlesex University Hospital (NNUH) provides emergency care and treatment for all illnesses and injuries 24 hours a day seven days a week. There is a dedicated paediatric service provided 24 hours a day seven days a week.

The trust has an urgent care centre (UCC) with care provided by emergency nurse practitioners (ENPs) 24 hours a day seven days a week. The centre was staffed with GPs from 9am to midnight. The UCC provided assessment and treatment for non-life threatening, illnesses and injuries.

The ED at NNUH is a trauma unit within the North East London and Essex Trauma Network (NELTEN). The service provides trauma care to patients, by means of a full trauma team 24 hours a day and works in partnership with the networks Major Trauma Centre (MTC) at a nearby hospital.

Since the last inspection, the main ED for adults was refurbished and was opened in December 2018. The refurbished ED had a new facility (Horizon) unit for patients in ED who need mental health support.

The emergency department sees approximately 180,000 patients per year. The department as a whole has an average of 540 patient attendances and 100 ambulances per day. The department consists of a multidisciplinary team comprising medical, nursing and physician associates.

We last carried out an announced comprehensive inspection of the service in May 2018. The service was rated requires improvement for safe, responsive and well-led and good for effective and caring. The service was judged to be requires improvement overall.

We carried out an unannounced inspection of the emergency department at North Middlesex University Hospital from 2 to 4 July 2019. Before visiting, we reviewed a range of information we held about the hospital. During our inspection we visited all the areas in the emergency department. We observed a multidisciplinary meeting, staff handovers and patients' procedures and consultations. We spoke with seven patients and their families, reviewed 38 patient records and reviewed a selection of trust policies. We reviewed performance information and data from and about the trust. We obtained patient feedback and observed their care. We spoke with 68 members of staff including consultants, junior doctors, senior managers, nurses of all grades, housekeepers, agency staff, students, and allied health professionals. We received comments from people who contacted us to tell us about their experience.

## Summary of this service

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

- The service had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked collaboratively with other agencies to do so. Staff underwent training on how to recognise and report abuse and they knew how to apply it.
- The majority of nursing staff received up-to-date mandatory training. The overall mandatory training compliance for nursing staff was 92.7% which was better than the trust target of 90%.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

# Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service made sure staff were competent for their roles. Patients were cared for by staff with the right qualifications, skills and knowledge to provide safe care.
- The emergency service was planned and delivered in a way that met the diverse needs of the local and surrounding population. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- Staff understood the impact of patients care, treatment or condition to their wellbeing and those close to them. Staff provided emotional support to patients to minimise their distress.
- The trust and service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- There was a culture and focus of continuous learning, innovation and improvement in the service to improve patient outcome.
- There were effective systems of governance that looked at quality and performance. Staff understood their roles around governance and there were structures for reposting and sharing information from the department to the division and board and down again.

However, we also found areas for improvement:

- Adult immediate life support level 3 for nursing staff was 71% and worse than trust target of 90%. There was low compliance for the medical staff on all the paediatric and adult intermediate and basic life support trainings (73%) and on fire safety (74%).
- There were systems and processes to control and prevent the spread of infection and the department was visibly clean, tidy and free of any odours. However, the service did not control infection risk well and staff did not always adhere to good hand hygiene practice.
- Staff did not always follow systems and processes when safely prescribing, administering, recording and storing medicines. Medicines were not always within the use by date and had been administered to patients after they had expired.
- Staff did not always complete risk assessments for each patient swiftly and updated the assessments to minimise patients' risk. However, staff identified and quickly acted upon patients at risk of deterioration.
- From April 2018 to March 2019, 79% of required staff in urgent and emergency care received an appraisal which was below the trust standard of 90%. During inspection the appraisal rates for medical staff (23.3%) and paediatric nursing staff (80.1%) were not compliant with the trust standard in the new annual appraisal cycle.

## Is the service safe?

**Requires improvement**   

# Urgent and emergency services

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

- The safety concerns from the previous inspection in relation to medical staff mandatory training, resuscitation training, rapid tranquilisation medicine, records and risk assessment had not been fully resolved.
- Staff did not complete the necessary post-dose physical health checks after patients received medication for their mental state by rapid tranquilisation.
- There were systems and processes to control and prevent the spread of infection and the department was visibly clean, tidy and free of any odours. However, the service did not control infection risk well and staff did not always adhered to good hand hygiene practice.
- Staff managed clinical waste well however we found inconsistency in the management of confidential waste.
- Staff did not always complete risk assessments for each patient swiftly and updated the assessments to minimise patients' risk. However, staff identified and quickly acted upon patients at risk of deterioration.
- Records were not always clear, legible and up-to-date. Staff in the emergency department did not keep detailed records of patients' care and treatment. However, records were stored securely and appropriately and easily available to all staff providing care.
- Staff did not always follow systems and processes when safely prescribing, administering, recording and storing medicines. Medicines were not always within the use by date and had been administered to patients after they had expired.
- Although the service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. However, staff did not always report incidents and near misses on medicines and threats.
- There was no system in place to ensure emergency equipment stocks were regularly checked by staff. We found some out-of-date emergency equipment stocks across the emergency department.

However:

- Staff understood how to protect patients from abuse and the service worked collaboratively with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Ambulance unloading times and handover had significantly improved since the last inspection. There were no ambulance patients seen waiting on the trolleys in the corridor.
- The hospital had two allocated security staff in the department to keep staff and patients safe and protected from violence.
- Patients received treatment for their mental health needs in a newly designed horizon unit which kept patients safe. The design of the horizon unit was carefully considered to minimise risks to patients.
- Staff were appropriately trained on the management of sepsis. There was a pathway and protocol in place which contained information on sepsis six, red and amber flags, falls risk assessment and pressure area screening. There were a sepsis lead for the adult and paediatric ED.

# Urgent and emergency services

- There was a good reporting and learning from incidents culture. We saw examples of practice being changed as a result of learning from incidents.

## Is the service effective?

Good   

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

- There was an effective system in place to ensure policies, protocols and clinical pathways reflected national guidance. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The hospital performed better or similar to the national average on 12 outcomes in the emergency department trauma unit audit for the period of 2018/19.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- There was good and effective multidisciplinary work. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. ED staff worked well with other specialities within the trust as well as external community services.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Appraisal rates for medical staff and paediatric nursing staff were not compliant with the trust standard.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Urgent and emergency services

- The trust had taken note of concerns raised about the lack of privacy and confidentiality in the fast initial treatment (FIT) zone at the previous inspection and made improvements with the refurbishment of department. During this inspection, we saw that this concern was addressed as the adult ED was refurbished in December 2018 and patients could no longer overhear the conversation between staff and other patients.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- The service had peer support workers that provide emotional support and reassurance to patients presenting with a mental health condition and their relatives.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- For the period of August 2018 to May 2019, the hospital Friends and Family Test (FFT) performance was 65% and generally worse than the England average of 86%. The overall response rate was 8.1% compared to the England average of 12.1%.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care including their commissioners (Barnet and Enfield CCG), neighbouring trusts, region network and local Healthwatch.
- The adult ED was refurbished in 2018 and had improved seating area layout, signage and information to enable easy navigation through the ED.
- There were clear pathways to navigate patients through the ED. Based on staff assessment at streaming and triage, patients could be directed to different areas such as the FIT zone, sit to treat and the urgent care centre (UCC).
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- At risk or complex patients, including those living with dementia and learning disabled patients, were 'fast tracked' from the time they booked into reception. The department was designed to support people with disabilities, such as by providing accessible toilets and having lowered counters at the reception for people with reduced mobility.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- The trust had improved and performed better than the England average on the percentage of patients waiting more than four hours from the decision to admit until being admitted for period of November 2018 to March 2019. The average percentage of patients that waited between four to 12 hours in ED from decision to admit to admission was 12% and was better than the England average of 17% and the previous inspection.



# Urgent and emergency services

- The hospital had improved on ambulance handover time since the last inspection. From April 2018 to March 2019 the ambulance handover delay for 60 minutes breach was 0.2% (71) compared to the last inspection when there were 219 black breaches. The NHS Improvement and NHS England ED national priorities report on crowding highlighted that the service ambulance handover times was potentially the best in London.
- From April 2018 to March 2019, no patients waited more than 12 hours from the decision to admit until being admitted, which was in line with the Royal College of Emergency Medicine recommendation.
- The emergency department had a new horizon unit to assess and care for mental health patients in the service which has helped improve access and flow. Although the service was not meeting the trust target in the number of patients that are assessed by the psychiatric liaison team within an hour however there have been improvements in compliance since the last inspection.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service now had plan in place to manage patients identified as frequent attenders. The service had a working group that had carried out health promotion, education and intervention for adults and children that frequently attend the department.
- The trust had taken note of concerns raised at the previous inspection on the lack of nappy changing facilities in the paediatric emergency department and now had new nappy changing facilities in place.

However:

- The trust took an average of 57.4 days to investigate and close complaints; this was not in line with their complaints policy, which states complaints should be resolved within 30 days.
- The trust did not meet the Royal College of Emergency Medicine recommendation that patients should not wait more than one hour from time of arrival to receiving treatment.
- The paediatric ED had limited play provision such as toys and books.

## Is the service well-led?

**Good** ● ↑

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

- The trust had taken note of concerns raised about the service at the previous inspection and made improvements in the areas of governance, learning from incidents, mortality and morbidity meeting, leadership structure and culture.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service to patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood their vision and strategy and knew how to apply them and monitor progress.

# Urgent and emergency services

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service had engaged with the patients, staff and stakeholders in the re-design of the refurbished adult emergency department (ED) and implementation of the ED action plan.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at North Middlesex University Hospital NHS Trust provides care and treatment for a number of specialties at one acute site, North Middlesex University Hospital.

The trust has 289 medical inpatient beds across 23 wards, all located at North Middlesex University Hospital.

The trust provided the following information about medical care at North Middlesex University Hospital NHS Trust:

Medical specialities providing inpatient care are:

- Acute medicine with ambulatory care;
- Cardiology with catheter laboratory and outpatient service for heart failure and arrhythmia, rapid access chest pain and full range of cardiology technical services;
- Respiratory medicine, which includes a full range of diagnostic outpatient services including bronchoscopy and endobronchial bronchoscopy(ebus), a large TB cohort and cancer care;
- Gastroenterology services include hepatology and endoscopy, including consultant rota 24 hours a day seven days per week;
- Care of the elderly - day hospital and community and care home services;
- Diabetes and endocrine including outpatients and diagnostics;
- Nephrology - Outpatients clinics;
- Haematology & anticoagulation - large tertiary cohort of haemoglobinopathy patients;
- Stroke unit with Transient Ischemic Attack (TIA) clinic;
- Oncology services.

*(Source: Universal Routine Provider Information Request (RPIR) – Sites tab / RPIR Acute – Context acute tab / Trust website)*

The trust had 27,914 medical admissions from January to December 2018. Emergency admissions accounted for 12,615 (45.2%), 289 (1%) were elective, and the remaining 15,010 (53.8%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 8,193 admissions
- Gastroenterology: 5,859 admissions
- Clinical oncology: 5,113 admissions

*(Source: Hospital Episode Statistics)*

Medical care at North Middlesex University Hospital was last inspected in May 2018 when it was rated requires improvement for safe, effective, responsive and well-led and good for caring. Areas for improvement that were found in the last inspection included gaps in the out of hours rota to cover gastroenterology, learning from incidents was

# Medical care (including older people's care)

not robust, variation in quality of records, mental capacity assessments were not always appropriately documented and the governance around monitoring risk assessments, action plan delivery and responses to complaints and investigating incidents was not sufficiently robust. We looked at changes within medical care services during this inspection.

We carried out our inspection at North Middlesex University Hospital medical wards from 2 to 4 July 2019. During our inspection we visited 13 wards: the acute assessment unit, the acute medical unit, Tower 4 ward, Tower 5 ward, Tower 6 ward, Tower 7 ward, Tower 8 ward, Pymmes 0 ward, Charles Coward ward, Michael Bates ward, the chemotherapy day unit, Podium One ward and the acute stroke unit.

We spoke with 20 patients and their families, reviewed 20 patient records and reviewed a selection of trust policies. We reviewed performance information and data from and about the trust. We obtained patient feedback and observed their care.

We spoke with 45 members of staff including consultants, junior doctors, managers, nurses of all grades, housekeepers, agency staff, students, and allied health professionals. We received comments from people who contacted us to tell us about their experience.

## Summary of this service

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

- Staff did not always follow systems and processes to safely prescribe, administer and record medicines. We found some patient records that did not indicate if the patient had an allergy. Staff did not always store and manage all medicines and prescribing documents in line with the provider's policy. We found several medicines that were not within the recommended manufacturer's expiry date.
- Staff did not always complete risk assessments for each patient. Although we found all patients to have VTE prophylaxis prescribed, not all risk assessments were completed. This meant that patients could have an unsafe dose of VTE prophylaxis prescribed or an inappropriate prophylaxis prescribed.
- We continued to find areas with variable record quality. Records were not always filed in a consistent way and were sometimes loosely filed. We found there were several cases where mental capacity assessments were not completed for patients with deprivation of liberty safeguards. We also observed that sometimes do not attempt cardiac pulmonary resuscitation (DNACPR) forms were not filed at the front of the patient record which meant they could be missed by staff who did not know the patient.
- Staff were not consistently aware of incidents or learning from incidents. Staff did not consistently know what serious incidents, never events, near misses or other incidents had occurred trust-wide. Some ward managers told us they did not hear about never events or near misses that happened elsewhere in the trust.
- We continued to find that patients' fluid and nutrition charts were not fully completed. Nutrition charts we inspected were about 50% completed. Some days, nutrition charts were not filled in at all.
- Staff did not always understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005. Mental capacity assessments were not always completed nor was their consistent oversight of their completion.
- There was a poor response rate on the friends and family test with only 14% uptake across medical services; this was a worse response rate from our last inspection when it was 20% and was also worse than the England average of 24%.

# Medical care (including older people's care)

- The trust took an average of 46.7 days to investigate and close complaints; this was not in line with their complaints policy, which states complaints should be resolved within 30 days.
- The 2018 annual staff survey also noted that there was significant work to be done regarding bullying and harassment. The trust scored at the lowest levels when compared to other acute trusts.
- Although the divisional leaders had good oversight on most risks in the division, not all risks identified at the time of inspection were noted on the risk register. For example, there was limited oversight of medications management on the ward. We found several medications that were out of date by several months. This was not identified on the divisional risk register.

However, we found the following areas of good practice:

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. All ward areas were clean and had suitable furnishings which were clean and well-maintained. We observed appliance testing was in date.
- The trust continued to use weekly 'harm free panels' to reduce pressure ulcers and improve overall safety awareness amongst staff. Ward managers were required to attend the panel if their ward sustained a pressure ulcer where they would present a miniature root cause analysis. The panel would investigate if the pressure ulcers were avoidable and if so, where there were deficits in care and what could be done to prevent pressure ulcers in the future. Staff found the panels to be educational and helpful.
- From April 2018 to March 2019, 95.1% of required staff in medical care received an appraisal compared to the trust target of 90%.
- The gastrointestinal bleeding rota was complete, and they offered a robust, continuous service which was available seven days a week, 24 hours a day.
- Patients we spoke with felt like their individual needs were understood and respected. Staff respected patients personal, religious, social and culture needs and how they related to patients' care needs.
- Patients told us they felt involved in their care plans most of the time.
- The average length of stay for medical elective patients from January to December 2018 was 5.4 day which was lower than the England average of 6.0 days. This was an improvement from our last inspection when it was 7.7 days.
- Staff in the care of elderly wards developed a three-year strategy for dementia awareness which was launched in 2018. It included re-invigorating use of the dementia care bundle, training all new clinical staff to tier two level in dementia awareness, continue to participate in the national audit for dementia and to learn from its outcomes.
- The trust planned to implement a hospital-wide acute frailty pathway by January 2020. The frailty pathway aimed to reduce the length of stay for frail patients and to reduce harm in cases of delirium, falls, deconditioning and excessive ward moves.

## Is the service safe?

**Requires improvement**   

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

- In medical care the trust had an overall mandatory training compliance rate of 78.6% for registered nursing and midwifery staff. The 90% target was not met for any of the six mandatory training modules for which registered nursing and midwifery staff were eligible.

# Medical care (including older people's care)

- Staff did not always complete risk assessments for each patient. Although we found all patients to have venous thromboembolism (VTE) prophylaxis prescribed, not all risk assessments were completed. This meant that patients could have an unsafe dose of VTE prophylaxis prescribed or an inappropriate prophylaxis prescribed.
- The service did not always have enough nursing staff of all grades. Some wards carried many nurse vacancies. This meant that bank and agency staff were often used to fill shifts and these staff did not always have the right skill mix for specific medical specialties. Staff told us night shifts were especially challenging as sometimes there were more agency nurses than permanent nurses.
- We continued to find areas with variable record quality. Records were not always filed in a consistent way and were sometimes loosely filed. We found there were several cases where mental capacity assessments were not completed for patients with deprivation of liberty safeguards. We also observed that sometimes do not attempt cardiac pulmonary resuscitation (DNACPR) forms were not filed at the front of the patient record which meant they could be missed by staff who did not know the patient.
- Staff did not always follow systems and processes to safely prescribe, administer and record medicines. We found some patient records that did not indicate if the patient had an allergy. Staff did not always store and manage all medicines and prescribing documents in line with the provider's policy. We found several medications that were expired.
- Staff were not consistently aware of incidents or learning from incidents. Staff did not consistently know what serious incidents, never events, near misses or other incidents had occurred trust-wide. Some ward managers told us they did not hear about never events or near misses that happened elsewhere in the trust.
- Serious incidents were investigated to an acceptable standard and had action plans devised to prevent reoccurrence of similar incidents. However, we found that in two of the three serious incident investigation reviews, the actions were past their due date and therefore it was not possible to determine if these were completed within required timeframes. There was no documentation in serious incident investigations of staffing levels (actual verse planned); incident investigations did not consider if established staffing numbers contributed to the incidents.

However:

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. All ward areas were clean and had suitable furnishings which were clean and well-maintained. We observed appliance testing was in date.
- The trust reported 100% compliance with sepsis screening and 83.3% compliance with appropriate antibiotic treatment during the reporting period of January 2019 to March 2019 for all adult inpatients.
- The trust continued to use weekly 'harm free panels' to reduce pressure ulcers and improve overall safety awareness amongst staff. Ward managers were required to attend the panel if their ward sustained a pressure ulcer where they would present a miniature root cause analysis. The panel would investigate if the pressure ulcers were avoidable and if so, where there were deficits in care and what could be done to prevent pressure ulcers in the future. Staff found the panels to be educational and helpful.

## Is the service effective?

**Requires improvement**   

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

# Medical care (including older people's care)

- We continued to find that patients' fluid and nutrition charts were not fully completed. Nutrition charts we inspected were about 50% completed. Some days, nutrition charts were not filled in at all.
- The trust continued to have similar rates of proportion of patients seen by a Lung Cancer Nurse Specialist (LCNS) from our last inspection when it was also 24.6%. This was below the audit minimum standard of 90%. The England national average for proportion of patients seen by a LCNS was 83.3%.
- Some junior staff we spoke with did not always feel well-supported. For example, junior doctors did not feel well-supported and prepared to provide support to oncology patients on the out-of-hours advice telephone support line.
- Therapy services in medical care were available Monday through Friday from 8:30am to 4:30pm. Staff in care of the elderly wards felt there were not enough occupational therapists to provide effective therapy which could lead to an increase of stay for patients. There was on-call respiratory physiotherapist cover at the weekend, however other therapy staff were not available at the weekend.
- Across medical wards, 84% of nursing staff and 72% of medical staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS); this was below the trust target of 90% completion.
- Staff did not always understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005. Mental capacity assessments were not always completed nor was their consistent oversight of their completion.
- Clinical policies and guidance were available on the trust intranet and staff were able to easily access them. We reviewed 14 clinical policies guidance and found that 50% were not reviewed within the trust's review period. This meant that if staff referred to these out of date policies, they might not be using the most up to date information with the most recent best practice guidance.

However:

- All staff we spoke with were aware of the pain management team and how to get in contact with them. The pain management team was available seven days a week. Most of the time, the pain management team was available immediately and no complex patients wait longer than 24 hours to be reviewed after a referral was made.
- From April 2018 to March 2019, 95.1% of required staff in medical care received an appraisal compared to the trust target of 90%.
- The gastrointestinal bleeding rota was complete, and they offered a robust, continuous service which was available seven days a week, 24 hours a day. There were emergency lists each weekday from 5:30pm to 8am and both weekend days from 8am to 2pm. Patients with a GI bleed could have a scope the same day and it was possible for some procedures to be performed in the main theatres if necessary.
- From the 2016 to the 2017 National Cancer Patient Experience Survey (NCPES), the trust improved in three key areas: respondents felt they were involved in decisions about care and treatment, they overall felt treated with dignity and respect and hospital staff told them who to contact if they were worried when they left hospital. The 2017 survey also showed improvement were seen in "hospital care as an in-patient". The trust improved from 11 areas of concern down to only two areas of concern.

## Is the service caring?

Good   

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



# Medical care (including older people's care)

- Across medical wards, we observed generally positive interactions between staff, patients and family members. Staff were supportive to patients and treated them with dignity and respect. Interactions between staff and patients were friendly, kind and compassionate.
- We spoke with 20 patients across medical wards during the inspection who were generally positive about the care they received and staff members who took care of them. Patients recognised staff were very busy and sometimes they had to wait for care, however they felt staff were supportive and helpful when they were available.
- Patients we spoke with felt like their individual needs were understood and respected. Staff respected patients' personal, religious, social and culture needs and how they related to patients' care needs.
- Patients told us they felt involved in their care plans most of the time.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff supported patients to make informed decisions about their care and there was good documentation that patients were involved and informed in risks and benefits of treatment plans.

However:

- There was a poor response rate on the friends and family test with only 14% uptake across medical services; this was a worse response rate from our last inspection when it was 20% and was also worse than the England average of 24%. The number of patients who would recommend the medical care services to their friends and families was 86%, with the lowest scores on the acute assessment unit (73%) and Tower Ward 7 (76%) and the highest scores on Tower Ward 5 (99%) Tower Ward 8 (96%), Pymmes Zero Ward (94%), and Tower Ward 4 (94%).

## Is the service responsive?

**Good**  

Our rating of responsive improved. We rated it as good because:

- The average length of stay for medical elective patients from January to December 2018 was 5.4 day which was lower than the England average of 6.0 days. This was an improvement from our last inspection when it was 7.7 days.
- Managers investigated complaints and identified themes. Complaints were discussed at monthly divisional meetings. The divisional director of medical care reviewed all complaints and appointed the most appropriate person or team to investigate them.
- Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. Staff told us there were good relationships with the mental health liaison teams and found them to be responsive.
- The service undertook an audit to evaluate dementia screening rate compliance which looked at the percentage of all patients aged 75 and above admitted as emergency inpatients with a length of stay greater than 72 hours receiving the dementia questionnaire. Overall, there was 90.4% compliance over 50 audits from April 2019 to June 2019 with samples from most medical care wards. This was an improvement from our last inspection when compliance was 80% from February 2018 to April 2018.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Managers planned and organised services so they met the changing needs of the local population. Tower 4 was set up as a winter pressure ward but was transitioned to a substantive ward in August 2018 to adjust to the trust's needs.

# Medical care (including older people's care)

However:

- From January to December 2018, the average length of stay for medical non-elective patients was 7.8 days which was higher than the England average of 6.2 days.
- The trust took an average of 46.7 days to investigate and close complaints; this was not in line with their complaints policy, which states complaints should be resolved within 30 days.
- From April 2018 to March 2019, 59% of individuals did not move wards during their admission in medical care and 41% moved once or more. The number of patients moving wards per admission was slightly worse than during our last inspection when 63% of patients did not move wards during their admission and 37% moved once or more.

## Is the service well-led?

**Good**  

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

- Staff in the care of elderly wards developed a three-year strategy for dementia awareness which was launched in 2018. It included re-invigorating use of the dementia care bundle, training all new clinical staff to tier two level in dementia awareness, continue to participate in the national audit for dementia and to learn from its outcomes.
- The trust planned to implement a hospital-wide acute frailty pathway by January 2020. The frailty pathway aimed to reduce the length of stay for frail patients and to reduce harm in cases of delirium, falls, deconditioning and excessive ward moves.
- There was a new governance team within the division which has resulted in fewer out-of-date actions for serious incidents. Outstanding actions for serious incidents were monitored at a divisional level through regular meetings with the governance manager and at the governance sign-off panel.
- Divisional risks were discussed at the divisional governance meetings. Divisional leaders requested from service managers, matrons and senior clinicians to review their existing risks and ensure each risk had an associated action. Divisional risks were reviewed at each governance meetings and items were added or removed as warranted.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- The 2018 annual staff survey also noted that there was significant work to be done regarding bullying and harassment. The trust scored at the lowest levels when compared to other acute trusts.
- Although the divisional leaders had good oversight on most risks in the division, not all risks identified at the time of inspection were noted on the risk register. For example, there was limited oversight of medications management on the ward. We found several medications that were out of date by several months. This was not identified on the divisional risk register.
- Some data provided, for example for out-of-hours discharges, was not reported in a way that was useful to the organisation to analyse and monitor performance. This data reflected the times that discharges were input on the system rather than when discharges took place. The trust was working to improve data quality in this area.

# Medical care (including older people's care)

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Services for children and young people

Requires improvement   

## Key facts and figures

Services for children and young people comprised a paediatric assessment unit open 24/7, nine bedded short stay ward (up to 48 hours), general paediatric ward, paediatric day assessment unit seeing elective children for procedures or review, neonatal unit with 22 cots taking special care of high dependency and intensive care infants, children outpatients department and children community nursing team.

The children's inpatient ward, Rainbow ward, has 25 beds including seven single rooms, three four-bedded bays and up to six high dependency spaces. The Starlight ward is a short-stay ward with two four bedded bays. It also has 12 beds which includes a three-bedded bay as part of the paediatric day assessment unit. The hospital has a dedicated paediatric outpatient department separate to the main adult department, and a paediatric day assessment unit.

The neonatal unit has 22 cots in total with 3 cots in each of the four bays, and within the intensive care unit there are two cots for intensive care and four cots for high dependency cases. There is one spare cot for emergency admission if needed.

During our inspection, we spoke with 46 members of staff including doctors, nurses, allied health professionals, play specialists and administrative staff. We visited Rainbow ward, Starlight ward, Sunrise ward, the paediatric assessment unit, the paediatric outpatient department, the paediatric day assessment unit and areas of the hospital where children are also seen. We spoke with 30 patients and relatives and reviewed 24 patient records.

### Summary of this service

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

- We found inconsistencies in stock management of medicines across the service except for Sunrise ward. On Rainbow ward we found a significant amount of expired medicines on the resuscitation trolley and grab bag despite the monthly check being completed the night before the inspection. Therefore, we were not assured there were comprehensive governance processes in place at ward level.
- Although the service had dedicated staff member in place to monitor paediatric and neonatal guidelines, we found many of the paediatric policies were out of date. Examples included Management of Febrile Neutropenia (April 2019) and Extravasation of Cytotoxic Medicine (April 2019).
- During this inspection we were told about the backlog for discharge summaries of which the oldest dated back to October 2018. Although the trust submitted information after the inspection to confirm the backlog had been cleared, we were not assured at the time of the inspection that appropriate risk assessments had taken place as only a 10% sample was reviewed with no target date set to clear the back log.
- The CYP service did not have a non-executive director to represent the service at trust board level. This meant the trust had limited oversight of the performance, issues and risks in the service.
- Although the trust had made some improvements to ensure there was at least one nurse per shift in each clinical area who was trained in advanced paediatric life support (APLS), the trust's work was still ongoing during our inspection.
- We reviewed 24 records across all the CYP areas inspected and found inconsistencies with the quality of documentation. For example, staff did not always follow trust policy when completing paediatric early warning score (PEWS) observations and the records did not include any narrative to explain why.

# Services for children and young people

However:

- The trust had addressed the previous requirement notices from the last inspection and had made improvements in the mandatory training rate compliance, security of Rainbow ward and the appraisal completion rate.
- During the last inspection we advised the trust to ensure that staff had adequate mental health training including the Mental Health Act. On this inspection, we found the trust had made improvements to address this. Staff in paediatrics were receiving training in Mental Capacity Act (MCA) at the time of the inspection and the trust had started a 'We can talk' programme which provided mental health training for all staff.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.

## Is the service safe?

**Requires improvement** ● ➡ ⬅

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

- We found inconsistencies in stock management of medicines across the service except for Sunrise ward. We found a significant amount of expired medication on the resuscitation trolley and grab bag on Rainbow ward despite the monthly check being completed the night before the inspection. The grab bag was unsealed and not secured and could be easily removed. This was a risk as the bag contained scissors and the ward had self-harm patients.
- We reviewed 24 records across all the CYP areas inspected and found inconsistencies with the quality of documentation. For example, we found that although weights were recorded, there was inconsistent documentation of the date the weight was taken.
- We reviewed four safeguarding referral forms and found they were not completed fully. For example, the expected outcome field on three forms was left blank.
- Staff did not always follow trust policy when completing paediatric early warning score (PEWS) observations and the records did not include any narrative to explain why. For example, one patient had a PEWS score of one which required observations to be repeated in 30 minutes. However, records showed this was completed three hours later with no explanation for the delay.
- Trust data from the last inspection showed that the service was not meeting the trust target of 90% for paediatric immediate life support (PILS) training. On this inspection, trust data for July 2019 showed that 68.8% of medical staff and 90.7% of nursing staff had completed the PILS training. Although there had been improvement in the nursing compliance rate, further improvement was still required for medical staff.

However:

- During the last inspection the service was not meeting the trust target for mandatory training compliance. On this inspection, we found improvements had been made overall compliance rates for nursing and medical staff meeting the trust target with 93.0% and 94.6% respectively.

# Services for children and young people

- At our last inspection we found the CYP service had a high vacancy rate and high turnover rate for nursing staff. On this inspection, we found some improvements had been made as the annual turnover rate for nursing staff was 11.8% against trust target of 8%. However, staffing remained on the CYP risk register and the trust continued to work on their recruitment and retention plans.
- During the last inspection we found not all staff were trained in advanced paediatric life support (APLS). On this inspection, we found some improvements had been made as APLS had been added to the e-roster for all CYP wards. However, some nursing staff were not APLS trained but had been booked on to the training.
- The service used systems and processes to safely prescribe, administer and record medicines. Controlled drugs (CD) management across all CYP areas was good.
- During our last inspection we found access to Rainbow ward was not always secure. On this inspection we found improvements had been made and access was restricted.
- Staff were encouraged to report incidents and received timely feedback. Staff understood their responsibilities for duty of candour and were able to describe giving feedback in an honest and timely way when things have gone wrong.
- The trust had clearly defined and embedded systems and processes to keep people safe from abuse and staff demonstrated understanding of safeguarding processes and awareness on how to escalate and report safeguarding concerns.
- All the areas we inspected were clean, tidy, and clutter free. Patients, relatives, staff and managers we spoke with consistently told us they were satisfied with the cleaning services.

## Is the service effective?

Good   

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

- During our last inspection we identified concerns around the completion rate of appraisals. On this inspection, we found this had improved. From April 2018 to March 2019, 95.8% of required staff in services for children and young people received an appraisal compared to the trust target of 90%.
- The service participated in local and national audits including the National Paediatric Diabetes Audit (NPDA) and the National Neonatal Audit Programme (NNAP). Results showed outcomes were in the expected range for the NNAP and better than expected for NPDA.
- During the last inspection, staff we spoke with were frustrated with the lack of training in mental health. On this inspection, we found this had improved as staff told us the 'We can talk' programme had provided staff with the confidence to support patients with their mental health needs.
- There was effective multidisciplinary team (MDT) working both internally and externally to support patients' health and wellbeing. There was effective dialogue and joint working within the service and with other services in the hospital, such as maternity and paediatric emergency department.
- There were appropriate processes in place to ensure that patients' nutritional needs and pain relief needs were met.
- Staff reported a supportive and developmental environment with good learning opportunities to maintain and develop their skills and knowledge.

# Services for children and young people

- Senior leaders of the service had a good understanding of local population needs and were planning service delivery to meet those needs.
- Student nurses and doctors in training reported a supportive educational environment with good supervision.

However:

- Although the service had dedicated staff member in place to monitor paediatric and neonatal guidelines, we found many of the paediatric policies were out of date. Examples included Management of Febrile Neutropenia (April 2018) and Extravasation of Cytotoxic (April 2018).

## Is the service caring?

**Good**   

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

- Patients and relatives we spoke with consistently told us about the kindness of the staff across the children and young people service.
- We observed good interaction by all grades of staff with patients and saw excellent interactions between play therapists and patients.
- Staff communicated with children and young people in a way that was suitable to their needs.
- Staff treated patients with kindness, dignity, respect and compassion.
- Staff made time to interact with patients and their parents or carers and were sensitive to the needs of children and young people.
- Parents with pre-term or sick babies could access support from the child and adolescent psychiatry paediatric liaison team (CAPPLT) for confidential counselling.
- Parents and carers, and patients where appropriate, were involved in decisions about their care and were kept informed.

However:

- Although most patients praised the nursing staff, there was an isolated incident which we escalated to the trust.

## Is the service responsive?

**Good**   

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

- The service had comprehensive provision to meet the individual needs of children and young people using services at the hospital, including vulnerable patients and those with specific needs.
- Psychological support was available for patients with mental health support needs as staff could refer patients to the mental health liaison team easily.
- The service dealt with concerns and complaints appropriately and investigated them in the required time frame and learned lessons from the results, which were shared with all staff.



# Services for children and young people

- The hospital play therapist provided a comprehensive programme of play support to children across all paediatric areas.
- The hospital provided a wide variety of child friendly food and snacks and there were specific menus for children and young people. The menus included options for specific cultures, tastes and specific needs.
- We found there was sufficient provision of patient literature and guidance materials in paediatric and neonatal services.
- The service had trialled a patient call reminder system as part of their plans to reduce 'do not attend' rates in the paediatric department. Although data provided showed some improvement had been made in cardiology and ophthalmology, specialities such as haematology still required further improvement.
- There was timely access to children and young people services and most specialities were meeting referral to treatment targets (RTT).

However:

- Although the trust had suitable arrangements for translation services, some of the parents we spoke with showed inconsistent awareness of this service.

## Is the service well-led?

**Requires improvement**   

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

- We were not assured there were comprehensive governance processes in place at ward level as the stock management of medicines and emergency equipment was not always checked.
- Although the service had dedicated staff member in place to monitor paediatric and neonatal guidelines, we found many of the paediatric policies were out of date. Examples included Management of Febrile Neutropenia (April 2018) and Extravasation of Cytotoxic Medicine (April 2018).
- During the inspection we were told about the backlog for discharge summaries of which the oldest dated back to October 2018. Although the trust submitted information after the inspection to confirm the backlog had been cleared, we were not assured at the time of the inspection that appropriate risk assessments had taken place as only a 10% sample were reviewed and there was no target date had been set to clear the back log.
- The CYP service did not have a non-executive director to represent the service at trust board level. Some staff felt that CYP services were not sufficiently represented in the division.

However:

- Staff told us they valued working for the trust and that service leaders were supportive, accessible and approachable. Staff felt listened to if they raised concerns.
- The service had highly dedicated staff who were very positive, knowledgeable and passionate about their work and demonstrated awareness of the trust's values.
- During the last inspection, the service had recently introduced a CYP board but regular meetings were not taking place. On this inspection, we found this had improved as meetings were taking place quarterly and the minutes reviewed showed actions were being completed.

# Services for children and young people

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Carolyn Jenkinson, CQC Head of Hospital Inspection chaired this inspection and David Harris, CQC Inspection Manager led it.

The team included six inspectors, one executive reviewer, nine specialist advisers, and two experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.